

Patient Treatment Record Example Underwater Treadmill

Patients Name					Date	Disclaimer Agreed Yes / No	
Session Number					Pool times		
Hydrotherapist							
Motivators					Treadmill times -Water depth -Speed		
Additional equipment							
Aid	XXS	XS	S	M	L	XL	
Post Session	Shower		No shower	Blaster	Towel Dry	Shampoo	
Previous Tx comments							
Arrival into clinic							
O/ Comments.							
HC – Harness fit- Warm up Shower- TM entry – TM fill-							
TX							
Topline/ Head and Tail carriage							
Fore Limbs – Hind limbs –							
Handling methods							
Recovery/ Balance/ Massage							

TM empty- TM exit – Shower down – Post Tx-	
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DO NOT COPY