

Patient _____ Date _____

Diagnosis _____

Treatment / Orders _____

Frequency / Duration: _____ x/wk _____ wks

Precautions: _____

EVALUATE & TREAT

THERAPEUTIC EXERCISE

- Strengthening Gentle
- Stretching Aggressive
- ROM Progressive

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
 - Pilates
 - Post Op Rehab

- Knee
 - Patellaferoral Meniscus
 - ACL Rehab
 - Wt. Bearing Tolerance _____
 - Other _____

- Shoulder Balance Training
- Foot / Ankle Aquatic Therapy
- TMJ Rehab Gait Training

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 _____

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



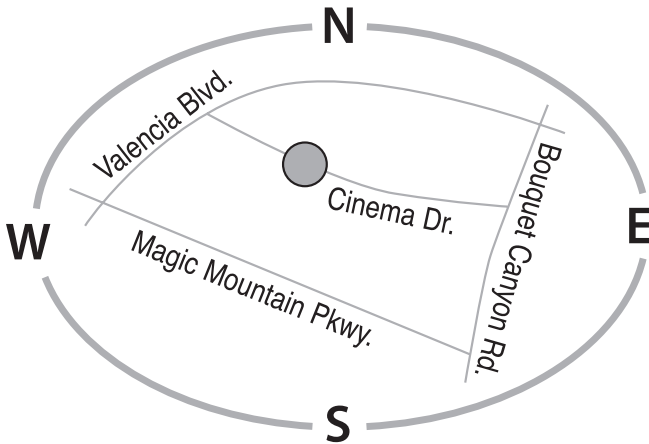
KINETIX

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FROM THE 5 NORTH

- Take the Valencia Blvd. Exit
- Turn Right onto Valencia Blvd.
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- Turn Left into the Cinema Professional Center

FROM THE 14 NORTH

- Take the San Fernando Exit
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- Turn Left onto San Fernando Rd.
- Turn Left onto Cinema Dr.
- Turn Right into the Cinema Professional Center