

THERAPY NOTES

Physical Therapy / Treatment Documentation

Patient Information

Patient Name:	[REDACTED]
Date of Birth:	XX/XX/XXXX
MRN:	XXXXXX
Date of Service:	[Date]

Subjective: Patient reports symptoms and functional limitations. Pain level documented.

Objective: Range of motion, strength, and functional status assessed.

Treatment Provided: Therapeutic exercises, manual therapy, patient education.

Assessment: Patient demonstrates progress. Tolerates treatment well.

Plan: Continue current treatment. Progress exercises as tolerated.

Placeholder document for demonstration purposes - Replace with actual therapy notes