

HealthQuest

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PHYSICAL THERAPY

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6750 Immokalee Rd.
Bldg. 200 • Unit 206
Naples, FL • 34119

Patient's Name: _____ DOB: _____

Diagnosis: _____

Frequency: _____ times/week for _____ weeks Account#: _____

PHYSICAL THERAPY PRESCRIPTION

☐ EVALUATE AND TREAT

THERAPEUTIC EXERCISE

- ☐ Abdominal/Pelvic Stabilization (OMPT)
- ☐ AROM
- ☐ Cervical Strengthening/Stretching
- ☐ Home Exercise Program
- ☐ Isometric Exercise
- ☐ Isotonic Exercise
- ☐ Lumbar Strengthening/Stretching
- ☐ Stretching Exercise

THERAPEUTIC ACTIVITIES

- ☐ Dynamic Activities
- ☐ Functional Performance
 - ☐ Reaching/Lifting
 - ☐ Squatting/Lifting

MODALITIES

- ☐ Electrical Stimulation
- ☐ Ice
- ☐ Iontophoresis
- ☐ Moist Heat
- ☐ Ultrasound

NEUROMUSCULAR RE-EDUCATION

- ☐ Balance & Proprioceptive Training
- ☐ Biofeedback
- ☐ Gait Training
- ☐ Joint Strapping
- ☐ Kinesio/Rock Taping
- ☐ Lifting Techniques
- ☐ Proper Body Mechanics & Posture

SPECIALTIES

- ☐ Blood Flow Restriction
- ☐ Dry Needling
- ☐ Overhead Athlete Rehab
- ☐ TMJ/TMD

MANUAL THERAPY

- ☐ Instrument Assisted Soft Tissue Mobilization/Graston
- ☐ Joint Mobilization
- ☐ Manual/Mechanical Traction
- ☐ PNF/Manual Resistance
- ☐ Soft Tissue Mobilization

Special Instructions: _____

Dates to Cover: _____ to _____

Physician Name (please print): _____

Physician Signature: _____ Date: _____