AME: THE Ancleson

Subjective: Pt feeling sick Goday so wants to stip: PATIENT'S NAME: DATE: rardio. 5712/09 Visit #: Objective/Treatment: O Initial Evaluation / Re-evaluation Completed O E-Stim. To W/cm² O Ultrasound/Phonophoresis to O Traction: Cervical/Lumbar Cont/Inter. @____ O Hot Pack to: _____ × ____ min.
O Cold Pack to: ____ × ____ min.
O Aquatic Therapy, see flow sheet. × _____ min. Therapeutic Exercises, see flow sheet. × 550 min. O Manual Therapy Technique × ____ min.: O. HEP issued: O Case Conference with PTA. O Other, describe: __ Assessment: Pt televated to well but left right after 2º feeling III. Pt did not want to do medalities O Re-evaluate rogress per treatment plan Plan: Therapist Rouselle Salew, PT DATE: Subjective: Visit #: Objective/Treatment: O Initial Evaluation / Re-evaluation Completed O Ultrasound/Phonophoresis to______O Traction: Coming to the control of the contr O E-Stim. To O Traction: Cervical/Lumbar Cont/Inter. @_____ O Hot Pack to: _____ x ___ min. O Cold Pack to: O Aquatic Therapy, see flow sheet. × ____ min. O Therapeutic Exercises, see flow sheet. × ____ min. O Manual Therapy Technique × _____ min.: O HEP issued: O Case Conference with PTA O Other, describe: RECEVIED Assessment: MAY 2 2 2009 AIMS-SACRAMENTO O Discharge Plan: O Progress per treatment plan O Re-evaluate

Therapist: