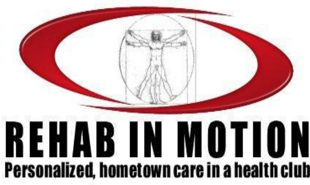

Rehab In Motion Of Robertsdale
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Phone: (251)947-7911
Fax: (888)-574-2325
www.rehabinmotionpt.com
https://www.facebook.com/rehabinmotionpt

Today's Date: ______________ Patient Phone #: ______________
Patient: ______________________________ DOB: ______________
Dr: ____
Diagnosis: ____
PT _________ Times / week for _____ weeks
Next Appt w/ MD: ______________________________________

☐ Evaluate and Treat

Heat
- ☐ Hot Pack
- ☐ Contrast

Electrotherapy
- ☐ Muscle Stimulation
- ☐ TENS

Thermal Agents
- ☐ Ultrasound
- ☐ Ultrasound w/ stimulation
- ☐ Phonophoresis
- ☐ Fluidotherapy

Cryotherapy
- ☐ Ice Massage
- ☐ Cold Packs

Exercise/ Rehab
- ☐ PROM
- ☐ AAROM
- ☐ AROM
- ☐ PRE
- ☐ Isometric
- ☐ Isotonic
- ☐ Manual Therapy
- ☐ Traction CS/LS
- ☐ Wii Hab

Protocol
- ☐ ACL / PCL Rehab
- ☐ MCL Rehab
- ☐ Rotator Cuff Rehab
- ☐ Low Back Pain Program
- ☐ Neck Pain Program
- ☐ Shoulder Pain Program
- ☐ Wii Rab fit Program

Light Therapy
- ☐ Anodyne
- ☐ Laser

SPLINTING (specify below)

Special Comment: ______________________________________
____
____
____

MD Signature: ______________________________________
I certify that the above rehabilitation services are required and authorized by me and that the plan will be updated every 30 days.

WE GET RESULTS!!!