

TREATMENT PROGRESS

FILE NO.

X- RAY NO.

PATIENT'S NAME

DATE		TREATMENT						AREA		PROGRESS	
		THERAPY							L R	<input type="checkbox"/> NO IMPROVEMENT <input type="checkbox"/> MINIMAL IMPROVEMENT <input type="checkbox"/> IMPROVED <input type="checkbox"/> EXACERBATION <input type="checkbox"/> MINIMAL <input type="checkbox"/> SLIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE	
		TIME						HAND	() ()		
								FINGERS	() ()		
								CERVICAL	() ()		
								THORACIC	() ()		
								RIBS	() ()		
								LUMBAR	() ()		
								SACRO-ILIAC	() ()		
								LUMBOSACRAL	() ()		
HIP	() ()	ANKLE	() ()	ARM	() ()			SLR-R	___ °	SLR-L	___ °
THIGH	() ()	FOOT	() ()	ELBOW	() ()			ACHILLES REFLEXES:	R ___ L ___	PATELLAR REFLEXES:	R ___ L ___
KNEE	() ()	TOES	() ()	FOREARM	() ()			BLOOD PRESSURE	SYSTOLIC ___	DIASTOLIC ___	PULSE ___
LEG	() ()	SHOULDER	() ()	WRIST	() ()						
		THERAPY							L R	<input type="checkbox"/> NO IMPROVEMENT <input type="checkbox"/> MINIMAL IMPROVEMENT <input type="checkbox"/> IMPROVED <input type="checkbox"/> EXACERBATION <input type="checkbox"/> MINIMAL <input type="checkbox"/> SLIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE	
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CERVICAL COLLAR = CC
 RIB SUPPORT = RSS
 LUMBOSACRAL SUPPORT = LSS
 KNEE SUPPORT = KS
 ANKLE SUPPORT = AS
 ELBOW SUPPORT = ES
 WRIST SUPPORT = WS

1. C. M. T.
2. ULTRASONATION
3. DIATHERMY
4. INFRA-RED
5. SINUSOIDAL CURRENTS
6. GALVANIC- A+ B-
7. HYDROCOLLATOR
9. CERVICAL INTERMITTENT TRACTION
9. CERVICAL CONSTANT TRACTION
10. LUMBAR INTERMITTENT TRACTION
11. LUMBAR CONSTANT TRACTION
12. ORTHION TABLE THERAPY
13. CRYOTHERAPY