

SPORTSWAREONLINE™

Quick Treatments

Take the stress out of documenting your daily treatments with Quick Treatments. Allow your athletes to input their treatments for you. Or use the newly released Treatment grid to mass enter your daily treatments. This tool will help give you more time to take care of your athletes (\$100 per license).

Athlete Sign-In

- Have your athletes input daily treatments
- Auto-loads last treatments
- Athletes can add new injuries
- Compatible with:
 - Laptop/Desktop
 - iPad
 - Tablet

Quick Treatment
SAVE CANCEL

1: Select your Name

Brady, Nick

2: Select your Injury/Treatment Area

I'm being treated for an existing injury.

I have a new injury.

I don't have a specific injury.

Existing Injury

Sprain-Lower Extremity-Ankle- 4/13/2018

3: Check Background

Sport:

Location:

ATC:

4: Select the Treatments:

<input type="checkbox"/> 3D NUTRITION TABLE	<input type="checkbox"/> Gait Training	<input type="checkbox"/> Phonophoresis	<input type="checkbox"/> Taping - Shoulder	<input type="checkbox"/> Wound Care - Burn 10%-18%
<input type="checkbox"/> Alternate Binaural or Mo	<input type="checkbox"/> Hot Packs	<input type="checkbox"/> Physical Performance Test	<input type="checkbox"/> Taping - Toes	<input type="checkbox"/> Wound Care - Burn 19% or
<input type="checkbox"/> Application of electrica	<input type="checkbox"/> Ibutrofin	<input type="checkbox"/> Physical Therapy Evaluat	<input type="checkbox"/> Taping - Unna Boot	<input type="checkbox"/> Wound Care - Burn 9% or
<input type="checkbox"/> Aquatic Therapeutic Ever	<input type="checkbox"/> Ice Bath	<input type="checkbox"/> Range of Motion Exercise	<input type="checkbox"/> TEST	<input type="checkbox"/> Yoga Therapy
<input type="checkbox"/> Arm Exercises	<input type="checkbox"/> Ice Bath	<input type="checkbox"/> Rehab/Treatment exercise	<input type="checkbox"/> TEST123	<input type="checkbox"/> Yoga Therapy
<input type="checkbox"/> Arm Rotation with Band	<input type="checkbox"/> Inversion 10 set	<input type="checkbox"/> Removed from work	<input type="checkbox"/> TESTESTEST	
<input type="checkbox"/> Athletic Training Re-eval	<input type="checkbox"/> Iontophoresis	<input type="checkbox"/> Returned to Work	<input type="checkbox"/> Therapeutic Activities	
<input type="checkbox"/> Blood Pressure	<input type="checkbox"/> Kaopelate	<input type="checkbox"/> ROM - Hand	<input type="checkbox"/> Therapeutic Exercise	
<input type="checkbox"/> Blood Pressure Check	<input type="checkbox"/> Leg Press	<input type="checkbox"/> ROM Each extremity, exh	<input type="checkbox"/> Therapeutic massage to 1	
<input type="checkbox"/> Body Mechanics Training	<input type="checkbox"/> M.M.T. Total Body, evhan	<input type="checkbox"/> Supervised Exercise	<input type="checkbox"/> Therapeutic Procedures to	
<input checked="" type="checkbox"/> Cold Packs/Ice Massage	<input type="checkbox"/> M.M.T. Extremity/Trunk	<input type="checkbox"/> Swedish Massage	<input type="checkbox"/> Traction, Mechanical	
<input type="checkbox"/> Compression Pump	<input type="checkbox"/> M.M.T. Hand	<input type="checkbox"/> T-Band External Rotation	<input type="checkbox"/> Tylenol	
<input type="checkbox"/> Constant Electrical Stim	<input type="checkbox"/> M.M.T. Total Body, inch	<input type="checkbox"/> T-Band Internal Rotation	<input type="checkbox"/> Tylenol	
<input type="checkbox"/> Contrast Bath	<input type="checkbox"/> Manual Therapy	<input checked="" type="checkbox"/> Taping - Ankle	<input type="checkbox"/> Ultrasound	
<input type="checkbox"/> Debridement	<input type="checkbox"/> Massage	<input type="checkbox"/> Taping - Elbow/Wrist	<input type="checkbox"/> Ultrasound 1 MHz, 5 wat	
<input type="checkbox"/> Depressed	<input type="checkbox"/> Massage, ART	<input type="checkbox"/> Taping - Foot/Arch	<input type="checkbox"/> Week Two Knee Protocol	
<input type="checkbox"/> Electrical Stimulation	<input type="checkbox"/> Neuromuscular Re-Educati	<input type="checkbox"/> Taping - Hand/Finger	<input type="checkbox"/> Whirlpool	
<input type="checkbox"/> Ellie's treatment	<input type="checkbox"/> Onsite Wellness Lunch an	<input type="checkbox"/> Taping - Hip	<input type="checkbox"/> Work Hardening - Add'l h	
<input type="checkbox"/> Feeling Good	<input type="checkbox"/> Orthotics Fitting and Tr	<input type="checkbox"/> Taping - Hip	<input type="checkbox"/> Work Hardening - Init 2	
	<input type="checkbox"/> Paula Nat	<input type="checkbox"/> Taping - Knee	<input type="checkbox"/> Wound Care	

Treatment Grid
SAVE DASHBOARD

Select from the following Sport, Group, and Date Range:

Baseball

Last 30 Days

LOOKUP UNCHECK ALL

Athlete	Injury	Application of electrical...	Arm Exercises	Athletic Training Evaluat...	Blood Pressure	Cold Packs/Ice Massage	Compression Pump	Ellie's treatment	Hot Packs	Iontophoresis	Massage	Massage, ART	Physical Therapy Evaluat...	stretching	Therapeutic Exercise	Therapeutic massage to 1...	Traction, Mechanical	Whirlpool	Wound Care
Allad, Chad (235689)	Dislocation-Ankle-1/30/2018	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allad, Chad (235689)	Hidden-No Injury-Ankle-11/6/2017	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allad, Chad (235689)	Capsular Sprain-Ankle-8/30/2017	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anderson, Peter	No Injury-3/9/2018	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anderson, Peter	Hidden-No Injury-Knee-3/9/2018	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anderson, Peter	Hidden-No Injury-Ankle-11/13/2017	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anderson, Peter	Dislocation-Shoulder-11/13/2017	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anderson, Peter	Concussion-Head/Face-11/13/2017	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bell, Troy (46543)	Sprain-Ankle-2/1/2017	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- ### Treatment Grid
- Mass Treatments for injured Athletes
 - Favorite Treatment plans
 - Team and Date Filters

Now Available

To add Quick Treatments to your SportsWareOnline package, call us today at 781-297-2034!

