League City PHYSICAL THERAPY

13725 E League City Pkwy Ste. 120,
League City, Texas 77573

Phone: 281-845-4300
Fax: 832-779-8870

PHYSICAL THERAPY

Patient's Name _____ Date _____

Patient's Phone No. _____ DOB _____

DIAGNOSIS _____ ICD 10 _____

Date of Injury/Onset Date/Surgery _____

THERAPY TYPE/PROCEDURES

☐ **Evaluate and Treat**

☐ **Therapeutic Exercise / Activities**
- ☐ AROM / AAROM / PROM / Strength

☐ **Modalities / Physical Agents**
- ☐ Electrical Stimulation
- ☐ Ultrasound
- ☐ Cold Pack / Moist Heat
- ☐ Paraffin Wax
- ☐ Traction

☐ **Manual Therapy**
- ☐ Joint / Soft Tissue Mobilization

☐ **Education / Home Exercise**

☐ **Gait Training**

☐ **Neuromuscular Re-education**

☐ **Balance and Vestibular Rehab**

☐ **Lymphedema Therapy**

☐ **Iontophoresis / Phonophoresis**
(with 4mg/ml inj. Dexamethasone 30cc use as directed)

☐ **Weight Bearing Status**
- ☐ FWB
- ☐ PWB(%)
- ☐ WBAT
- ☐ NWB

Other _____

Precautions / Special Instructions _____

FREQUENCY

☐ Therapist Discretion ☐ 5 X Week ☐ 3 X Week ☐ 2 X Week

DURATION

☐ Therapist Discretion ☐ 8 Weeks ☐ 6 Weeks ☐ 4 Weeks ☐ 60 Days ☐ 30 Days Other _____

I certify that the rehabilitation procedures prescribed for this patient are medically and therapeutically necessary.

Physician's Name _____ NPI# _____

Physician's Signature/Date _____ Phone _____ Fax _____

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