

Patient Name _____ Home/Cell # _____

Diagnosis or Impression _____

- Evaluate and Treat
- Return to Sports Functional Testing

Manual Techniques

- Soft Tissue Mobilization
- Joint Mobilization

Exercise

- Passive Exercise/Flexibility
- Active Assisted Exercise
- Active Exercise
- Strengthening Exercise
- Core/Spinal Stabilization Exercise

Industrial Services

- Work Simulation
- Work Conditioning - 4 Days/Week
- Onsite Job Analysis

Functional Training

- Return to Sports Functional Progression
- Back/Postural Education
- Gait Training

Treatment Objectives/Goals/Precautions:

- Frequency 1x/wk 2x/wk 3x/wk
- Duration 2 wks 3 wks 4 wks
- Therapist Discretion

Physician Signature _____ Date _____

In making this referral, the physician certifies that physical therapy is a medical necessity.

Modalities

- PRN
- Electrical Stimulation
- TENS Unit
- Cold Packs
- Hot Packs
- Ultrasound
- Cervical Traction
- Iontophoresis w/ Dexamethasone (4mg/ml)

Durable Medical Equipment

- Home Cervical Traction
- Hinged Knee Brace
- ACL Functional Knee Brace: Custom Prefab
- Foot Orthotics: Temporary Permanent

Sports Injury Prevention Program

OAK RIDGE PHYSICAL THERAPY

Suite FF

Lowes Foods Shopping Center

Wendy's

McDonald's

CVS

Oak Ridge Military Academy

To Stokesdale

To Kernersville

To Summerfield

To Greensboro

To Piedmont Triad Airport and 40

Hours: Monday - Friday 7am - 6pm
Saturday 9am - Noon