



2600 GRIBBIN DR.  
LEXINGTON, KY 40517  
PH: 859-268-8190  
FAX: 859-268-9823  
WWW.BODYSTRUCTURE.COM

PATIENT'S NAME: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

<input type="checkbox"/> EVALUATE & TREAT	<input type="checkbox"/> MOIST HEAT/ICE
<input type="checkbox"/> ELECTRICAL STIMULATION	<input type="checkbox"/> ULTRASOUND
<input type="checkbox"/> IONTOPHORESIS	<input type="checkbox"/> TRACTION
<input type="checkbox"/> TISSUE/JOINT MOBILIZATION	<input type="checkbox"/> PROM/AROM
<input type="checkbox"/> STRENGTHENING	<input type="checkbox"/> TENS
<input type="checkbox"/> JOINT MANIPULATION	<input type="checkbox"/> BALANCE/FALL
<input type="checkbox"/> WEIGHTLOSS	<input type="checkbox"/> OTHER

FREQUENCY: 1 2 3 4 5 DAYS PER WEEK

DURATION: 2 4 6 8 10 WEEKS

PHYSICIAN: \_\_\_\_\_ DATE: \_\_\_\_\_