PT No:.....

HN: .....

Orthopedic Physical Therapy Assessment

Physical Therapy Unit / Sirindhorn National Medical Rehabilitation Center

ıme.....Age.... Sex O M O F O IPD O OPD Date of consult.....

)ctor.....PT.....Occupation.....

ief Complaint.....Pain ...../10

esent History.....

.....

st History .....

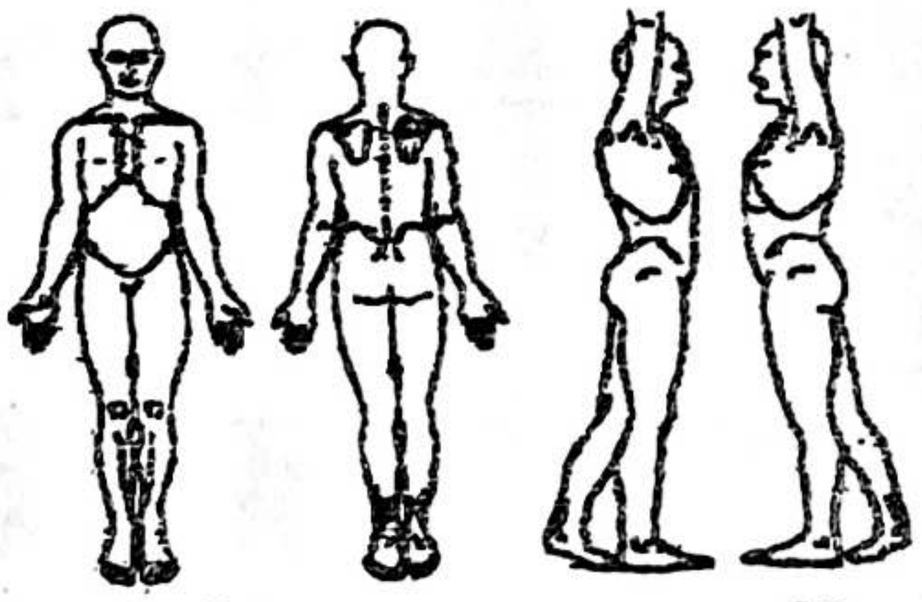
ecial Investigation.....

agnosis.....

derlying Disease..... Precaution/Contraindication.....

mptoms: O Pain ...../10 O Limit ROM O Weakness O Numbness O Tingling O Dizziness O Other.....

)jective Examination (Date.....)



Aggravation Factors..... Pain ...../.

Easing Factors..... Pain ...../

'oblem Summary

Problems	Goals	Plan and treatment

ome Program : .....

Signature.....

Treatment program

IS.....☐SWD.....☐ C-traction ☐ L-traction ☐ES.:....

Hotpack.....☐Paraffin....☐Cold pack .....☐ TENS.:..

nobilization.....☐stretching.....☐exercise.....

Home program ☐ Other.....

ชื่อ.....

H.N.....PT.no.....

Dx.....

ate	Symptom	Treatment program
	Pain score..... ☐No change ☐Change	☐Program..... .... ☐Home program..... ....
	Pain score..... ☐No change ☐Change	☐Same treatment ☐Adjusted treatment..... ..... ☐ Home program..... ....
	Pain score..... ☐No change ☐Change	☐Same treatment ☐Adjusted treatment..... ..... ☐ Home program..... .....
	Pain score..... ☐No change ☐Change	☐Same treatment ☐Adjusted treatment..... ..... ☐ Home program..... .....
	Pain score.....(SOAP)	☐Same treatment ☐Adjusted treatment..... ..... ☐ Home program..... .....