



**Condition Report**

Patient First Name:  Patient Last Name:   
Email Address:

Conditions:  Primary   
Region:  Select One...  
Condition Name:  Select One...

Common Treatment: Available Selected  
 Accupuncture >   
 Ankle Brace >   
 Elastic Therapeutic Tape <   
 Foot Evaluation <

Exercises:  
Phase 1:   
Phase 2:

Prescribe Additional Exercises:

Advice on Daily Living: Available Selected  
 Backpacks >   
 Caffeine >   
 Exercise- Aerobic <   
 Exercise- Resistance <

Length:  Self Care Only  
 Daily for  days  
  times per week for  weeks  
Goal:  Treatment should result  % improvement  
Message: