# PHYSICAL THERAPY / OCCUPATIONAL THERAPY REFERRAL

PATIENT NAME: txt_Name|patientfullname

TODAY'S DATE: _____ _____ _____
Month Day Year

DIAGNOSIS: Internal derangement

PRECAUTIONS/CONTRAINDICATIONS: _____

Weight bearing:

FREQUENCY ☐(2) ☐(3 ☐(4) X A WEEK _____ WEEK/S _____ NWB _____ FWB _____ PWBAT

_____EVAULATE AND TREAT

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

## MODALITITES

| | | |
|---|---|---|
| _X_ US | _X_ MOIST HEAT | _____ TRACTION _____LBS |
| _X_ 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

Active

| | |
|---|---|
| _____ ROM | _____ MET (MUSCLE ENERGY TECHIQUES) |
| _____ 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 | _____ PROPRIOCIPTION TRAINING EXERCISES |
| _____ GAIT TRAINING/AMBULATION | _____ ENDURANCE EXERCISE |
| _____ MET (MUSCLE ENERGY TECHIQUES) | _____ PLYOMITRICS |
| _____ FLEXIBILITY EXERCISE | |

SPECIFIC INSTRUCTIONS: _____

PHYSICIAN'S SIGNATURE: _____ _____ ,M.D.