



movement for life physical therapy

treatment
referral

PATIENT'S NAME: PATIENT'S PHONE:

DIAGNOSIS: DOB:

PRECAUTIONS:

physical therapy

- Evaluate & Treat**
- Therapeutic Exercise**
(Active, Passive, PRE)
- Functional Activities**
(Gait, Balance, ADL)
- Neuromuscular Re-education**
- Manual Therapy**
(Joint & Soft Tissue Mobilization)
- Modalities**
(Elect Stim, Ultrasound, Iontophoresis, Vasopneumatic)
- Pre-Surgical Protocol**
- Thermal Modalities**
(Ice, Moist Heat)
- Traction** (Lumbar, Cervical)
- Comments:**
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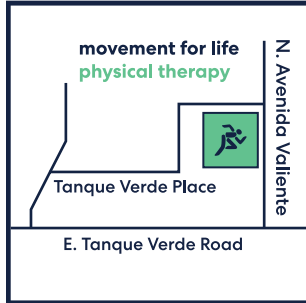
specialty programs

- Activity Prescription Program**
(General Exercise for Health/Disease Prevention, Oncology Rehab, Diabetes Management through Activity)
- Balance/Fall Prevention**
- Cardiopulmonary Physical Therapy**
- Diabetic Peripheral Neuropathy**
- Osteoporosis Program**
- Parkinson's Treatment Programs**
- Performance Protocol**
- Post-surgical Care**
- Pre/Postnatal Programs**
- TMJ/Headache Program**
- Vestibular Rehabilitation**
- Vestibular/Concussion Management**
- Pelvic Health**
- Work Injury/Return To Work**
- Other**
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Comments / Parameters:

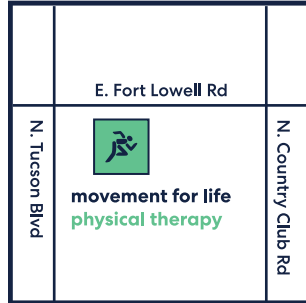
Frequency: times per week for weeks. Signature: Date:

the experts in movement



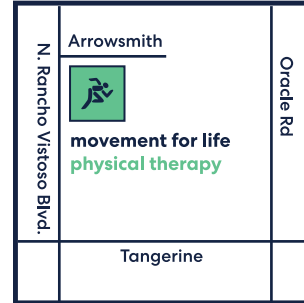
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[movementforlife.com](https://www.movementforlife.com)