

Columbia
Sport and Spine Rehab

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Sport and Spine Rehab

www.sportspinerehab.com

PATIENT'S NAME: _____

DOB: ____/____/____ HOME PHONE: () WORK/CELL: ()

DIAGNOSIS: _____

PRECAUTIONS/RESTRICTIONS: _____

EVALUATE EVALUATE AND TREAT AS NECESSARY

Specific Instructions:

MODALITIES AND PROCEDURES

- Electrical Stimulation
- Diathermy
- Ultrasound
- Iontophoresis/Phonophoresis
- TENS
- Moist Heat/Cold Pack
- Gait Training
- Compression Therapy for Swelling
- Splinting: _____

EXERCISE

- Active
- Passive
- Resistive
- Neuromuscular Re-Education
- Home Exercise Program
- ADL Training/Adaptive Equipment
- Isokinetic Testing: _____
- MedX: ____ Lumbar (Columbia/Jefferson City/Moberly)
____ Cervical (Columbia/Jefferson City)

INDUSTRIAL REHABILITATION

- Work Conditioning
- Work Hardening
- Functional Capacity Evaluation
- Job Site Analysis
- Back School/Body Mechanics

MANUAL THERAPY

- Soft Tissue Mobilization
- Myofascial Release
- Joint Mobilization
- Mechanical Traction (Jefferson City/Moberly/ Columbia)
- ADDITIONAL TREATMENTS: _____

Frequency: _____ Duration: _____ Date: _____

Physician: _____ Signature: _____

Thank you for your referral