



www.kinetixapt.com

Physical Therapy Referral

- 25176 Rye Canyon Rd., 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
 - Patellafemoral 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) _____

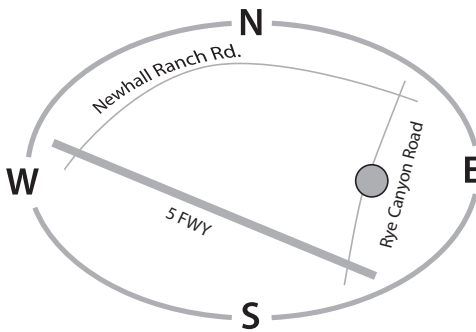
I hereby certify these services as medically necessary for the patients plan of care



KINETIX

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