



# Physical Therapy Solutions

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Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Diagnosis \_\_\_\_\_ ICD 9 Code \_\_\_\_\_

Precautions \_\_\_\_\_

Frequency \_\_\_\_\_ Duration \_\_\_\_\_

Next Physician Visit \_\_\_\_\_

Rehabilitation Potential \_\_\_\_\_

**EVALUATE AND TREAT**

- Increase ROM
- Increase Mobility
- Increase Understanding
- Increase Strength/Power/Endurance

- Increase General Fitness
- Improve Function
- Decrease Pain/Swelling
- Home Exercise Program

**MODALITIES AS NEEDED**

- Heat
- Ice
- Ultrasound
- Ultrasound/E Stim Combo
- Phonophoresis
- Iontophoresis
- (Dexamethasone Sodium Phosphate 4mg/ml)
- Interferential/Electrical Stimulation
- TENS
- Massage
- Cervical Traction
- Lumbar Traction

**TREATMENT**

- PROM
- AROM
- AAROM
- Isometrics
- PRE's
- Stretching
- Stabilization Exercises
- Posture Training
- Mobilization
- Gait Training
- Activities of Daily Living
- Other

**SPECIAL  
INSTRUCTIONS** \_\_\_\_\_

\_\_\_\_\_

Referring Physician \_\_\_\_\_