



1905 Dove Crossing, Ste. AB
Navasota, TX 77868
936-870-3475
Fax: 936-870-3476

Patient: _____ Date of Injury: _____

Diagnosis: _____ Diagnosis Code: _____

Contraindications or Precautions: _____

Significant Medical History: _____

Rehabilitation Potential: Good Fair Poor

Frequency of Treatment: _____ Duration: _____

Please call clinic for Insurance Plan Verification and Appointment Schedule

Orthopaedic Outpatient Rehabilitation

EVALUATE AND TREAT

Therapeutic Exercise

- Active
- Active Assist
- Passive
- Isometric
- Progressive Resistive
- Gait Training
- Home Program
- McKenzie Extension
- Williams Flexion

Modalities

- Heat
- Cold
- Compression
- Ultrasound
- Phonophoresis
- Electrical Stimulation / TENS
- Iontophoresis
- Traction (Cervical / Back)

Industrial Rehab

- Comprehensive FCE
- Baseline FCE (Pre-program/RTW)
- Work Conditioning
- Functional Restorative Program
- Start with Therapy Progress to WC
- Jobsite Analysis

Manual Techniques

- Neural Flossing
- Soft Tissue Mobilization
- Joint Mobilization
- Manual Traction

Specialty Programs

- Pediatric / Developmental Delay
- Adult Parkinsons
- Sports Specific Rehab
- Hand Rehab
- TMJ Rehab
- Vestibular Rehab

REMARKS: _____

Next Physicians Appointment: _____ Printed Physician Name: _____

Physician Original Signature: _____ Date: _____

I certify that the above treatment plan of care is medically necessary and approved by me.

Thank you for your referral !