

Patient's Name: _____

Diagnosis: _____

Precautions: _____

Frequency: _____ times per week for _____ weeks

Evaluate and Treat

Modalities

Manual Therapy

Soft Tissue Mobilization

Therapeutic Massage

Joint Mobilization

Manual Traction

Patient Education

Posture/Functional Training

Home/Gym Program

Joint Protection Techniques

Energy Conservation

Therapeutic Procedures

Aquatic Therapy

Range of Motion

Strengthening Training

Core Stabilization

Pilates Reformer

Sports Conditioning

Kinesio Taping

McConnell Taping

Rehab Protocols

Balance Training

Vestibular Training

Fall Prevention

TMJ

Progressive Gait Training

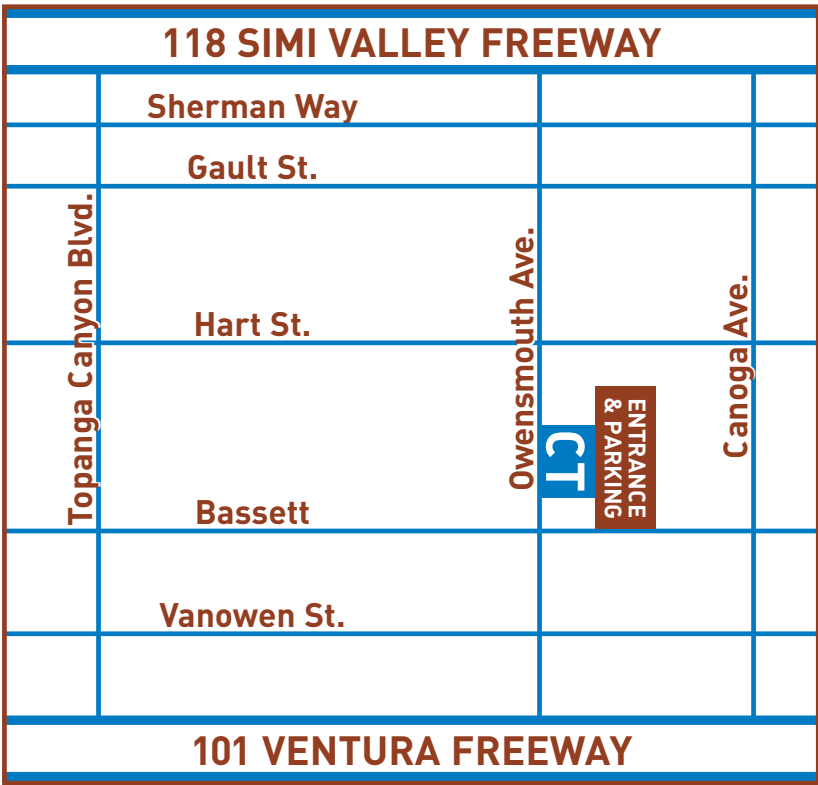
Post op: _____

Other Orders: _____

Signature: _____ Date: _____

Dr. Name: _____

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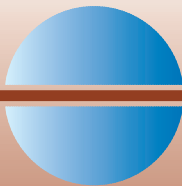


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PARKING & ENTRANCE IN REAR



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OFFICE HOURS

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9 a.m. to 12 p.m. on Saturday