

**1ST SESSION:** 

DATE:

TIME:

## **Marikina Orthopedic Specialty Clinic**

#2 E. MANALO AVE., STO. NIÑO, 1820, MARIKINA CITY, PHILIPPINES TEL. NO. (8) 942-4011; MONDAY ~ SATURDAY; 9:00 A.M. ~ 4:00 P.M.

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**DOCTOR'S SIGNATURE** 

**HMO** ) STA. LUCIA HEALTH CARE CENTER ( ) MARIKINA ST. VINCENT GENERAL HOSPITAL Basement Level Phase II Bldg. #42 P. Burgos St. Concepcion I, Marikina City Sta. Lucia East Grand Mall Tel. # (8) 359-3986 / (8)531-5080 Marcos Hi-way cor. Felix Ave. Cainta, Rizal Cel. # 0922-8641654 Tel. # (8) 296-4652 / (8) 647-2545 loc. 115 PHYSICAL THERAPY REQUEST **PATIENT NAME:** DATE: **DIAGNOSIS: PROCEDURE PT GOALS** □ PULLEY □ RELIEVE PAIN/SPASM □ STRETCHING □ PENDULUM EXERCISE □ REDUCE SWELLING/EDEMA □ ISOMETRIC EXERCISE ☐ FINGER LADDER EXERCISE □ INCREASE JOINT ROM □ PASSIVE ROM □ HOME EXERCISE PROGRAM □ REGAIN/INCREASE MUSCLE □ ACTIVE ASSISTIVE ROM STRENGTH/STABILITY □ ACTIVE ROM **AREAS TO BE TREATED** □ PROGRESSIVE ASSISTIVE EXERCISE **PT PRESCRIPTION** □ CONDITIONING EXERCISES **□ TENS GAIT TRAINING** TREATMENT FREQUENCY □ ULTRASOUND □ FULL WB □ HOT MOIST PACK **□ CRUTCHES** □ DAILY □ PARTIAL WB \_\_\_\_\_\_ % □ 1X/WEEK □ PHONOPHORESIS **□ CRYOTHERAPY** □ CARE □ 2X/WEEK □ PARAFFIN WAX BATH □ NON WB □ 3X/WEEK □ NEUROMUSCULAR SIMULATOR □ WALKER □ PRN □ PROBE **OTHERS DURATION** □ QUADRICEPS STRENGTHENING □ INFRARED RADIATION □ 1 WEEK □ CERVICAL TRACTION \_ \_\_LBS./KG. □ HAMSTRING STRETCHING □ 2 WEEKS □ LUMBAR TRACTION LBS./KG. **□ CLOSE KINEMATIC CHAIN EXERCISES** □ 3 WEEKS ☐ HIGH INTENSITY LASER \_ \_\_x/wĸ. □ PROPRIOCEPTION TRAINING □ 4 WEEKS □ SHOCKWAVE \_\_\_\_X/WK. ☐ GENERAL BODY CONDITIONING EXERCISES

**□ POSTURAL GUIDANCE**