

# Physical Therapy Intervention Plan

**Date:** [Insert Date]

**Patient Name:** [Insert Patient Name]

**Patient ID:** [Insert Patient ID]

**Diagnosis:** [Insert Diagnosis]

## Goals of Therapy

- Short-Term Goal 1: [Insert Goal]
- Short-Term Goal 2: [Insert Goal]
- Long-Term Goal: [Insert Goal]

## Intervention Strategies

1. Manual Therapy Techniques: [Describe techniques]
2. Therapeutic Exercises: [Outline exercises]
3. Modalities: [Specify modalities, e.g., heat, cold]
4. Patient Education: [Topics to be covered]

## Frequency and Duration

[Insert frequency of sessions, e.g., 2 times a week for 6 weeks]

## Outcome Measures

[Define how progress will be measured, e.g., range of motion, pain scale]

## Follow-Up Plan

[Insert details for follow-up evaluation and assessment]

## Physical Therapist Signature

[Insert Signature]

[Insert Therapist Name and Credentials]