

Spinal Cord Injury Physical Therapy Form

Patient Name

Date of Birth

Date of Assessment

Treating Therapist

Injury Level

Type of Injury

Date of Injury

Current Functional Status

Relevant Medical History

Presenting Problems/Goals

Physical Assessment (ROM, Strength, Tone, Sensation)

Mobility Assessment

ADL Assessment

Therapy Plan

Progress/Notes

Recommendations

Therapist Signature

Date