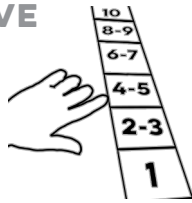




PATIENT NAME:

START DATE:

SUBJECTIVE



OBJECTIVE ANALYSIS



Shoulder?



Neck?



Knee?



Elbow?



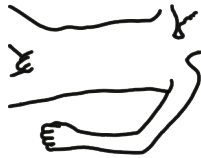
Face?



Ankle?



Wrist?



Trunk?



Foot?



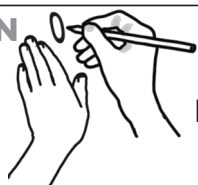
Hand?



Hip?

TREATMENT

PLAN



Repeat assessment on next visit

DISCHARGE DATE:

OUTCOME: