



**PHYSICAL THERAPY PATIENT INFORMATION:**

Name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Surgical Procedure: \_\_\_\_\_

ICD-10 Code: \_\_\_\_\_

**PRECAUTIONS:** \_\_\_\_\_

No Traction: \_\_\_\_\_ No Manipulation: \_\_\_\_\_

No (Passive/Active) ROM (Cervical/ Thoracic/ Lumbar) \_\_\_\_\_

\_\_\_ Evaluation and Treatment:

**TREATMENT GOALS:**

\_\_\_ Increase ROM

\_\_\_ Increase General Fitness

\_\_\_ **Oncology Rehabilitation**

\_\_\_ Increase Strength

\_\_\_ Decrease Pain

\_\_\_ Cancer related Fatigue

\_\_\_ Increase Function

\_\_\_ Decrease Edema

\_\_\_ **Certified Lymphedema Management**

\_\_\_ Stability Training

\_\_\_ Core Strengthening

\_\_\_ Pre/Post Mastectomy-

**INSTRUCTIONS:**

\_\_\_ Home Exercise Program

Education & Rehabilitation

\_\_\_ Evaluate and Treat

\_\_\_ Work Hardening

\_\_\_ Osteopenia/ Osteoporosis Treatment

\_\_\_ Musculoskeletal Evaluation

\_\_\_ Stabilization Program \_\_\_ Back \_\_\_ Neck

\_\_\_ Pre/ Post Transplant Rehabilitation

\_\_\_ Cervical Traction

\_\_\_ Adaptive Equipment

\_\_\_ Medically Supervised fitness/Wellness

\_\_\_ Neck Strengthening Exercises

\_\_\_ Massage

Training

\_\_\_ Back Strengthening Exercises

\_\_\_ MacKenzie Exercises

\_\_\_ **Reconstructive/Aesthetic/ Cosmetic Lymphatic Drainage Massage**

\_\_\_ Ultrasound

\_\_\_ Swiss Ball

\_\_\_ Other: \_\_\_\_\_

\_\_\_ TENS

\_\_\_ E-STEM

\_\_\_ Rotator Cuff Protocol

\_\_\_ Total Knee Protocol

\_\_\_ Total Hip Protocol

ADDITIONAL COMMENTS: \_\_\_\_\_

**THERAPEUTIC SOLUTIONS**

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FREQUENCY: \_\_\_\_\_ VISITS PER WEEK FOR \_\_\_\_\_ WEEKS.

PROVIDERS SIGNATURE: \_\_\_\_\_