



www.kinetixapt.com

## Physical Therapy Referral

- 23501 Cinema Dr., Ste. 116, Valencia, CA 91355  
661.288.0300 • Fax: 661.288.0388  
 44501 16th Street West, Ste. 107, Lancaster, CA 93534  
661.974.7033 • Fax: 661.974.7022

Patient \_\_\_\_\_ Date \_\_\_\_\_

Diagnosis \_\_\_\_\_

Treatment / Orders \_\_\_\_\_

Frequency / Duration: \_\_\_\_\_ x/wk \_\_\_\_\_ wks

Precautions: \_\_\_\_\_

### EVALUATE & TREAT

#### THERAPEUTIC EXERCISE

- Strengthening     Gentle  
 Stretching         Aggressive  
 ROM                     Progressive

#### PRE / POST OP PROGRAM

### MODALITIES

- Modalities As Indicated  
 Light / Laser Therapy  
 Heat / Ice  
 TENS  
 Electrical Stimulation  
 Traction  
 Iontophoresis  
 Ultrasound  
 Phonophoresis  
 Paraffin  
 Whirlpool

### PROCEDURES

- Mobilization  
 Massage  
 Myofascial Release  
 Taping:  McConnell     Kinesio  
 Desensitization  
 Scar Management  
 Wound Care

### PROGRAMS

- Spinal  
 Cervical  
 Lx / Core Stabilization  
 McKenzie Protocol  
 Pilates  
 Post Op Protocol
- Knee  
 Patella femoral         Meniscus  
 ACL Protocol  
 Wt. Bearing Tolerance \_\_\_\_\_  
 Other \_\_\_\_\_
- Shoulder                 Balance Training  
 Foot / Ankle             Aquatic Therapy  
 TMJ Rehab               Gait Training  
 Vestibular Rehab

### MEDICAL EQUIPMENT

- Bracing  
 Knee                     Wrist  
 Ankle                     Other
- TENS  
 Home Traction Unit  
 Shoulder Pulley Unit  
 Crutches / Walker / Cane  
 Leukotape / McConnell Tape Kit  
 Other \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Physician's Name (Please Print) \_\_\_\_\_

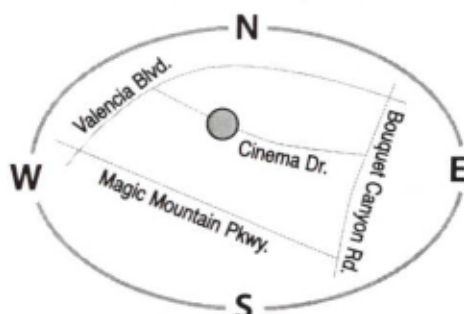
I hereby certify these services as medically necessary for the patients plan of care



# KINETIX

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