LSU
HEALTHCARE
NETWORK

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LSU Orthopaedics
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Physical Therapy/ Occupational Therapy

Patient Name _____ DOB _____
Diagnosis _____

Frequency: Daily 2x/week 3x/week Other _____

1 week 2 weeks 3 weeks 4 weeks 6 weeks

Treatment

- o Evaluate & treat
- o Moist heat
- o Cold packs
- o Ultrasound
- o Paraffin wax
- o Electrical stimulation
- o Muscle massage
- o Range of motion
- o Pelvic traction
- o Joint mobilization
- o Functional capacity evaluation
- o Work reconditioning
- o Protocol attached
- o Other

_____
_____
_____
_____

Weight bearing Status

Full weight bearing
FWB in extension
Partial weight bearing
Toe touch weight bearing
Non-weight bearing

Range of Motion

Unlimited
Limited
Active assisted
AROM
PROM

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