

Spine & Sport

PHYSICAL THERAPY

"We've Got Your Back"

Referral Form / Care Form

For your convenience, we will do pre-certifications

Please take this prescription to Physical Therapy.

Today's Date: _____

Patient Name _____ Phone _____ DOB _____

Diagnosis _____ Surgery Date _____

Workers Comp. Ins. Co. _____ Phone _____ Injury Date _____

Physician _____
(Signature)

Physician _____
(Print) Next Physician's Appointment _____

- Evaluate and Treat**
- Continue Therapy
- Special Precautions/Instructions _____

Services Offered

Exercise/Treatments

- > Cervical Spine Stabilization
- > Lumbar Spine Stabilization
- > Progressive Resistive Exercises
- > Lumbar Strengthening
- > Active ROM
- > Passive ROM
- > Home Exercise Program
- > Function/ADL Training
- > Mobilization/Manual Therapy
- > Shoulder Rehab
- > Rotator Cuff Program
- > Total Hip Protocol
- > Total Knee Protocol
- > ACL Protocol
- > Ankle Rehab

Modalities

- > Low Level Laser (ml 830 Cold Laser)
- > Electrical Stimulation
- > Cryotherapy
- > Iontophoresis
- > Moist Heat
- > TENS
- > Traction
- > Ultrasound

Industrial Rehabilitation

- > Work Conditioning
- > Back/Neck School
- > Work Site Evaluation
- > Essential Functions Testing

Specialty Programs

- > Post Operative Back Protocols
- > Post Operative Neck Protocols
- > Industrial Rehabilitation
- > Sports Medicine Injuries
- > Unweighted Treadmill

