



MEDFORD

640 South 8th Street, Medford, WI 54451

715.748.5203 fax 715.748.0842 www.stramasportandspine.com

John Strama, PT, Clinic Director

Name: _____ Date: _____

Diagnosis: _____

Surgical Procedure: _____

Frequency: _____ Per Week For _____ Weeks

TREATMENT PROCEDURES

EVALUATE & TREAT

MODALITIES

- Iontophoresis
- Traction: Pelvic/Cervical
- Ultrasound
- Electrical Stim/TENS
- Soft Tissue Mobilization

THERAPEUTIC EXERCISE

- Home Exercise Program
- Neuro Rehabilitation
- Passive Range of Motion
- Active Range of Motion
- Strengthening Exercise
- Spine Rehab
- Joint Mobilization
- Gait Training

SPECIALTY PROGRAMS

- ACL Protocol
- Work Conditioning
- Job Site Analysis
- Pre-Op 3•2•1
- Straight-Up/Spine Rehab
- Post Op Protocol
- Vestibular Therapy
- Balance/Fall Assessment
- Home Assessment

OTHER _____

GOALS

- | | | |
|---|--|---|
| <input type="checkbox"/> Increase ROM | <input type="checkbox"/> Increase Strength | <input type="checkbox"/> Improve Function |
| <input type="checkbox"/> Increase Mobility | <input type="checkbox"/> Decrease Pain | <input type="checkbox"/> Decrease Edema |
| <input type="checkbox"/> Increase Understanding | <input type="checkbox"/> Increase Safety/Balance | <input type="checkbox"/> Other |

Additional Comments: _____

I certify the above services are required by this patient on an outpatient basis.

Physician Signature

UPin#

DO NOT EMAIL PRESCRIPTION The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.

STRAMA



Sport & Spine

PHYSICAL THERAPY

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