

## PHYSICAL THERAPY / OCCUPATIONAL THERAPY REFERRAL

PATIENT NAME: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

DIAGNOSIS: \_\_\_\_\_

PRECAUTIONS/CONTRAINDICATIONS: \_\_\_\_\_

Weight bearing:

FREQUENCY (2) (3) (4) ☒ A WEEK \_\_\_\_ WEEK/S

\_\_\_\_ NWB \_\_\_\_ FWB \_\_\_\_ PWBAT

\_\_\_\_ EVALUATE AND TREAT

GOALS: ☒ ↓ PAIN ☒ ↑ ROM ☒ ↑ STRENGTH ☒ ↓ SWELLING ☒ IMPROVE FUNCTION

### MODALITIES

☒ US

☒ MOIST HEAT

\_\_\_\_ TRACTION \_\_\_\_ LBS

☒ TENS

\_\_\_\_ ICE

\_\_\_\_ INTERFERENTIAL

\_\_\_\_ PARAFFIN BATH

\_\_\_\_ ELECTRICAL STIM

\_\_\_\_ AT THE THERAPIST'S DISCRETION

### MANUAL THERAPIES

\_\_\_\_ GENTLE MASSAGE

\_\_\_\_ ISOMETRIC STABILIZATION

\_\_\_\_ STRETCHING

\_\_\_\_ MYOFACIAL RELEASE

\_\_\_\_ CERVICAL

\_\_\_\_ JOINT MOBILIZATION

\_\_\_\_ LUMBAR

### EXERCISES

☒ ROM

\_\_\_\_ MET (MUSCLE ENERGY TECHNIQUES)

\_\_\_\_ ISOMETRICS

\_\_\_\_ STRETCHING (FUNCTIONAL)

\_\_\_\_ MCKENZIE EXTENSION EXERCISE

\_\_\_\_ HOME EXERCISE PROGRAM

\_\_\_\_ BIOMECHANICS TRAINING

\_\_\_\_ POSTURAL CORRECTION EXERCISE

\_\_\_\_ BAPS/BALANCE EXERCISE

\_\_\_\_ WILLIAMS FLEXION EXERCISE

\_\_\_\_ STRENGTHENING EXERCISES

\_\_\_\_ PNF

\_\_\_\_ THERAPEUTIC EXERCISE

\_\_\_\_ PROPRIOCEPTION TRAINING EXERCISES

\_\_\_\_ GAIT TRAINING/AMBULATION

\_\_\_\_ ENDURANCE EXERCISE

\_\_\_\_ MET (MUSCLE ENERGY TECHNIQUES)

\_\_\_\_ PLYOMETRICS

\_\_\_\_ FLEXIBILITY EXERCISE

SPECIFIC INSTRUCTIONS: \_\_\_\_\_

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