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Physical Therapy Orders

Name: _____

Diagnosis: _____

Instructions: _____

Evaluate and Treat

Modalities PRN

- Heat / Cold
- Ultrasound/ Phonophoresis
- E-Stim/ NMES
- Iontophoresis (pt needs med)

Protocols:

- Lumbar Stabilization
- Rotator Cuff Repair
- ACL Repair
- Other _____

Goals: \uparrow Strength \uparrow ROM \downarrow Inflammation
 Proprioception Stability Balance

Physician Signature

Date