

## Treatment Log

Name: \_\_\_\_\_ Dx: \_\_\_\_\_ Surgery/Onset Date: \_\_\_\_\_

		Visits #				
TREATMENT		Date:				
Modalities						
Manual Therapy						
	Minutes					
Neuromuscular Re-Ed / Functional Activities / Therapeutic Exercise						
	Minutes					

HEP	See Chart Copy <input type="checkbox"/>	See Chart Copy <input type="checkbox"/>	See Chart Copy <input type="checkbox"/>	See Chart Copy <input type="checkbox"/>	See Chart Copy <input type="checkbox"/>
THERAPIST INITIALS					
TOTAL TREATMENT TIME					

G=Group