

Athens Orthopedic Clinic Home Program Report

Name: _____

Physician: _____

Date: _____

Patient #: _____

Diagnosis: _____

CPT Code: _____

Foot / Ankle

<input type="checkbox"/> Towel Stretch	<input type="checkbox"/> Toe Raises
<input type="checkbox"/> Toe Stretches	<input type="checkbox"/> Heel Walking
<input type="checkbox"/> Toe Crunches	<input type="checkbox"/> Isometric DF
<input type="checkbox"/> Standing Calf Stretch	<input type="checkbox"/> Isometric PF
<input type="checkbox"/> Stair Stretch	<input type="checkbox"/> Isometric EV
<input type="checkbox"/> Inv/Ev Stretch	<input type="checkbox"/> Isometric IV
<input type="checkbox"/> Alphabet ROM	<input type="checkbox"/> DF w/ Elastic
<input type="checkbox"/> Circles ROM	<input type="checkbox"/> PF w/ Elastic
<input type="checkbox"/> Ankle Pumps	<input type="checkbox"/> IV w/ Elastic
<input type="checkbox"/> Balance Exercise	<input type="checkbox"/> EV w/ Elastic

Lower Extremity/ Knee

<input type="checkbox"/> Towel Stretch	<input type="checkbox"/> Quad Set
<input type="checkbox"/> Hamstring Sitting	<input type="checkbox"/> SLR Flexion
<input type="checkbox"/> Hamstring Supine	<input type="checkbox"/> SLR Extension
<input type="checkbox"/> Hip Flexor Stretch	<input type="checkbox"/> SLR Abduction
<input type="checkbox"/> Butterfly Stretch	<input type="checkbox"/> SLR Adduction
<input type="checkbox"/> Heel Slide	<input type="checkbox"/> Short Arc Quad
<input type="checkbox"/> Quad Stretch Prone	<input type="checkbox"/> Long Arc Quad
<input type="checkbox"/> Quad Stretch Stand	<input type="checkbox"/> Wall Squat
<input type="checkbox"/> IT Band Stretch	<input type="checkbox"/> Wall Squat w/ Ball

Hand and Wrist

<input type="checkbox"/> Flexion Stretch	<input type="checkbox"/> Flexion w/ Weight
<input type="checkbox"/> Extension Stretch	<input type="checkbox"/> Extension w/ Weight
<input type="checkbox"/> Supination Stretch	<input type="checkbox"/> Supination w/ Weight
<input type="checkbox"/> Pronation Stretch	<input type="checkbox"/> Pronation w/ Weight
<input type="checkbox"/> Ulnar Deviation Stretch	<input type="checkbox"/> Ulnar Dev. w/ Weight
<input type="checkbox"/> Radial Deviation Stretch	<input type="checkbox"/> Radial Dev. w/ Weight
<input type="checkbox"/> Towel Squeeze	<input type="checkbox"/> Prayer Stretch
<input type="checkbox"/> Finger Opposition	

Modalities

<input type="checkbox"/> Ice Bag	<input type="checkbox"/> Moist Heat Pack
<input type="checkbox"/> Ice Massage	<input type="checkbox"/> Friction Massage
<input type="checkbox"/> Contrast	<input type="checkbox"/>

Shoulder and Upper Extremity

<input type="checkbox"/> Self Flexion	<input type="checkbox"/> Isometric Abduction
<input type="checkbox"/> Self Abduction	<input type="checkbox"/> Isometric Adduction
<input type="checkbox"/> Self ER	<input type="checkbox"/> Isometric ER
<input type="checkbox"/> Self Saws	<input type="checkbox"/> Isometric IR
<input type="checkbox"/> Shoulder Shrugs	<input type="checkbox"/> Shld Retraction w/ Tubing
<input type="checkbox"/> Wall Walk Flexion	<input type="checkbox"/> Shld ER w/ Tubing
<input type="checkbox"/> Wall Walk Abduction	<input type="checkbox"/> Shld IR w/ Tubing
<input type="checkbox"/> Pulley Flexion	<input type="checkbox"/> 90/90 w/ Tubing
<input type="checkbox"/> Pulley Abduction	<input type="checkbox"/> Shld Flexion w/ Weight
<input type="checkbox"/> Pulley IR	<input type="checkbox"/> Shld Abd w/ Weight
<input type="checkbox"/> Towel IR	<input type="checkbox"/> Shld Empty Can w/ Weight
<input type="checkbox"/> Wall ER	<input type="checkbox"/> Bent over row w/ Weight
<input type="checkbox"/> Pendulums	<input type="checkbox"/> ER w/ Weight
<input type="checkbox"/> Horiz. Adduct. Stretch	<input type="checkbox"/> IR w/ Weight
<input type="checkbox"/> Reach Stretch	<input type="checkbox"/> Tricep Ext. w/ Weight
<input type="checkbox"/> Door Stretch	<input type="checkbox"/> Bicep Curl w/ Weight
<input type="checkbox"/> Bicep Stretch	<input type="checkbox"/> Prone Ext. w/ Weight
<input type="checkbox"/> Tricep Stretch	<input type="checkbox"/> Chair Grasps
<input type="checkbox"/> Isometric Flexion	<input type="checkbox"/> Corner Shld Retraction
<input type="checkbox"/> Isometric Extension	<input type="checkbox"/> Hand Grasps

Neck and Back

<input type="checkbox"/> Chin Tucks	<input type="checkbox"/> Single Knee to Chest
<input type="checkbox"/> Chin to Shoulder	<input type="checkbox"/> Side to Side Rotation
<input type="checkbox"/> Ear to Shoulder	<input type="checkbox"/> Advanced Rotation
<input type="checkbox"/> Trap Stretch	<input type="checkbox"/> Supine Hamstring Stretch
<input type="checkbox"/> Isometric Flexion	<input type="checkbox"/> Piriformis Stretch
<input type="checkbox"/> Isometric Extension	<input type="checkbox"/> Pelvic Tilt
<input type="checkbox"/> Isometric Rotation	<input type="checkbox"/> Bridging
<input type="checkbox"/> Iso. Ear to Shoulder	<input type="checkbox"/> Crunches
<input type="checkbox"/> Iso. Chin to Shoulder	<input type="checkbox"/> Alt. Arm and Leg

Other Exercises

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

I UNDERSTAND THAT IF INSURANCE DOES NOT COVER THE ABOVE SERVICES I AM RESPONSIBLE FOR PAYMENT

Patient Signature: _____

ATC Signature: _____