



**STERLING RIDGE
ORTHOPAEDICS
& SPORTS MEDICINE**

THE WOODLANDS
6767 LAKE WOODLANDS DRIVE
SUITE F
THE WOODLANDS, TX 77382
P: 281.364.1122
F: 281.210.3450

SPRING
20639 KUYKENDAHL ROAD
SUITE 200
SPRING, TX 77379
P: 832.698.0111
F: 832.698.0150

WOODFOREST
750 FISH CREEK THOROUGHFARE
SUITE 100
MONTGOMERY TX 77316
P: 936.272.0790
F: 936.272.0791

Date: _____ Next MD Appointment: _____

Patient Name: _____ Phone: _____ DOB: _____

Diagnosis/ICD-10: _____

Surgical Procedures: _____ Date of Surgery: _____

Precautions/Contraindications: _____

Frequency/Duration: Days per week 1 2 3 4 5 for _____ weeks Therapist Discretion

PHYSICAL THERAPY EVALUATE & TREAT

LOCATION:

- Wrist/Hand
- Elbow
- Shoulder
- Neck
- Back
- Hip
- Knee
- Ankle
- Foot
- TMJ

MODALITIES:

- Hot Packs
- Cold Packs
- Fluidotherapy
- Electrical Stimulation
- Pneumatic Compression
- Laser
- Ultrasound
- Iontophoresis

MANUAL THERAPY:

- Traction: Manual/Mechanical
- Joint mobilizations
- Graston Technique/Soft tissue mobilization
- Scar management

AQUATIC THERAPY

OTHER:

- Dry Needling
- Taping
- Brace/Supports
- Home Exercise Aides
- Neural gliding program

EXERCISE:

- AROM/AAROM/PROM
- Strengthening: Isometric/Isotonic
- Stabilization
- Stretching/Flexibility
- Cardiovascular
- Joint/Soft Tissue Mobilization
- Proprioceptive Training
- Gait Training
- Postural Re-Education
- Body Mechanics Training
- Home Exercise Program

SPECIALTY PROGRAMS:

- Home TENS/EMS
- Home Traction Unit
- Pre-Op Program
- Desensitization

Comments: _____

If specific protocol to be used, please fax with prescription

- GOALS:** Increase ROM Increase Strength Improve Function Increase Mobility
 Decrease Pain Decrease Edema Decrease Tightness/Limitations Promote Wound Healing

I certify that this prescribed therapy is medically necessary.

Physician Signature: _____

Physician Printed Name: _____ UPIN#: _____