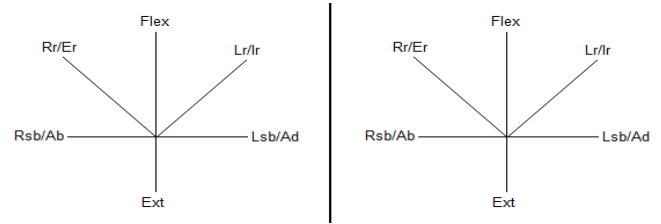
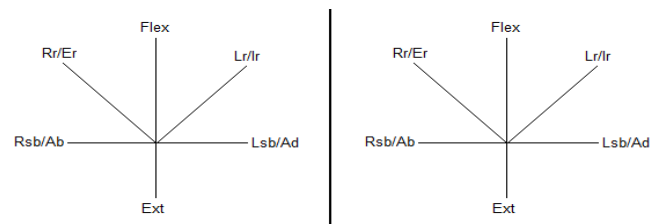
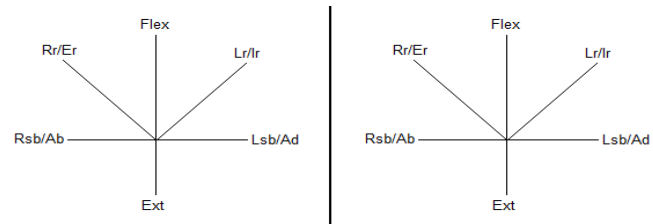


<b>Patient Name:</b>	<b>Bodyworker:</b>	<b>Date:</b>
1°	Meds:	Area:
Last Tx Response: ADL / Homecare:		
Add:	Tx:	Special Tests / Comments

Treatment/Homecare Details			
<b>Position</b>	<b>Treated Areas</b>	<b>Modalities Used</b>	<b>Extras</b>
<input type="checkbox"/> Prone <input type="checkbox"/> Supine <input type="checkbox"/> Seated <input type="checkbox"/> Side lying <b>Depth</b> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Deep	<input type="checkbox"/> Scalp <input type="checkbox"/> Face <input type="checkbox"/> Cspine <input type="checkbox"/> Tspine <input type="checkbox"/> Lspine <input type="checkbox"/> Scapula <input type="checkbox"/> P. arm <input type="checkbox"/> P. forearm <input type="checkbox"/> A. arm <input type="checkbox"/> A. forearm <input type="checkbox"/> Hand <input type="checkbox"/> A. Thorax <input type="checkbox"/> Breast <input type="checkbox"/> Abdomen <input type="checkbox"/> Hip flexors <input type="checkbox"/> Gluteal <input type="checkbox"/> P. thigh <input type="checkbox"/> P. leg <input type="checkbox"/> A. thigh <input type="checkbox"/> A. leg <input type="checkbox"/> Foot <b>Key:</b> P. = Posterior A. = Anterior	<input type="checkbox"/> GSM <input type="checkbox"/> X-hands/shearing <input type="checkbox"/> Effleurage <input type="checkbox"/> Fascial pulling / rolling <input type="checkbox"/> Petrissage <input type="checkbox"/> Muscle stripping <input type="checkbox"/> Passive ROM/stretch <input type="checkbox"/> Attachment release <input type="checkbox"/> O/I approximation <input type="checkbox"/> Joint mobilizations <input type="checkbox"/> Rocking/oscillations <input type="checkbox"/> Vibrations <input type="checkbox"/> Tapotement <input type="checkbox"/> Trigger Point Pressure Release <input type="checkbox"/> Frictions <input type="checkbox"/> Passive Release <input type="checkbox"/> Contract relax <input type="checkbox"/> AROM <input type="checkbox"/> Isolytic Release <input type="checkbox"/> Agonist contraction <input type="checkbox"/> Quick Stretch <input type="checkbox"/> Prone Lumbar Release <input type="checkbox"/> Supine Lumbar Release <input type="checkbox"/> MET	<input type="checkbox"/> Sauna <input type="checkbox"/> Paraffin <input type="checkbox"/> Hydro <input type="checkbox"/> Ice <input type="checkbox"/> Contrast
Homecare / Considerations:		Next Tx:	

