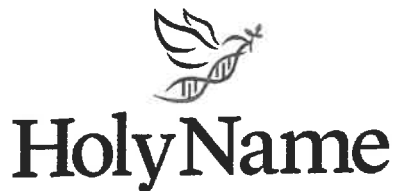


# REFERRAL FOR PHYSICAL/OCCUPATIONAL THERAPY



FROM: OCCUPATIONAL HEALTH SERVICE

☒ PHYSICAL THERAPY    ☐ OCCUPATIONAL THERAPY

PHONE: 201.833.7200 FAX: 201.833.7073  
718 TEANECK RD, TEANECK NJ 07666

PATIENT NAME: Joseph Simms    DIAGNOSIS: Laceration Right Shoulder  
\_\_\_\_ APN: Irmina Tanion    J APN: Janine Marti

FREQUENCY: # OF VISITS PER WEEK: 1 2 3 4 5    FOR 2 WEEKS

☒ EVALUATION / TREATMENT

☒ MODALITIES

☒ HOT PACK / COLD PACK

☒ ELECTRICAL STIMULATION

☒ TENS

☒ ULTRASOUND

☐ IONTROPHORESIS

☐ TRACTION \_\_\_\_ LBS

☐ Cervical    ☐ Lumbar

☐ PARAFIN

☐ FLUIDOTHERAPY

☐ JOINT PROTECTION EDUCATION

☐ SPLINTING

☐ Static    ☐ Dynamic

☒ EXERCISE

☒ PASSIVE ROM

☒ STRETCHING

☒ MOBILIZATION

☒ ACTIVE ASSISTIVE ROM

☒ STRENGTHENING

☒ PRE's

☐ ISOKENETIC

☐ CONDITIONING

☐ GAIT TRAINING \_\_\_\_ WB

ADDITIONAL INSTRUCTIONS:

☐ LIFTING ASSESSMENT

\_\_\_\_ LB RESTRICTION

☒ WORK CONDITIONING

☐ WORK SIMULATION

☐ BACK SCHOOL

☐ VESTIBULAR BALANCE PROGRAM

☐ WOUND CARE

☒ HOME PROGRAM

☐ FUNCTIONAL CAPACITY EVAL

APN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

4/26/2023