



FARNSWORTH

ORTHOPEDIC PHYSICAL THERAPY

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Rod Walker, PT, DPT Casey Badder, PT, DPT

Name _____ Date _____

Diagnosis _____

Frequency 1 - 2 - 3 x / w k Duration 2 - 3 - 4 - 6 weeks

Evaluate & Treat

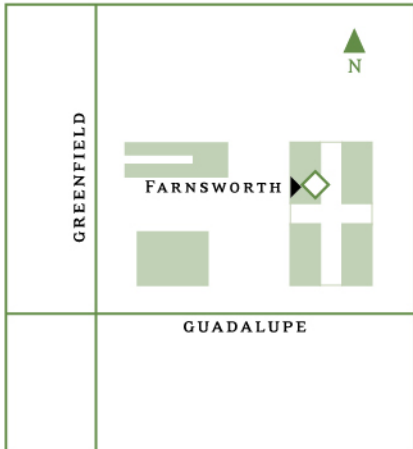
Modalities, PRN

SIGNATURE _____

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