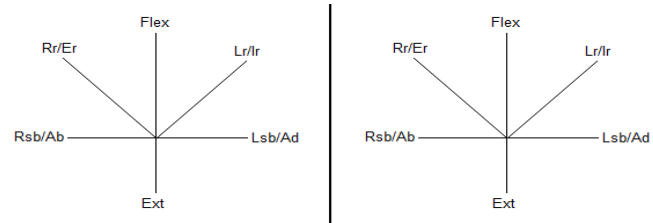
<b>Patient Name:</b>	<b>Bodyworker:</b>	<b>Date:</b>	
1°	Meds:	Area:	
Last Tx Response: ADL / Homecare:			
Add:	Tx:	Special Tests / Comments	
Treatment/Homecare Details			
<b>Position</b>	<b>Treated Areas</b>	<b>Modalities Used</b>	<b>Extras</b>
<input type="checkbox"/> Prone <input type="checkbox"/> Supine <input type="checkbox"/> Seated <input type="checkbox"/> Side lying <b>Depth</b> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Deep	<input type="checkbox"/> Scalp <input type="checkbox"/> Face <input type="checkbox"/> Cspine <input type="checkbox"/> Tspine <input type="checkbox"/> Lspine <input type="checkbox"/> Scapula <input type="checkbox"/> P. arm <input type="checkbox"/> P. forearm <input type="checkbox"/> A. arm <input type="checkbox"/> A. forearm <input type="checkbox"/> Hand <input type="checkbox"/> A. Thorax <input type="checkbox"/> Breast <input type="checkbox"/> Abdomen <input type="checkbox"/> Hip flexors <input type="checkbox"/> Gluteal <input type="checkbox"/> P. thigh <input type="checkbox"/> P. leg <input type="checkbox"/> A. thigh <input type="checkbox"/> A. leg <input type="checkbox"/> Foot <b>Key:</b> P. = Posterior A. = Anterior	<input type="checkbox"/> GSM <input type="checkbox"/> X-hands/shearing <input type="checkbox"/> Effleurage <input type="checkbox"/> Fascial pulling / rolling <input type="checkbox"/> Petrissage <input type="checkbox"/> Muscle stripping <input type="checkbox"/> Passive ROM/stretch <input type="checkbox"/> Attachment release <input type="checkbox"/> O/I approximation <input type="checkbox"/> Joint mobilizations <input type="checkbox"/> Rocking/oscillations <input type="checkbox"/> Vibrations <input type="checkbox"/> Tapotement <input type="checkbox"/> Trigger Point Pressure Release <input type="checkbox"/> Frictions <input type="checkbox"/> Passive Release <input type="checkbox"/> Contract relax <input type="checkbox"/> AROM <input type="checkbox"/> Isolytic Release <input type="checkbox"/> Agonist contraction <input type="checkbox"/> Quick Stretch <input type="checkbox"/> Prone Lumbar Release <input type="checkbox"/> Supine Lumbar Release <input type="checkbox"/> MET	<input type="checkbox"/> Sauna <input type="checkbox"/> Paraffin <input type="checkbox"/> Hydro <input type="checkbox"/> Ice <input type="checkbox"/> Contrast
Homecare / Considerations:		Next Tx:	

<b>Patient Name:</b>	<b>Bodyworker:</b>	<b>Date:</b>
1°	Meds:	Area:
Last Tx Response:		ADL / Homecare:
Add:	Tx:	Special Tests / Comments



