

NORFOLK PHYSICAL THERAPY CENTER

839 Poplar Hall Drive
Norfolk, VA 23502-3715
Phone: (757) 459-2112
Fax: (757) 459-2421

Steve Schall MS, PT, OCS

PATIENT: _____ DATE: _____

PATIENT HOME PHONE: _____ WORK: _____

DIAGNOSIS: _____ CODE: _____

PRECAUTIONS: Weight Bearing _____ Partial _____ Non-Weight Bearing

R O M - Limited to: _____

Cardiac _____

Other _____

GOALS

Improve Balance/Coordination

↑ ROM

Improve Gait

Improve Body Mechanics

↓ Pain

Improve Posture

↑ Endurance Capacity

↑ Strength

Other _____

PLAN OF CARE

This Certifies Medical Necessity

Evaluate and Treat as Necessary - Modalities of Choice

Cold Pack / Ice Massage

Exercise

Electric Stimulation

Gait Training

Hot Pack

Work Conditioning

Iontophoresis

Functional Capacity Evaluation

Massage

Orthotic Fabrication

Mobilization / Manual Therapy

Lymphedema Management

Myofascial Release

Post Mastectomy Shoulder Rehab

Paraffin Bath

Continence & Pelvic Floor Rehab

Mechanical Traction

Aquatic Therapy

Ultrasound / Phonophoresis

Osteoporosis Management

Whirlpool / Wound Care

Other (specify): _____

TENS Application _____

FREQUENCY & DURATION

_____ x weeks for _____ weeks

Next Physician's Appointment: _____

PHYSICIAN'S SIGNATURE