



SAN LUIS SPORTS THERAPY

Arroyo Grande • Atascadero • Morro Bay • Orcutt • Paso Robles • San Luis Obispo • Santa Maria • Templeton

PATIENT'S NAME: _____ PATIENT'S PHONE: _____

DIAGNOSIS: _____ DOB: _____

PRECAUTIONS: _____

REHABILITATION

- Evaluate and Treat**
- Therapeutic Exercise (Active, Passive, PRE)
- Functional Activities (Gait, Balance, ADL)
- Neuromuscular Re-education
- Manual Therapy (Joint & Soft Tissue Mobilization)
- Modalities (Elect Stim, Ultrasound, Iontophoresis)
- Thermal Modalities (Ice, Moist Heat)
- Traction (Lumbar, Cervical)
- Comments: _____

SPECIALTY PROGRAMS

- AQUATIC THERAPY (Paso Robles & Santa Maria)
- ARTHRITIS / PREHABILITATION PROGRAM
- BALANCE / FALL PREVENTION
- CARDIOPULMONARY PHYSICAL THERAPY
- DIABETIC PERIPHERAL NEUROPATHY / ANODYNE
- HAND THERAPY (Orcutt, SLO, Templeton)
- OSTEOPOROSIS PROGRAM
- POST-MASTECTOMY CARE
- POST-SURGICAL CARE
- PRENATAL PROGRAMS
 - Carpal Tunnel Syndrome
 - Low Back / Pelvic Pain
- TMJ / HEADACHE PROGRAM
- VESTIBULAR REHABILITATION
- WEIGHT LOSS PRESCRIPTION (Paso Robles)
 - Weight Loss Coaching
 - Fitness Training
- WORK INJURY / RETURN TO WORK
- OTHER: _____

Comments / Parameters: _____

Frequency: _____ times per week for _____ weeks. Signature: _____ Date: _____