



Rascal Creek Physical Therapy

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Name _____ Date _____

Diagnosis _____

Precautions _____

_____ x a week for _____ weeks

- PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH THERAPY

EVALUATE, ASSESS AND TREAT AS INDICATED BY DIAGNOSIS

EVALUATIVE PROCEDURES

- Functional Assessment Cybex Strength / Endurance Test / Retest
- Range of Motion Sensory Testing
- Manual Muscle Test

JOINT REHABILITATION HAND THERAPY

BACK REHABILITATION SPLINTING

HEAT / COLD THERAPY

- Cold Packs Whirlpool or Spa
- Hot Packs Contrast Baths
- Ultrasound Phonophoresis with _____
- Ice Massage

ELECTRICAL MODALITIES

- Omnistim Iontophoresis with _____
- Biofeedback Electrogalvanic Stimulation
- TENS / Rental (One Month) TENS / Purchase

TRACTION

THERAPEUTIC EXERCISE

- Joint Mobilization Gait Training
- PRE's Bicycle
- Cybex ROM

Physician's Signature _____