

WHAT ARE WE GOING TO DO?

TREATMENT PLAN



SPORTS REHABILITATION
& CHIROPRACTIC

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: