



KEVIN SNIDER PHYSICAL THERAPY

Mobility • Strength • Freedom

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Name _____ Date _____

Diagnosis _____ Onset/Surgery Date _____

REHAB PROGRAMS

- Ankle
- Knee
- Hip
- Back
- Neck
- Shoulder
- Elbow
- Hand
- Functional Capacity Evaluation

EXERCISE

- Strengthening
- Mobilization
- Home Exercise Program
- Spinal Stabilization
- Gait Training
- Work Conditioning
- Aquatic Therapy
- Pilates
- Active Release

MODALITIES

- Anodyne
- Hot Packs
- Ultrasound
- Phono / Iontophoresis
- Massage / MFR
- Cryotherapy
- Whirlpool
- EMS
- TENS
- Traction
- Kinesio Tape

ORTHOTICS

- Custom Foot Orthotics
- Other

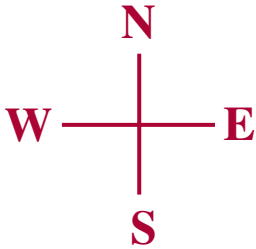
Frequency: 1 x Wk 2 x Wk 3 x Wk 4 x Wk Daily _____

Duration: 1 Wk 2 Wk 3 Wk 1 Mo Other _____

Specific Instructions/Precautions: _____

Physician _____ Date _____

(Map on Back)



Traveling:

- I-5 South, exit Deschutes Rd./ Factory Outlets Dr.
- I-5 North, exit Hwy 273/ Anderson
- NE corner of 273 & Barney St.

