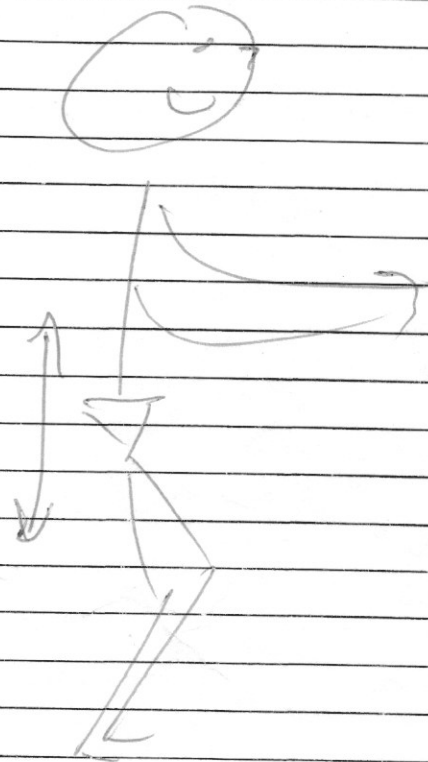
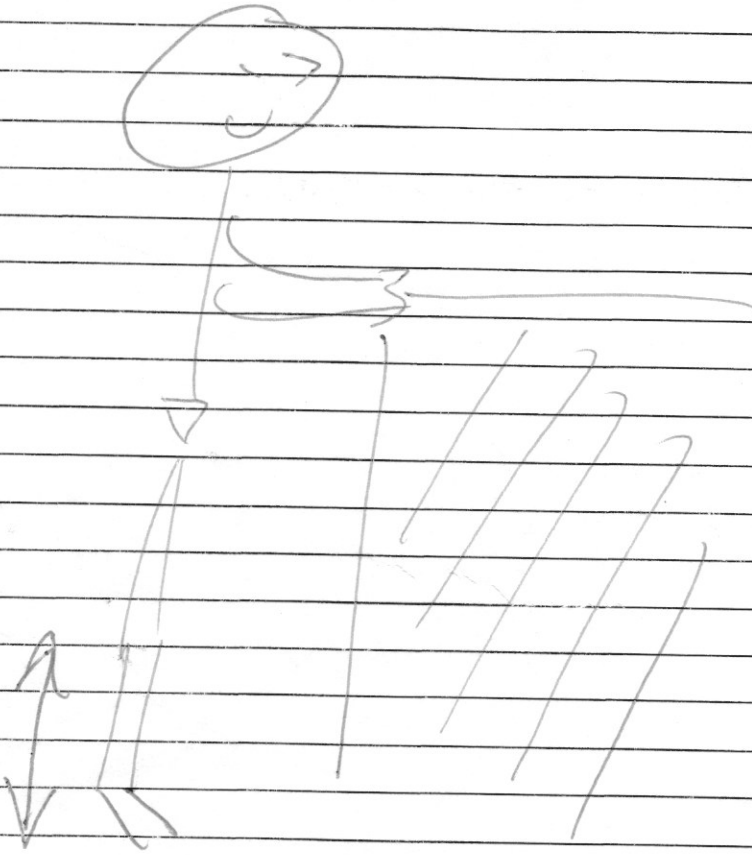


THErapy INSTRUCTION SHEET

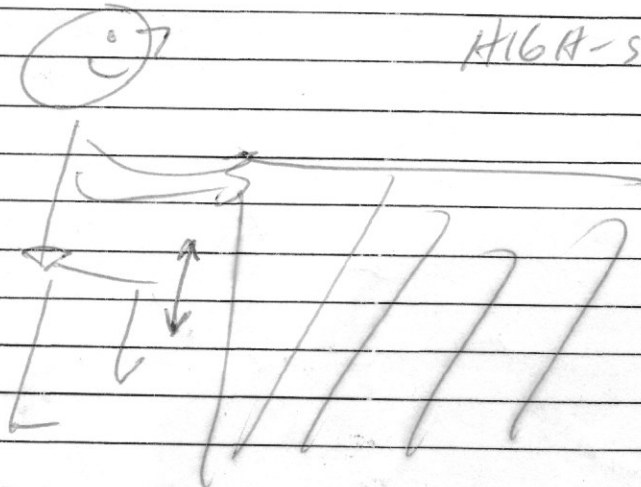
HEEL RAISES

MINI-SQUAT



10-repetitions each
2-3 sets
2-3 x day

HIGH-STEPPING



remember to breathe

Handwritten signature and date: *[Signature]* 4/26/13



975 SOUTH FAIRMONT
LODI, CA 95241
(209) 334-3411

HOME HEALTH AGENCY
THERAPY
INSTRUCTION SHEET

DATE 4/26/13

PATIENT NAME: Mary Parvina