

WHITE'S PHYSICAL THERAPY & BODYMECHANIX, LLC

355 Middlesex Avenue Wilmington, MA 01887
TEL: 978.658.5556 / FAX: 978.658.5269
www.whitesPT.com / dougwhite@whitespt.com



Patient's Name: _____ Date: _____
Diagnosis: _____ Precautions: _____
Frequency/ Duration: _____ per week for _____ number of weeks.

PHYSICAL THERAPY

EVALUATE AND TREAT

- MOIST HEAT/ CRYOTHERAPY
- ULTRASOUND
- ELECTRICAL STIMULATION
- RANGE OF MOTION
- THERAPEUTIC EXERCISE
- FUNCTIONAL ACTIVITIES
- GAIT TRAINING
- IONTOPHORESIS

- TENS
- SOFT TISSUE MOBILIZATION
- MANUAL THERAPY/JOINT MOBILITY
- FLEXIBILITY PROGRAM
- HOME PROGRAM
- WORK CONDITIONING
- BODYMECHANICS AND POSTURAL ED.
- TRACTION CERVICAL/LUMBAR

Additional comments /instructions: _____

MD SIGNATURE: _____ DATE: _____

Please fax signed evaluation to: 978/658-5BMX or feel free to call with any additional questions 978/658-5556