



SPEAR Physical Therapy, LLC
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Name

Diagnosis

Medical Precautions

Date of Onset/Surgery

1 2 3 4 5 times/week weeks as needed

EVALUATE AND TREAT

OR

TREATMENT PRESCRIPTION

- AAROM, AROM, PROM
- Strength Training
- Gait Training
- Balance Training
- Home Exercise Program
- Soft Tissue Mobilization, MFR
- Therapeutic Massage
- Joint Mobilization
- Patellar Taping
- Posture, Positioning, Body Mechanics
- Edema Reduction
- Neuromuscular Re-Education
- Spinal Stabilization
- Plyometrics
- Vestibular Rehabilitation

MODALITIES & PROCEDURES

- Modalities PRN
- Ultrasound
- Electrical Stimulation
- Moist Heat, Cryotherapy, Ice Massage
- Laser Therapy
- TENS
- Phonophoresis
- Iontophoresis
- Traction

ORTHOSES

- Custom Foot Orthotics

SPECIALTY PROGRAMS

- Back School
- TMJ
- Osteoporosis
- Arthritis
- Ergonomic Review
- Vestibular Rehabilitation

**SPORTS PERFORMANCE
ENHANCEMENT PROGRAMS**

- Golf Swing Biomechanical Analysis
- Pitching, Hitting Biomechanical Analysis
- Ski Conditioning Program
- Tennis, Squash Conditioning Program
- Pre, Post Marathon Runners Clinic
- Women's Sports Medicine Center
- Post Rehab Gym Program
- Personal Training "Plus"

OTHER

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I hereby certify these services as medically necessary for the patient's plan of care.

Physician's Signature Date

Print Name