



PHYSICAL THERAPY ASSOCIATES

Sports & Orthopedic Specialists

NEW LOCATION

3838 50th Street
Lubbock, TX 79413
Phone: 806.792.5522
Fax: 806.785.7582
www.thephysicaltheapyassociates.com

ALL INSURANCES ACCEPTED & CERTIFIED

IN-NETWORK PROVIDERS FOR 

Physical Therapy Referral

Name: _____ Date of Injury: _____
Patient Home Phone: _____ Work Phone: _____ Date of Birth: _____
Diagnosis: _____ ICD-9 Code: _____ Work Related: Yes No
X-ray / MRI / CT Scan Results: _____
Precautions/Instructions: _____

EVALUATE & TREAT

Therapeutic Exercises

- ROM - Passive
- ROM - Active Assist
- ROM - Active
- Gait Training
- Stabilization Training
- Rotator Cuff Protocol
- ACL Protocol
- SLAP Protocol
- Home Exercise Program

Balance / Neuro Re-Ed

- BIODEX Balance System
- Proprioceptive Training

Manual Therapy

- Joint/Soft Tissue Mobilization
- Myofascial/Massage
- Traction (Cervical/Lumbar)
- Trigger Point Dry Needling

Alter-G Antigravity Treadmill

- Pneu Weight Unloading System
- Sports Specific Rehab

Modalities

- Heat/Cold Application
- Ultrasound
- Electrical Stimulation
- Iontophoresis
- Paraffin Bath
- Mechanical Traction

Industrial Rehab Services

- Work Conditioning/Hardening
- Functional Capacity Evaluation (FCE)

Supplies / Equipment

- Paraffin Bath / Refill
- TENS Unit
- Other _____

GOALS OF THERAPY

- ↑ Range of Motion
- ↑ Strength
- ↓ Pain
- Return to: Work Sports
- ↓ Edema
- ↑ Gait
- ↓ Spasm

Specific Instruction or Comments: _____

_____ Times per Week for _____ Weeks.

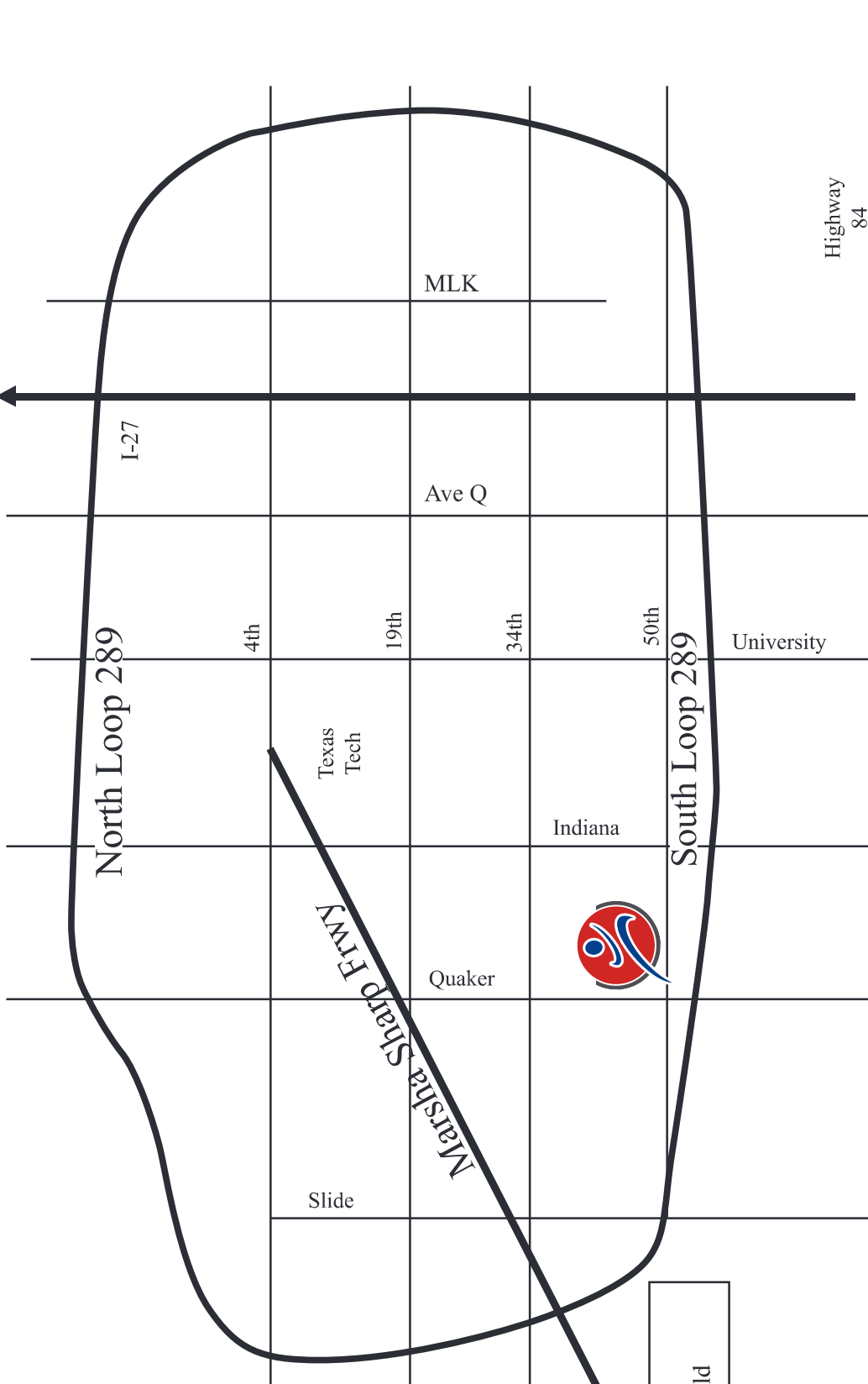
Next Physician's Appointment: _____

I certify that the above treatment plan is medically necessary and approved by me.

Physician's Signature: _____ Date: _____

Please refer to the map on the back of this form for directions to our facility.

To Amarillo



Sam's

To Brownfield

82nd

Highway 84

To Slaton / Post



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