

# MOSSY CREEK REHAB



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

Diagnosis: \_\_\_\_\_ DOB: \_\_\_\_\_

Precautions/Comments: \_\_\_\_\_

\_\_\_\_\_

## Exercises/Treatments

- AROM/PROM
- Strength Training
- Manual Therapy
- Gait Training
- Balance Training

## Specialty Treatments

- Vertigo/BPPV
- LSVT BIG and Loud
- McKenzie Program
- Dry Needling
- ASTYM

## Conditions

- Post-Operative
- Work Injury
- Sports Injury
- Chronic Pain
- Post-Stroke

## Frequency and Duration

\_\_\_\_\_ X Week for \_\_\_\_\_ Weeks

Eval and Treat

HEP

Physician Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

1405 S Sizer Ave, Suite B

Jefferson City, TN 37760

Hours: M-F 8:00AM-5:30PM

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