

Patient Name: _____ ACCT #: _____ Date: _____

<u>Treatment</u>	
Gentle Diversified	
Arthrostim	
IST	
Mechanical Traction of Lumbosacral	
Tolerated Procedure	
Doorway	
Stair step	
Pelvic Tilt	
Massage of CT or LS	
<u>Assessment</u>	
Condition Assessment	
New Condition	
Re-Eval Level 2 or 3	
NP level 2 or 3	
<u>Plan of Action</u>	
Treatment schedule	
Cold packs at home	
Daily prescribed exercises	

Subluxation: _____