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205-467-9298
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Scott Deuel, PT MHSc ATC MTC

Name: _____

Diagnosis: _____

Rehab Potential: Excellent Good Fair Poor

Number of Visits Each Week: 1 2 3 4 5

Treatment Duration (Weeks): 1 2 3 4 5

- | | |
|---|--|
| <input type="checkbox"/> Evaluate & Treat | <input type="checkbox"/> Home Exercise Program |
| <input type="checkbox"/> Therapeutic Exercise | <input type="checkbox"/> Spine Management Program |
| <input type="checkbox"/> AROM / AAROM / PROM | <input type="checkbox"/> Work Hardening/Conditioning |
| <input type="checkbox"/> Soft Tissue Mobilization | <input type="checkbox"/> IMT (Dry Needling) |
| <input type="checkbox"/> Joint Mobilization | <input type="checkbox"/> Home TENS / Instructions |
| <input type="checkbox"/> Modalities | <input type="checkbox"/> Back Education |
| <input type="checkbox"/> Anodyne Therapy | <input type="checkbox"/> Aquatic Therapy |

Recommendations: _____

Precautions: _____

Physicians Signature

Date