

Lodi

PHYSICAL THERAPY

This is a universal physical therapy prescription form. You may go to the physical therapy clinic of your choice, although many insurance companies require that you must go to a participating provider. It is the patient's responsibility to follow their insurance companies guidelines.

PATIENT Tiffany Anderson

DATE 4/10/09

DIAGNOSIS lateral meniscus tear
(R)

ACCOUNT # _____

BODY PART

- Cervical
- Thoracic
- Lumbar
- Hip
- Knee
- Ankle/Foot
- Shoulder
- Elbow
- Wrist/Hand

TREATMENT

- Evaluate and Treatment
- Modalities
- Traction
- Exercise Program
- Home Exercise Program
- Back School
- Gait Training
- _____

EXERCISE

- Resistive
- Active
- Passive
- Abdominal Strengthening Exercises
- Pelvic Stabilization Exercises
- Stretching Exercises

FREQUENCY:

- 3X
- 2X
- 1X
- DAILY
- Start P.T. 7 Days After 1st Epidural.

DURATION: 3 WEEKS

RECOMMENDATION/PRECAUTIONS:

NO RUNNING or jumping

- Peter B. Salamon, M.D.
- Edward L. Cahill, M.D.
- Vincent C. Leung, M.D.
- George W. Westin, Jr., M.D.
- Gary T. Murata, M.D.
- Steven E. Eager, M.D.

- Roland H. Winter, M.D.
- Anh X. Le, M.D.
- Alan T. Kawaguchi, M.D.
- Gary M. Alegre, M.D.
- Vanessa D. Beeman, PA-C

Physician's Signature _____

ALPINE ORTHOPAEDIC MEDICAL GROUP, INC.