

Today's Date \_\_\_\_\_

Client Name \_\_\_\_\_



### THE CLIENT EXPECTATIONS™

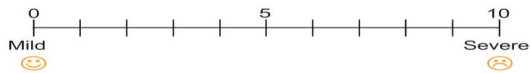
### THE THERAPIST SNAPSHOT™

Please complete **ONLY** this column **BEFORE** meeting with your therapist.

Circle the area(s) where you are having pain, weakness, numbness etc.



PAIN SCALE



#### Tell Us About Your Expectations

- As your therapist, what is it that you want me to help you with the most?  
\_\_\_\_\_
- What specifically are you limited with now that you want to perform better or return to (i.e. a sport, working out, sleep through the night, yardwork, work activity, etc.)?  
\_\_\_\_\_
- What is your priority? Do you have a major event coming up soon?  
\_\_\_\_\_

#### Pain

- \_\_\_\_ Should be completely eliminated  
 \_\_\_\_ Expect a decrease in pain but some pain may persist

#### Motion

- \_\_\_\_ Expect by the end of therapy you will regain all motion  
 \_\_\_\_ May always have some limitations in motion

Comments: \_\_\_\_\_  
 \_\_\_\_\_

#### Strength

- \_\_\_\_ Expect to return to normal  
 \_\_\_\_ May always have some weakness, will get better with consistent work

Comments: \_\_\_\_\_  
 \_\_\_\_\_

#### Concerns / Opportunities (Spasm, Posture, Flexibility, Gait)

\_\_\_\_\_  
 \_\_\_\_\_

### THE EXPRESS TREATMENT PACKAGE™

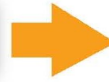
**REDUCE PAIN AND SWELLING**  
**Take Control of Your Recovery Now**

Proven to reduce the # of days and time of treatment

We Provide You with a **FREE**  
 Cold Pack\* \_\_\_\_\_ minutes \_\_\_\_\_ times a day  
 Hot Pack\* \_\_\_\_\_ minutes \_\_\_\_\_ times a day  
 Biofreeze \_\_\_\_\_ times a day

\*Always use a layer of cloth between you and the ice/hot pack or use the soft pack cover.

### THE TREATMENT FORMULA™



### GOAL TRACKING

- **THERAPEUTIC ACTIVITY** specific set of exercises to improve specific daily or work activities
- **NEUROMUSCULAR RE-EDUCATION** specific set of exercises to improve balance & muscle recruitment for joint stability
- **THERAPEUTIC EXERCISE** stretching & strengthening to improve mobility, flexibility & strength
- **MANUAL THERAPY** specific hands on techniques performed by therapist to joints and muscles to improve mobility and decrease pain and spasm
- **GAIT TRAINING** improves walking, weight bearing & may include an assistive device
- **INTERFERENTIAL ELECTRIC STIMULATION** mild tingling sensation, helps reduce pain & swelling
- **SPINAL DECOMPRESSION TRACTION** computer assisted table stretches spine to decrease disc pressure and relieve nerve root pain
- **ULTRASOUND** sound waves heat deep tissue to decrease pain, relax spasm, prevent adhesions
- **HOME EX PROGRAM** performed by you to compliment your therapy.
- **LASER THERAPY** Light energy accelerates tissue repair, reduces pain and swelling
- **DRY NEEDLING** needles inserted into muscles to relieve tight muscle bands and reduce pain.
- **GRASTON TECHNIQUE** manual therapy using special instruments to gently massage & release soft Tissue.
- **TAPING** used to support & stabilize painful muscles & joints.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



### THE PLAN OF CARE

**LEAD THERAPIST** \_\_\_\_\_

**TREATING THERAPIST** \_\_\_\_\_

Schedule \_\_\_\_ visits for \_\_\_\_ weeks followed by  
\_\_\_\_ visits for \_\_\_\_ weeks.

\* Estimated Visits Needed to Reach Goal \_\_\_\_\_

Visit #(s) with lead therapist \_\_\_\_\_

We work as a team and ask that you honor your reserved times. Through consistency and dedication you will get better. Our hands on techniques, education and exercises will provide you with The Best Therapy Experience®.

- *All injuries are different and respond to treatment differently. Therefore, we may need to adjust the treatment plan during the course of treatment.*

#### DO NOT WAIT!

If at anytime you feel you are not progressing towards your goals, you must let us know immediately.

\_\_\_\_\_ I have read the Plan of Care and Agree with the Treatment Plan set up by my therapist team. (please initial)

**Satisfaction  
Guaranteed\***

*Our goal is to be your 1st CHOICE  
IN PHYSICAL THERAPY*