

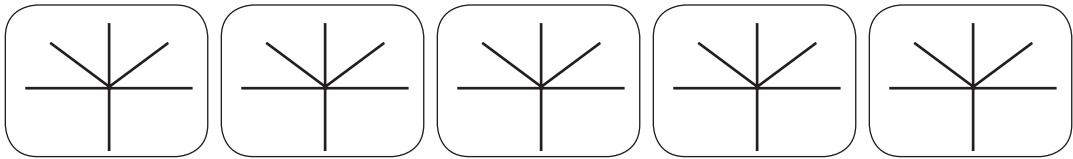
Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

**S** VAS: \_\_\_/10,  improving,  no change,  worsening,  aggravation,  new condition:

**O**

**A**



- osseous manipulation,  massage,  stretch,  trigger point therapy,  traction,  theraputic exercise:
- heat,  cold,  ultrasound (\_\_\_ w/cm<sup>2</sup>),  electrotherapy:
- no dx change,  new diagnosis:

**P** PTR: \_\_\_ days, \_\_\_ weeks, \_\_\_ month(s),  PRN,  referral:

Home care:

Comments:

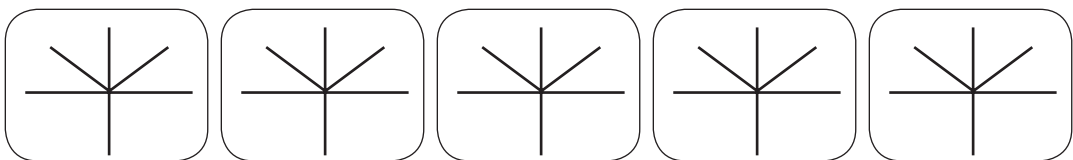
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Comments:

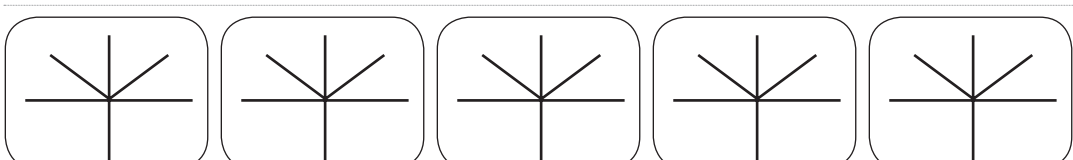
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