

Tel.

Fax.

## PHYSICAL/ OCCUPATIONAL THERAPY/ CHIROPRACTIC REFERRAL

PATIENT'S NAME

DATES

DIAGNOSIS:

PRECAUTIONS:

WEIGHT BEARING

FREQUENCY      2      3      4    x A WEEK x

WEEK/S

NWB

PWB

WBAT

FWB

### EVALUATE & TREAT

#### GOALS

↓ PAIN

↑ ROM

↑ STRENGTH

IMPROVE FUNCTION

OTHERS

↓ SWELLING

### MODALITIES

US

MOIST HEAT

TRACTION

LBS

INTERFERENTIAL

ICE

CONTINUOUS

TENS

SPRAY STRENGTH

INTERMITTENT

PARAFIN BATH

CONTRAST BATH

ELECTRICAL STIM

HEATER TRACTION

### MANUAL THERAPIES

GENTLE MASSAGE

STRETCHING

SMT (SPINAL MINIP THERAPY)

MYOFACIAL RELEASE

ISOMETRIC STABILIZATION

CMT (CHIROPRATIC MINIP THERAPY)

JOBST TECHNIQUES

CERVICAL

ACTIVATOR(LOW FORCE TECH)

CRANIOSACRAL

LUMBAR

PNF

### EXERCISE

ROM PROM

STRETCHING (FUNCTIONAL)

AROM

BIOMECHANICS TRAINING

STRENGTHENING EXERCISE

HOME EXERCISE PROGRAM

POSTURE EXERCISE

THERAPEUTIC EXERCISE

GAIT TRAINING

SPECIFIC INSTRUCTIONS

PHYSICIAN'S SIGNATURE

,MD

U-PIN #