Company Name:

Media Account Consultant:

**PRODUCTS/SERVICES**

*Please indicate the conditions treated/treatments provided by your physiotherapist office by checking off the appropriate ones below.*

**Conditions Treated:**

\_\_\_ Cardiorespiratory

\_\_\_ Cancer, Palliative Care and Lymphoma

\_\_\_ Incontinence and Women’s Health

\_\_\_ Musculoskeletal

\_\_\_ Neurology

**Types of Treatments:**

\_\_\_ Bowen Technique

\_\_\_ Dry Needling

\_\_\_ Exercise Programs

\_\_\_ Ice and Heat Therapy

\_\_\_ Interferential Therapy

\_\_\_ Joint Mobilization

\_\_\_ Laser Therapy

**Other Services** (List Below):

\_\_\_ Orthopedic

\_\_\_ Occupational Health

\_\_\_ Pain

\_\_\_ Sports

\_\_\_ Lumbar Stabilization

\_\_\_ Massage Therapy (Soft Tissue)

\_\_\_ Muscle Energy Technique

\_\_\_ Pilates

\_\_\_ Strengthening Exercises

\_\_\_ Therapeutic Exercises

\_\_\_ Ultrasound