



www.parplusinc.com

PAR PLUS+
Physical Assessment & Rehabilitation
Mobile Outpatient Physical Therapy
& Mission Viejo by appointment
Phone (949) 727-0700
FAX (949) 727-0707

Patient _____ Date _____

Diagnosis _____

Precautions _____

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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"/> Low Level Laser Therapy/E-stim |
| <input type="checkbox"/> Mechanical Cervical Traction | <input type="checkbox"/> Iontophoresis <ul style="list-style-type: none">• w/ 4mg/mL dexamethasone |
| | <input type="checkbox"/> Other _____ |

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 _____