

## **ORTHOSPORT** PHYSICAL THERAPY

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PHYSICIANS SIGNATURE

## DDESCRIPTION FORM

THEODIN HOW ON	
Name:	Date
Diagnosis:	
Precautions/Contraindications:	
	Duration:
Physician:	
EVALUATION & TREATMENT	REHABILITATION
HEAT  ☐ Hydrocollator Packs ☐ Ultrasound ☐ Paraffin	<ul> <li>□ Balance Rehab Program</li> <li>□ Foot &amp; Angle Rehab Program</li> <li>□ Back Program</li> <li>□ Knee Program</li> <li>□ McConnell Patellar Taping</li> </ul>
TRACTION  ☐ Cervical ☐ Lumbar ☐ Manual ☐ Home Instructions	☐ Neck Program ☐ Shoulder Program ☐ Elbow Program ☐ Gait/Crutch Training ☐ CVA Rehab Program
MANUAL THERAPY  ☐ Myofascial Release ☐ Joint Mobilization ☐ PNF (proprioceptive neuromuscular facilitation) ☐ Muscle Energy	<ul> <li>□ ROM: Active/Assisted Passive/Resistive</li> <li>□ Biofeedback</li> <li>□ Preoperative Programs</li> <li>□ Postoperative Programs</li> <li>□ Home Exercise Program</li> </ul>
CRYOTHERAPY  ☐ Ice Massage ☐ Cold Pack ☐ Spray & Stretch	☐ TMJ Treatment  ACUPUNCTURE  ☐ Acupuncture Program
HYDROTHERAPY  ☐ Whirlpool ☐ Ultrasound in water	□ Acupressure Program  HAND THERAPY PROGRAM  □ ROM: Active/Assisted/Passive
■ Microcurrent Interferential current Estim Russian Estim Intophoresis	☐ Strengthening ☐ Desensitization ☐ Edema Management ☐ Scar Modification ☐ Joint Protection
☐ Phonophoresis	☐ Energy Conservation