



IDD Therapy® Recommended Treatment Plan

Date _____

Patient Name _____

Diagnosis _____

Age _____ Body Weight _____ lbs.

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:

Decompression Force _____ Decompression Force Hold _____

Regressive Force _____ Regressive Force Hold _____

Progressive Time _____

Regression Time _____