



# SPECIALIZED PHYSICAL THERAPY

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PATIENT'S NAME: \_\_\_\_\_ PATIENT'S PHONE: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_ DOB: \_\_\_\_\_

PRECAUTIONS: \_\_\_\_\_

## REHABILITATION

- Evaluate & Treat**
- Evaluate & Treat Using Joint Manipulation as Needed
- Therapeutic Exercise (Active, Passive, PRE)
- Functional Activities (Gait, Balance, ADL)
- Neuromuscular Re-education
- Manual Therapy (Joint & Soft Tissue Mobilization)
- Modalities (Elect Stim, Ultrasound, Iontophoresis)
- Traction (Lumbar, Cervical)
- Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SPECIALTY PROGRAMS

- ACL INJURY PREVENTION
- ARTHRITIS / PREHABILITATION PROGRAM
- BALANCE / FALL PREVENTION
- CARDIOPULMONARY PHYSICAL THERAPY
- DIABETES MANAGEMENT
- DRY NEEDLING
- KINESIO TAPING
- KNOCK OUT PARKINSONS
- OSTEOPOROSIS PROGRAM
- POST-SURGICAL CARE
- TMJ / HEADACHE PROGRAM
- VESTIBULAR REHABILITATION
- WEIGHT LOSS PRESCRIPTION
  - Weight Loss Coaching
  - Fitness Training
- WORK INJURY / RETURN TO WORK
- OTHER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments / Parameters: \_\_\_\_\_

Frequency: \_\_\_\_\_ times per week for \_\_\_\_\_ weeks. Signature: \_\_\_\_\_ Date: \_\_\_\_\_