



PHYSICAL THERAPY

FOR KIDS

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Table with 3 columns: Name, Visit #, Physician; DOB; Diagnosis; Date; Progress Summary.

PHYSICAL THERAPY EVALUATION

Table with 2 columns: Assessment, Long-Term Goals. Contains detailed text about gait abnormality and treatment goals.

Treatment Plan: Sessions 2-3 times per month for manual soft tissue release and AAROM to the joints of B LE's, shoe modification with orthotic recommendations prn, sensory modulation exercises to improve tolerance of varied tactile input to B legs and feet, progressive home program and caregiver education.

Thank you for this referral. If you have any questions about this patient, please call our office.

Provider: Crystal A. Duda, MSPT Date: Lic.# 020377

I certify that the above rehabilitative services are required and authorized by me. Physician: Date: Changes to above treatment plan: PLEASE SIGN AND FAX BACK TO : 315- 457-0430