

## **Eval and Re-Eval Session Planning Form**

Initials of Patient: Time and Date of Patient's session: Date of Injury or Surgery: Relevant information known about injury/surgery/reason for therapy:

Diagnosis:

Protocol to follow for this diagnosis: Yes/No

If yes, what are the weeks to start certain treatments (PROM, joint mobilization, strengthening, etc)

Precautions:

Assessment Areas to Include (list) and rationale:

Assessment Areas NOT allowed currently (list) and rationale:

Anticipated Home Exercise Program (HEP):



MedStar Health

## **Session Plan for the Remaining Eval and Re-Eval Session**

Modalities to use, what settings, and rationale:

Procedures to perform, specifically list exercises/activities, and rationale: