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 Stand Tall, Walk Tall  
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PATIENT 'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

EVALUATE & TREAT:

Modalities

Strengthening/Rom

Pool Therapy

Breast Cancer Program

Osteoporosis Program

Manual/Soft Tissue

PRECAUTIONS and SPECIAL INSTRUCTIONS: \_\_\_\_\_

TREATMENT FREQUENCY/DURATION:

Daily

3X

2X

1X

For \_\_\_\_\_ weeks