



Rehab Solutions

Physical Therapy & Sports Medicine

- Lyons: 7310 W. Pershing Rd. Suite 100, Lyons IL, 60534
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- Evergreen Park: 9760 S. Kedzie, Suite 10-A, Evergreen Park, IL 60805
Phone: (708) 952-1000, Fax: (708) 952-1001

- PHYSICAL THERAPY** **OCCUPATIONAL THERAPY** **SPEECH THERAPY**

PATIENT NAME: _____

DIAGNOSIS (DX): _____

- EVALUATE AND TREAT MODALITIES AS PER THERAPIST DISCRETION

FREQUENCY: _____ DURATION: _____

MODALITIES:

- | | |
|---|--|
| <input type="checkbox"/> THERAPEUTIC EXERCISE | <input type="checkbox"/> ADL TRAINING |
| <input type="checkbox"/> NEUROMUSCULAR RE-ED | <input type="checkbox"/> AROM / AAROM / PROM |
| <input type="checkbox"/> THERAPEUTIC ACTIVITIES | <input type="checkbox"/> STRENGTHENING |
| <input type="checkbox"/> ULTRASOUND | <input type="checkbox"/> STRETCHING |
| <input type="checkbox"/> PHONOPHRESIS | <input type="checkbox"/> GAIT TRAINING |
| <input type="checkbox"/> IONTOPHORESIS | <input type="checkbox"/> MOIST HEAT / ICE PACK |
| <input type="checkbox"/> INTERFERENTIAL (IFC) | <input type="checkbox"/> FLUIDO THERAPY |
| <input type="checkbox"/> TRACTION | <input type="checkbox"/> PARAFFIN WAX |
| <input type="checkbox"/> EMS/ TENS | <input type="checkbox"/> ORTHOTIC / SPLINTING |

MANUAL THERAPY:

- SOFT JOINT TISSUE
 JOINT MOBILIZATION
 MYOFASCIAL RELEASE
 THERAPEUTIC MASSAGE

EDUCATION:

- BODY MECHANICS
 POSTURE MANAGEMENT
 HOME EXS. PROGRAM
 ERGONOMIC EDUCATION

SPECIALIZED SKILLED THERAPY INTERVENTIONS:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> VESTIBULAR REHAB | <input type="checkbox"/> ANODYNE THERAPY | <input type="checkbox"/> ORTHO TAPING |
| <input type="checkbox"/> FALL PREVENTION | <input type="checkbox"/> PERIPHERAL NEUROPATHY | <input type="checkbox"/> HOME THERAPY |
| <input type="checkbox"/> WHEEL CHAIR AND SPECIAL DEVICE EVAL / TX / ASSESSMENT | | |
| <input type="checkbox"/> OTHER (SPECIFY): _____ | | |

PRECAUTIONS / INSTRUCTIONS: _____

PHYSICIANS NAME: _____ PHONE: _____

PHYSICIANS SIGNATURE: _____ DATE: _____

"Committed to Provide Quality Care to Achieve Maximum Potential"