Treatment/Homecare Details				
<b>Position</b>	<b>Treated Areas</b>	<b>Modalities Used</b>		<b>Extras</b>
<input type="checkbox"/> Prone <input type="checkbox"/> Supine <input type="checkbox"/> Seated <input type="checkbox"/> Side lying <b>Depth</b> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Deep	<input type="checkbox"/> Scalp <input type="checkbox"/> Face <input type="checkbox"/> Cspine <input type="checkbox"/> Tspine <input type="checkbox"/> Lspine <input type="checkbox"/> Scapula <input type="checkbox"/> P. arm <input type="checkbox"/> P. forearm <input type="checkbox"/> A. arm <input type="checkbox"/> A. forearm <input type="checkbox"/> Hand <input type="checkbox"/> Cspine <input type="checkbox"/> A. Thorax <input type="checkbox"/> Breast <input type="checkbox"/> Abdomen <input type="checkbox"/> Hip flexors <input type="checkbox"/> Gluteal <input type="checkbox"/> P. thigh <input type="checkbox"/> P. leg <input type="checkbox"/> A. thigh <input type="checkbox"/> A. leg <input type="checkbox"/> Foot <b>Key:</b> P. = Posterior A. = Anterior	<input type="checkbox"/> GSM <input type="checkbox"/> X-hands/shearing <input type="checkbox"/> Effleurage <input type="checkbox"/> Fascial pulling / rolling <input type="checkbox"/> Petrissage <input type="checkbox"/> Muscle stripping <input type="checkbox"/> Passive ROM/stretch <input type="checkbox"/> Attachment release <input type="checkbox"/> O/I approximation <input type="checkbox"/> Joint mobilizations <input type="checkbox"/> Rocking/oscillations <input type="checkbox"/> Vibrations <input type="checkbox"/> Tapotement <input type="checkbox"/> Trigger Point Pressure Release <input type="checkbox"/> Frictions <input type="checkbox"/> Passive Release <input type="checkbox"/> Contract relax <input type="checkbox"/> AROM <input type="checkbox"/> Isolytic Release <input type="checkbox"/> Agonist contraction <input type="checkbox"/> Quick Stretch <input type="checkbox"/> Prone Lumbar Release <input type="checkbox"/> Supine Lumbar Release <input type="checkbox"/> MET	<input type="checkbox"/> Sauna <input type="checkbox"/> Paraffin <input type="checkbox"/> Hydro <input type="checkbox"/> Ice <input type="checkbox"/> Contrast	
Homecare / Considerations:			Next Tx:	

<b>Patient Name:</b>	<b>Bodyworker:</b>	<b>Date:</b>
1°	Meds:	Area:
Last Tx Response:		ADL / Homecare:
Add:	Tx:	Special Tests / Comments



Treatment/Homecare Details				
<b>Position</b>	<b>Treated Areas</b>	<b>Modalities Used</b>		<b>Extras</b>
<input type="checkbox"/> Prone <input type="checkbox"/> Supine <input type="checkbox"/> Seated <input type="checkbox"/> Side lying <b>Depth</b> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Deep	<input type="checkbox"/> Scalp <input type="checkbox"/> Face <input type="checkbox"/> Cspine <input type="checkbox"/> Tspine <input type="checkbox"/> Lspine <input type="checkbox"/> Scapula <input type="checkbox"/> P. arm <input type="checkbox"/> P. forearm <input type="checkbox"/> A. arm <input type="checkbox"/> A. forearm <input type="checkbox"/> Hand <input type="checkbox"/> A. Thorax <input type="checkbox"/> Breast <input type="checkbox"/> Abdomen <input type="checkbox"/> Hip flexors <input type="checkbox"/> Gluteal <input type="checkbox"/> P. thigh <input type="checkbox"/> P. leg <input type="checkbox"/> A. thigh <input type="checkbox"/> A. leg <input type="checkbox"/> Foot <b>Key:</b> P. = Posterior A. = Anterior	<input type="checkbox"/> GSM <input type="checkbox"/> X-hands/shearing <input type="checkbox"/> Effleurage <input type="checkbox"/> Fascial pulling / rolling <input type="checkbox"/> Petrissage <input type="checkbox"/> Muscle stripping <input type="checkbox"/> Passive ROM/stretch <input type="checkbox"/> Attachment release <input type="checkbox"/> O/I approximation <input type="checkbox"/> Joint mobilizations <input type="checkbox"/> Rocking/oscillations <input type="checkbox"/> Vibrations <input type="checkbox"/> Tapotement <input type="checkbox"/> Trigger Point Pressure Release <input type="checkbox"/> Frictions <input type="checkbox"/> Passive Release <input type="checkbox"/> Contract relax <input type="checkbox"/> AROM <input type="checkbox"/> Isolytic Release <input type="checkbox"/> Agonist contraction <input type="checkbox"/> Quick Stretch <input type="checkbox"/> Prone Lumbar Release <input type="checkbox"/> Supine Lumbar Release <input type="checkbox"/> MET	<input type="checkbox"/> Sauna <input type="checkbox"/> Paraffin <input type="checkbox"/> Hydro <input type="checkbox"/> Ice <input type="checkbox"/> Contrast	
Homecare / Considerations:			Next Tx:	