STEVENS & DILLINGER
PHYSICAL THERAPY SPECIALISTS

Patient Name: _____ Date: _____ 20 ____

Diagnosis: _____

ICD-9 Code: _____

Orders: ☐ **Evaluate and Treat** ☐ Consultation

Frequency / Duration: 1 2 3 4 5 times per week for _____ weeks.

Treatment Procedures / Modalities:

☐ Range of Motion
- ☐ AROM
- ☐ AAROM
- ☐ PROM
- ☐ Limitations: _____

☐ Strengthening
- ☐ CORE / Trunk Stabilization
- ☐ PRE'S
- ☐ Functional Strengthening
- ☐ General Conditioning

☐ Balance / Fall Rehabilitation
☐ Vestibular Rehabilitation
☐ Gait Training
☐ Foot Orthotics
☐ Prosthetic Training
☐ Work Conditioning
☐ McKenzie Protocol

☐ Modalities as Indicated
- ☐ Traction - Cervical Lumbar
- ☐ Neuro-muscular Electrical Stimulation
- ☐ Functional Electrical Stimulation
- ☐ TENS / IFC – Pain management
- ☐ Iontophoresis
- ☐ Ultrasound
- ☐ Heat / Ice
- ☐ Contrast Bath
- ☐ Massage

☐ Precautions: _____

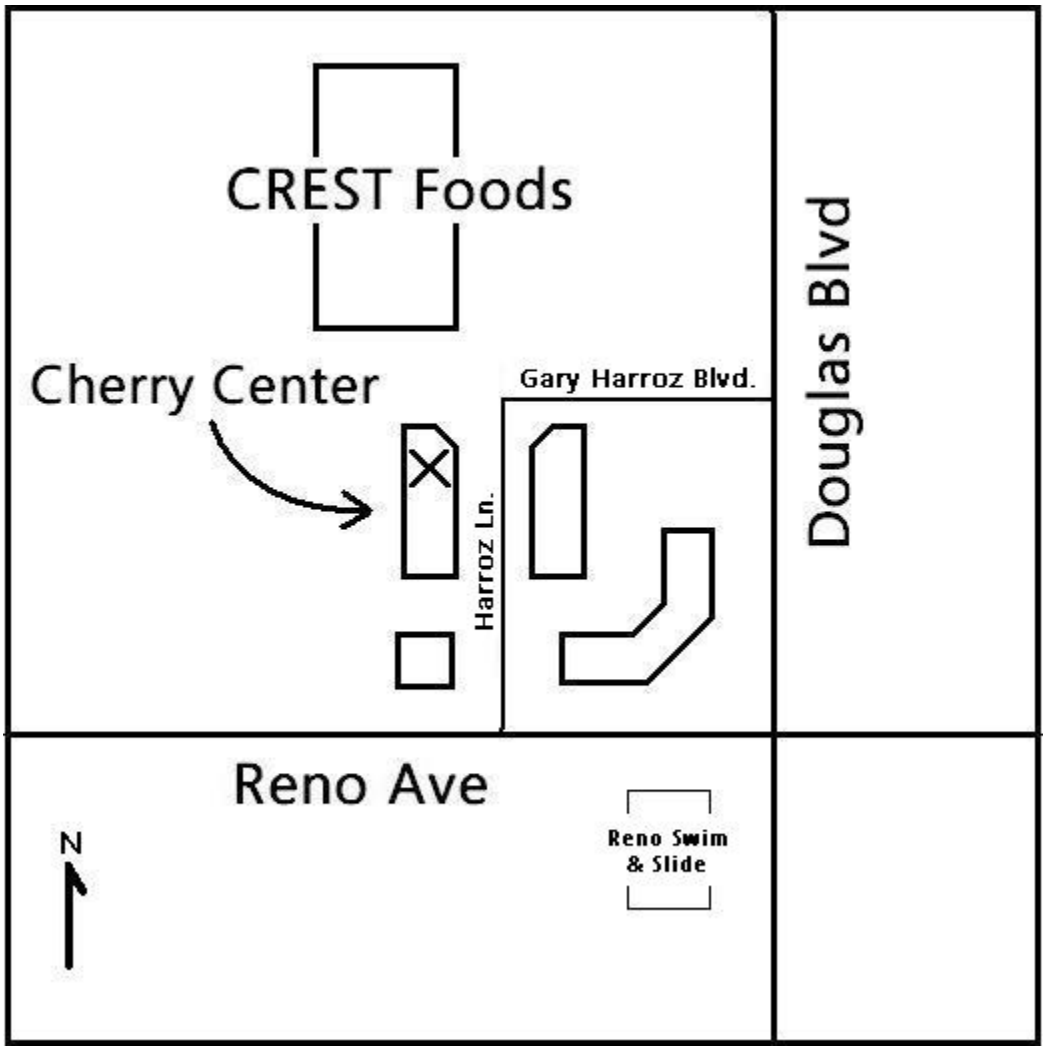
☐ Other: _____

Goals to Address (optional): _____

Physicians Signature: _____

Cherry Center, 8851 E. Reno Ave. Suite 201, Midwest City, OK. 73110 (405) 610-7700, FAX: (405) 610-7676

SEE REVERSE SIDE FOR MAP


CREST Foods
Cherry Center
Gary Harroz Blvd.
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Douglas Blvd
Reno Ave
N
Reno Swim
& Slide