

# Management Plan

Patient Name: \_\_\_\_\_

#	Active Problems / Contraindications	Date	Inactive problems / other precautions	Date

**Phase of care** (use problem #):

\_\_\_\_\_ Simple Corrective, \_\_\_\_\_ Rehabilitation, \_\_\_\_\_ Palliative, \_\_\_\_\_ Maintenance, \_\_\_\_\_ Preventative,  
 \_\_\_\_\_ Stress Management, \_\_\_\_\_ Other: \_\_\_\_\_

**Domain of involvement**

General:  pain,  stress,  functional issue,  decreased ROM,  other: \_\_\_\_\_

Orthopedic Rehabilitation:  muscle,  capsule/ligament,  peripheral joint,  axial joint,  fascia,  bursa,  other: \_\_\_\_\_

**Conditional factors** major 5 4 3 2 1 none

Specific:  emotional,  disease enforced behavior,  negative motivation,  social/environmental,  medical/legal,  physical environment

Specify where relevant: \_\_\_\_\_

**Home instructions**

ice,  heat,  rest,  stretching,  strengthening,  balance,  aerobic,  postural,  proprioceptive

Area, type, sets, reps: \_\_\_\_\_

**Work restrictions/modifications**

off work  light duty with no lifting over \_\_\_\_\_ kg for the next \_\_\_\_\_ Comments: \_\_\_\_\_

**Treatment modality**

Osseous manipulation \_\_\_\_\_, Massage:  systemic \_\_\_\_\_,  regional \_\_\_\_\_,  neuromuscular \_\_\_\_\_

trigger point \_\_\_\_\_,  fascial release \_\_\_\_\_,  mobilization stretches \_\_\_\_\_,  MLD \_\_\_\_\_,

joint play mobilization \_\_\_\_\_,  traction \_\_\_\_\_,  PNF \_\_\_\_\_,  PROM \_\_\_\_\_,  AROM \_\_\_\_\_

hydrotherapy \_\_\_\_\_,  cryotherapy \_\_\_\_\_,  heat \_\_\_\_\_,  contrast bath \_\_\_\_\_

paraffin \_\_\_\_\_  other: \_\_\_\_\_

**Treatment frequency**

# \_\_\_\_\_ : \_\_\_\_\_ x/wk for \_\_\_\_\_ wks; \_\_\_\_\_ x/wk for \_\_\_\_\_ wks; \_\_\_\_\_ x/month for \_\_\_\_\_ months

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**Treatment goals** (physiological effects)

**Outcome markers**


Intern:  
Class:  
Term:

Clinic instructor:  
Date: