Advanced Spine Care PA
State-of-the-Art Spinal Therapy

IDD New Treatment Form

❒ IDD Therapy ❒ Traction

Date_____ File No._____

Patient Name_____

Diagnosis_____

Age_____ Body Weight_____lbs. Date of Birth _____

Choose One:

Aggressive Treatment (5 sessions per week X 4 weeks)

Moderate Treatment (5, 5, 3, 3, 2, 2 sessions per week—office visits progressively decline—X 6 weeks)

Anticipated number of sessions required _____

Frequency of sessions _____

Date of first treatment ___/___/___ Anticipated date of last treatment ___/___/___

Recommended Starting Treatment Parameters:

Traction Force_____

Decompression Force_____ Angle_____ Decompression Force Hold _____

Regressive Force_____ Regressive Force Hold _____

❒ Neuromuscular Stimulation
Area_____
Time_____
Contraction: ❒ Strong ❒ Moderate ❒ Mild
❒ Interferential
Area_____
Time_____
❒ Heat
Area_____
Time_____

❒ Ultrasound
Area_____
Frequency_____
Intensity
Duration_____
❒ Iontophoresis
Area_____
❒ Cryotherapy
Area_____
Time_____

❒ with Ibuprofin
❒ without Ibuprofin
❒ continuous
❒ pulse

❒ This shall be done with every visit of IDD.

❒ This shall be done only for _____ visit(s). Therapy_____

❒ Other: _____

_____

_____

Physician's Signature_____ Luc J. Dionne, D.C.

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