WHAT ARE WE GOING TO DO?

TREAMENT PLAN

OSC CHIROPRACTIC & SPORTS REHABILITATION

Name

(Last) (First) (Middle)

Date Phone #

Address

ICE: TO REDUCE SWELLING AND DISCOMFORT

When: ☐ AM ☐ PM **How Long:**_____ x Per Day_____ Minutes

What part(s) of the body:

Additional Comments:

ADJUSTMENTS: TO REALIGN THE SPINE

To Reduce: ☐ Nerve Pressure

Desired Result: ☐ Regain full, unrestricted motion ☐ Slow arthritic change

☐ Restore even weight distribution ☐ Stabilize problem area ☐ Other

Additional Comments:

REHABILITATION: TO STRENGTHEN AND STABILIZE

1. Flexibility:

2. Endurance:

3. Strength:

Additional Comments:

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