PHYSICAL THERAPY
KINETIX PT
STEVE HODGSON MPT

959 Las Tablas Rd Ste A4
Templeton, CA 93465
ph:805 286-4794
f:805 926-3176

Patient Name_____Phone_____

Diagnosis_____

Precautions_____

- ❒ Evaluate and Treat
- ❒ Therapeutic Exercise
- ❒ Neuromuscular Re-education
- ❒ Balance Training
- ❒ Gait Analysis/Training
- ❒ Manual Therapy
- ❒ Joint Protection Program
- ❒ Lumbar/Cervical Traction
- ❒ Electrical Stimulation
- ❒ Thermal Modalities
- ❒ Sport Specific Training
- ❒ Running Analysis
- ❒ Taping
- ❒ Post Operative Rehab Program

Notes _____

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Frequency_____Signature_____Date_____