Therapy Sheet

	Therapy	Regions	Notes
Date	☐ Adjustment ☐ Massage ☐ UltraSound @ 1.2-1.5W/CM^2 5 6 7 8 9 10 M	1 B L R C D L SI Sh Elb Hnd Hip K F Chest	Nutrition $_______
	☐ Hot Pack for 10 20 ____M ☐ Cold Pack for 10 20 ____M ☐ Whirlpool 10 / 15M		Supports $______
Init.	☐ IF (0-150Hz) ☐ RS (2500Hz) for 8M @ _________ ☐ G5 / FPBVM ☐ Micro Cur	2 B L R C D L SI Sh Elb Hnd Hip K F Chest	Other $_________
	☐ MS / FAR 10M 0-130Hz @ __________ ☐ Diathermy @27.12MHz 10 15 M		
	☐ IST ☐ Txn 10M: C L.Sh R.Sh DL W:W BHBA @ _______ lbs. ☐ NONE	3 B L R C D L SI Sh Elb Hnd Hip K F Chest	____________
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