



www.parplusinc.com

PAR PLUS+
Physical Assessment & Rehabilitation
18 Technology Drive, Suite #167
Irvine, CA 92618
Phone 949.727.0700
FAX 949.727.0707

Patient _____ Date _____

Diagnosis _____

Precautions _____

PHYSICAL THERAPY EVALUATION

PROCEDURES

MODALITIES

- | | |
|--|--|
| <input type="checkbox"/> Therapeutic Exercise | <input type="checkbox"/> Hot / Cold Packs |
| <input type="checkbox"/> Therapeutic Activities | <input type="checkbox"/> Electrical Stimulation |
| <input type="checkbox"/> Gait Training | <input type="checkbox"/> Ultrasound / Phonophoresis |
| <input type="checkbox"/> Manual Therapy <ul style="list-style-type: none"> • Soft Tissue Mobilization • Joint Mobilization | <input type="checkbox"/> Paraffin Bath |
| <input type="checkbox"/> Mechanical Cervical Traction | <input type="checkbox"/> Iontophoresis <ul style="list-style-type: none"> • w/ 4mg/mL dexamethasone |
| | <input type="checkbox"/> Low Level Laser Therapy |

Special Instructions _____

All of our patients receive individualized home programs & education

Frequency & Duration _____ times/week for _____ weeks

I certify the need for these services furnished under this treatment plan while under my care

Physician Signature _____