

Massage Treatment Plan

For: _____ Date: _____

TREATMENT SCHEDULE: *(Example, delete prior to printing)* Weekly for four weeks, then reassess range of motion and pain level in shoulders.

HOME CARE: *(Example, delete prior to printing)* Ice packs two times per day for 10 minutes, walking and swinging arms.

NOTES: *(Example, delete prior to printing)* Thank you for visiting, don't forget your water!

THERAPIST: *(Example, delete prior to printing)* Jane Bryant, LMT #42449