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Las Vegas, NV 89148
Phone: 702-798-4PPT (4778)
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N Las Vegas, NV 89030
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PREMIER PHYSICAL THERAPY & SPORTS PERFORMANCE

www.lvpremierpt.com

Date: _____ Pt. Name: _____

Pt. DOB: _____ Pt. Phone #: _____

Diagnosis: _____

_____

Referring Physician: _____

Evaluate & Treat

□ Neck □ Back □ Shoulder □ Wrist/Hand □ Hip □ Knee □ Ankle/Foot

Functional Programs/Procedures:

□ Pain Management
□ Manual Therapy
□ McKenzie Program
□ Posture/Body Mechanics Training
□ Home Exercise Program/Patient Education
□ Work Conditioning/Work Hardening
□ Functional Capacity Evaluation (FCE)
□ Functional Restoration Program
□ Pain Education Program
□ Corrective Exercise Program
□ Osteoporosis Program/Power Plate Training
□ Injury Prevention/Kinetic Chain Assessment
□ Performance Enhancement/Return to Sport

□ Range of Motion
□ Joint Mobilization
□ Therapeutic Exercise
□ Functional Strength Training
□ Functional Mobility Training
□ Proprioceptive Training
□ Core/Lumbar/Stabilization
□ Vestibular/Balance Therapy
□ Soft Tissue Mobilization
□ Strain-Counterstrain
□ Myofascial Release
□ Other: _____

Modalities:

□ Electrotherapy (TENS/IFC)
□ Cryotherapy
□ Ultrasound/Phonophoresis
□ Biofeedback/NMES
□ Paraffin
□ Iontophoresis
□ Moist Heat
□ Contrast Bath
□ Infrared Light Therapy

Frequency _____ x week Duration _____ weeks

Physician Signature: _____

The above treatment program is approved and considered medically necessary