

Physician Orders / Referral Physical Therapy & Rehabilitation

Name _____ Date _____

Phone (home) _____ (other) _____

Diagnosis _____

Date of Onset / Surgery _____

Precautions / Special Instructions _____

Frequency / Duration: ____ times a week for ____ weeks, or ____ Evaluation and Treatment.

Specific Procedures and Modalities available for treatment:

PROCEDURES:

- Soft Tissue Mobilization
- Joint Mobilization
- Massage (Neuromuscular)
- Taping / Strapping
- Orthotic Fitting / Casting
- Edema Management
- Manual Traction
- Splinting / Bracing

MODALITIES:

- Ultrasound
- Electrical Stimulation
- TENS
- Iontophoresis
- Phonophoresis
- Moist Heat
- Cryotherapy (cold)
- Paraffin

EXERCISES:

- Balance / Coordination Exercises
- Spinal Stabilization Exercises
- ROM Exercises
- Strengthening Exercises (PREs)
- Flexibility Exercises
- Sports Specific Exercises _____
- Hand Exercises
- Home Exercise Program

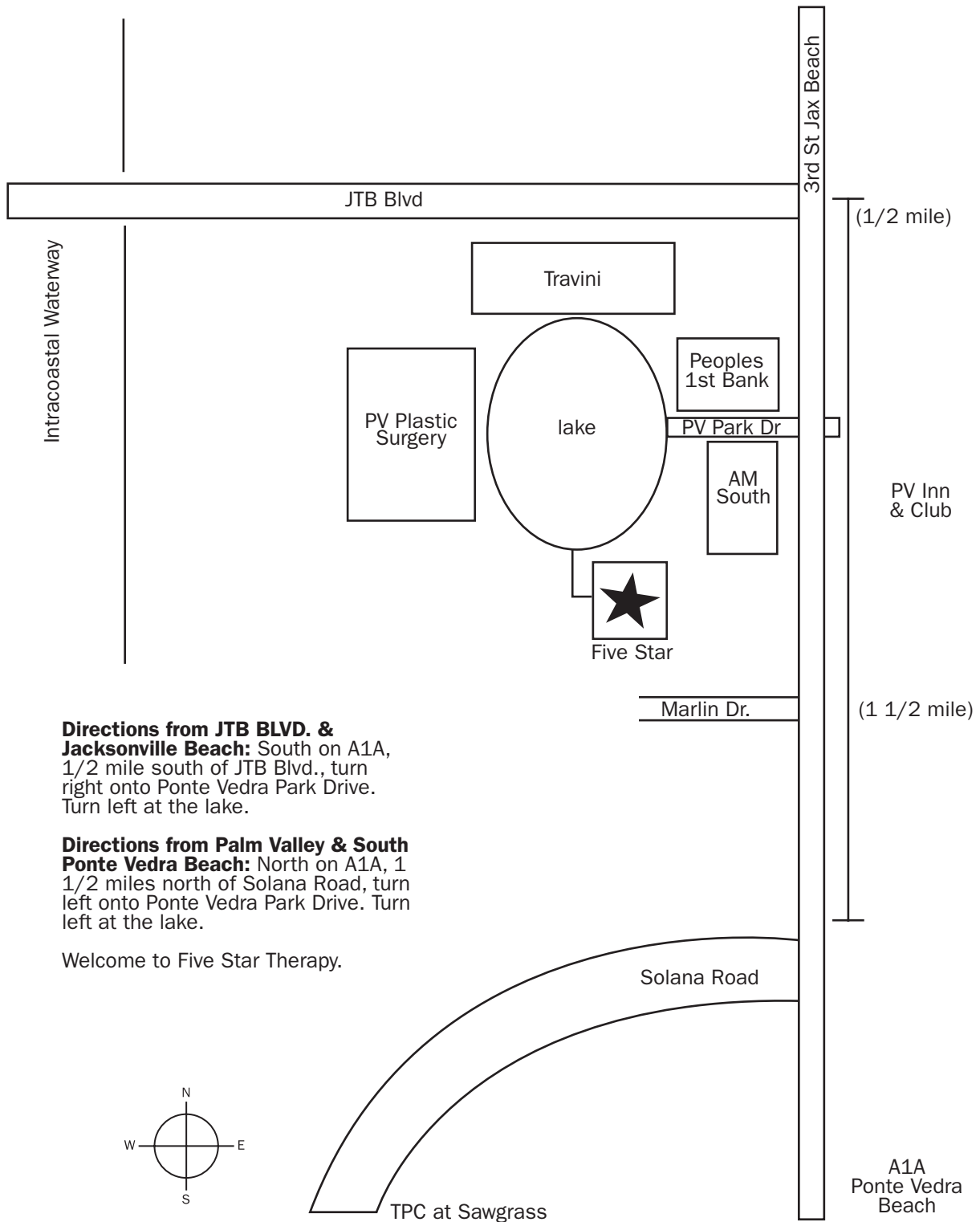
GAIT TRAINING:

- Assistive Device
 - Walker
 - Cane
 - Crutches
- Weight Bearing
 - NWB
 - PWB ____%
 - FWB

Rehab potential is: Excellent Good Fair Poor

I have examined the patient and certify that the prescribed treatment is medically necessary.

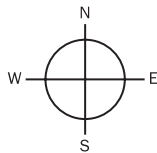
Physician's Signature _____ Date _____



Directions from JTB BLVD. & Jacksonville Beach: South on A1A, 1/2 mile south of JTB Blvd., turn right onto Ponte Vedra Park Drive. Turn left at the lake.

Directions from Palm Valley & South Ponte Vedra Beach: North on A1A, 1 1/2 miles north of Solana Road, turn left onto Ponte Vedra Park Drive. Turn left at the lake.

Welcome to Five Star Therapy.



Five Star 

PHYSICAL THERAPY AND SPORTS MEDICINE

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