



SAN LUIS SPORTS THERAPY

Arroyo Grande • Atascadero • Morro Bay • Orcutt • Paso Robles • San Luis Obispo • Santa Maria • Templeton

PATIENT'S NAME: _____ PATIENT'S PHONE: _____

DIAGNOSIS: _____

PRECAUTIONS: _____

REHABILITATION

- | | |
|--|---|
| <input type="checkbox"/> Evaluate and Treat | <input type="checkbox"/> Modalities
(Elect Stim, Ultrasound,
Iontophoresis) |
| <input type="checkbox"/> Therapeutic Exercise
(Active, Passive, PRE) | <input type="checkbox"/> Thermal Modalities
(Ice, Moist Heat) |
| <input type="checkbox"/> Functional Activities
(Gait, Balance, ADL) | <input type="checkbox"/> Traction
(Lumbar, Cervical) |
| <input type="checkbox"/> Neuromuscular
Re-education | <input type="checkbox"/> Comments:

_____ |
| <input type="checkbox"/> Manual Therapy
(Joint & Soft Tissue
Mobilization) | |

SPECIALTY PROGRAMS

- | | |
|--|--|
| <input type="checkbox"/> ACTIVITY PRESCRIPTION PROGRAM
• General Exercise for Health / Disease Prevention
• Oncology / Cancer Conditioning
• Diabetes Management through Activity | <input type="checkbox"/> PELVIC FLOOR REHABILITATION (Paso & SLO)
• Incontinence, Pelvic Pain,
Post-Surgical Care, Post Partum |
| <input type="checkbox"/> AQUATIC THERAPY (Paso Robles) | <input type="checkbox"/> POST-MASTECTOMY CARE |
| <input type="checkbox"/> ARTHRITIS / PREHABILITATION PROGRAM | <input type="checkbox"/> POST-SURGICAL CARE |
| <input type="checkbox"/> BALANCE / FALL PREVENTION | <input type="checkbox"/> PRENATAL PROGRAMS
• Carpal Tunnel Syndrome
• Low Back / Pelvic Pain |
| <input type="checkbox"/> CARDIOPULMONARY PHYSICAL THERAPY | <input type="checkbox"/> STROKE RECOVERY PROGRAM |
| <input type="checkbox"/> DIABETIC PERIPHERAL NEUROPATHY / ANODYNE | <input type="checkbox"/> TMJ / HEADACHE PROGRAM |
| <input type="checkbox"/> HAND THERAPY (Orcutt, SLO, Templeton) | <input type="checkbox"/> VESTIBULAR REHABILITATION |
| <input type="checkbox"/> OSTEOPOROSIS PROGRAM | <input type="checkbox"/> WORK INJURY / RETURN TO WORK |
| <input type="checkbox"/> PEDIATRIC PHYSICAL THERAPY (Paso) | <input type="checkbox"/> OTHER: _____ |

Comments / Parameters: _____

Frequency: _____ times per week for _____ weeks. Signature: _____ Date: _____