



SAN LUIS SPORTS THERAPY PEDIATRICS

Available at our Paso Robles Clinic • 1345 Park Street, Paso Robles, CA 93446 • PH: 805.226.0975 FAX: 805.266.0909

Patient's Name: _____ Guardian's Name: _____

Diagnosis: _____ Phone: _____

Precautions: _____

PHYSICAL THERAPY REHABILITATION

- Evaluate and Treat
- Developmental Evaluation

- Gait and Pre-gait Mobility Training (locomotion)
- Movement and Mobility Training
- Neuromuscular Training
- Endurance and Strength Training
- Activities to Address Muscle Tone
- Motor Learning / Developmental Activity
- Balance and Coordination Training
- Adaptation of Daily Care Activities
- Training and use of Assistive Technology
- Posture / Posture Control / Positioning / Transferring
- Orthotics and Prosthetics
- Other _____



Other Comments / Parameters: _____

Frequency: _____ times per week for _____ weeks. Signature: _____ Date: _____