

OPTIMAL REHAB PHYSICAL THERAPY
 www.optimalrehabphysicaltherapy.com

FRESNO

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KINGSBURG

1581 18th Avenue
 Kingsburg, CA 93631
 (559) 897-5270
 FAX (559) 897-0920

Date:	Date of Injury:	Date of Surgery:
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Patient First Name:	Patient Last Name:
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Diagnosis:	Goals of Treatment:
	<input type="checkbox"/> Evaluation and Treatment

Frequency of Treatment(s) _____ x's _____ wk's	Precaution(s):
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Treatment Programs

- Pre-surgical Rehabilitation
- Balance Training & Fall Prevention
- Vestibular Rehabilitation
- Shoulder Dysfunction
- Rotator Cuff Repair Protocol
- Lateral Epicondylitis Program
- Joint Replacement Therapy
- Cervical Stabilization Program
- Lumbar Stabilization Program
- Postural Education
- Neurological Rehabilitation
- Plantar Fasciitis
- Peripheral Neuropathy
- Carpal Tunnel Program
- TMJ Program

Electrotherapy

- Transcutaneous Nerve Stimulation
- Neuromuscular
- Interferential

Biofeedback

- sEMG Neuromuscular Re-education

Manual Therapy

- Joint Mobilization
- Soft Tissue Mobilization
- Lumbar Traction
- Cervical Traction
- Range of Motion
- PNF

Modalities

- Ultrasound
- Ice
- Heat
- Paraffin
- Intermittent Vasopneumatic Cryotherapy
- Compression (Gameready)

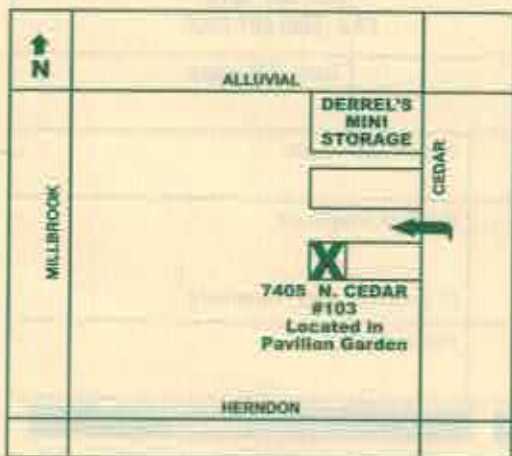
Other

- Onsite Independent Gym Program
(not Covered by Ins)

Additional Exercises - Special Instruction

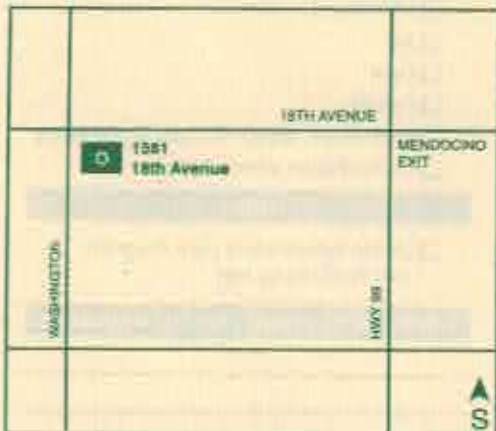
Physician's Signature:	PT. should re-check with me in: Day(s) Week(s)	Next MD Visit (MM/DD/YY)
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