

Dana Andrews R.P.T.

Joanne Andrews R.P.T.

Tokay Physical Therapy

1210 W. Tokay Street Lodi, California 95240 209-333-1393

Knee,

MED MEN REPR

NAME: Don Meidinger
DIAGNOSIS: Arthritis - patello femoral - medial meniscus @ knee

<input type="checkbox"/> EVALUATION <input type="checkbox"/> BACK SCHOOL <input type="checkbox"/> HOT PACKS <input checked="" type="checkbox"/> ICE <input checked="" type="checkbox"/> ELECTRIC STIMULATION <input type="checkbox"/> ULTRASOUND <input checked="" type="checkbox"/> ULTRASOUND/HYDROCORTISONE <input type="checkbox"/> TENS <input type="checkbox"/> TRACTION <input type="checkbox"/> Cervical <input type="checkbox"/> Lumbar <input type="checkbox"/> WHIRLPOOL <input type="checkbox"/> MASSAGE <input type="checkbox"/> ICE MASSAGE <input type="checkbox"/> IONTOPHORESIS <input checked="" type="checkbox"/> EXERCISE <input type="checkbox"/> Passive <input type="checkbox"/> Active Assistive <input type="checkbox"/> PNF <input type="checkbox"/> Williams <input type="checkbox"/> General Conditioning <input type="checkbox"/> GAIT TRAINING	<u>ISOKINETICS</u> <input type="checkbox"/> LIDO TESTING <input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> ORTHOTRON
	<u>FREQUENCY</u> DAILY X _____ WEEK(S) 3X/ WEEK X <u>2</u> WEEK(S) 2X/ WEEK X _____ WEEK(S) 1X/ WEEK X _____ WEEK(S) OTHER _____
	<u>COMMENTS:</u> <u>Strengthen @ med to maximum</u>

80.6

DATE: 3/10/89

SIGNATURE: [Signature] M.D.

MAR 15 1989
BERRY & ASSOC