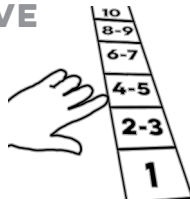




PATIENT NAME:

START DATE:

SUBJECTIVE



OBJECTIVE ANALYSIS



C4 & up?



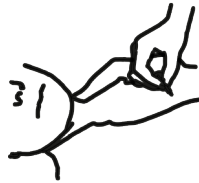
T1?



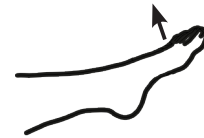
L3?



C5?



T2-6?



L4?



C6?



T7-12?



L5?



C7?



L2?



S1?



C8?



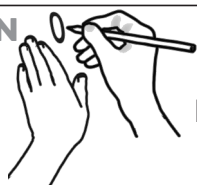
contracture?



pressure sore?

TREATMENT

PLAN



Repeat assessment on next visit

DISCHARGE DATE:

OUTCOME: