

Home Rehabilitation



Name: _____

Diagnosis: _____

Precautions: _____

Evaluation & Treatment

Therapeutic Exercises

Range of Motion Exercises

Functional Training

Trunk Stability Training

Scapular Stability Program

Aquatic Therapy

Balance Assessment
& Training

Postural Training

Gait Training

Sport Training

Cryotherapy

TENS/NMES

Ultrasound

Orthotic Casting,
Bracing, & Fitting

Other Remarks: _____

Treatments Per Week: _____ For _____ Weeks

Physician: _____ Date: _____

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