



Patient Name: _____ Phone Number: _____ DOB: _____

Diagnosis: _____ Onset/DOS: _____

Precautions: _____

Evaluate & Treat

Rehab per attached protocol

SPECIAL PROGRAMS

- ACL Rehab
- Sports Metrics ACL Return-to-Play
- Patellofemoral Rehab
- AlterG Treadmill
- Gait Training
- BFR - Bloodflow Restriction
- Concussion
- Orthotics
- Return to Sports
- TMJ Rehab
- Fall Risk/Balance Training
- General Conditions
- Long Covid
- Vertigo/Vestibular

PELVIC HEALTH

- Women's Pelvic Program
- Pregnancy/Post-Delivery
- Men's Pelvic Program
- Incontinence Program
- Pelvic Pain
- Bowel Incontinence

MANUAL TECHNIQUES

- Dry Needling
- Soft-Tissue Mobilizations
- Joint Mobilizations
- Muscle Energy Technique
- Graston/IASTM
- Kinesiotaping
- Cupping

MODALITIES

- Ultrasound
- Electric Stimulation
- Traction
- Paraffin
- Vasopneumatic Compression
- Iontophoresis

*Please provide the patient with a separate medication prescription for Dexamethasone Sodium Phosphate 4mg/ml; 30ml vial.

PEDIATRICS

- Torticollis
- Toe Walking
- Gross Motor Delays
- Head/Neck/Back Pain
- Foot/Ankle/Knee Pain
- Scoliosis
- Concussion (ages 5+)
- Endurance Training
- Sports Injury

WORK COMP

- Work Injury Physical Therapy
- Work Conditioning/ Work Hardening

This prescription is an evaluate and treat order unless specified above. I CERTIFY THAT THE ABOVE TREATMENT PLAN IS MEDICALLY NECESSARY AND APPROVED.

Physician Printed Name: _____ Physician's Signature: _____ Date: _____

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