Name: __________________________ Date: _____/_____/______ Care Plan _____ visits

**Care to Include:**
- Chiropractic Adjustment ____ 3-4 Levels ____ 1-2 Levels ____ Ext Adjustment
- Hot/Cold Packs ____ Ultrasound ____ Electrical Stimulation ____ Cold Laser
- Manual Therapy ____ Ther Ex ____ NMR ____ Massage ____ Taping/Strapping
- Vert. Axial Spinal Decompression ____ Orthotics ____ Lumbar Orthosis ____ Cervical Traction
- Lumbar Pillow ____ Intelliskin ____ OTHER:

**Care Frequency:** _____ x/wk for wk 1 _____ x/wk for wk 2 _____ x/wk for wk 3 _____ x/wk for wk 4

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**ICE / HEAT**
- Time: 10 15 20
  - Inflammation/Swelling
  - Muscle Spasm
  - Pain

**HVG Unattended (mm spasm)**
- INT Pt. Tolerance POL
- PULSE 80 RATE 10
  - Muscle Spasm
  - Improve Circulation
  - Pain

**ULTRASOUND**
- PULSE 4 RATE Cont.
- TIME 4 10
  - Muscle Spasm
  - Improve Circulation
  - Healing Time

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**MANUAL THERAPY**
- TIME 4 10 15 23
  - Mobilization
  - Trigger Points
  - Muscle Spasm
  - Suboccipital
  - Upper Trap
  - Levator Scap
  - Scalenes
  - SCM
  - Pec Major
  - Pec Minor
  - Supraspinatus
  - Infraspinatus
  - Subscapularis
  - Rhomboids

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**THERAPEUTIC EXERCISES**
- Number of Units
  - Range of Motion
  - Strength
  - CERVICAL / SHOULDER
    - Deep Flexors
    - Scalene
    - SCM
    - Upper Trap
    - Levator Scap
  - LUMBAR / HIP
    - Quad Lumborum
    - Lum paraspinals
    - Abdominals
    - Glut Max & Min

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**DECOMPRESSION**
- Cervical
- CTS
- Lumbar

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**OTHER**
- Interferential
  - 90-100 hz
  - Time 10 20
  - Matrix Prog: ______
  - Acutron ______ Synaptic
  - Deep Pain
  - Healing Time
  - Improve Circulation

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**LASER**
- att. unattended
  - Time: 10 15 20
  - Deep Pain
  - Improve Circulation
  - Healing Time

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**OTHER**
- Rocker Board
- Fit Ball
- Wobble Board
- PNF
- Pelvic Rock

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**EXPIRES: _____/_____/______ Dr. Signature: __________________________ Date: _____/_____/_____**