

West Texas Therapy

SUITE 120, LEGENDS PARK MEDICAL OFFICE BUILDING

5615 Deauville Blvd • Midland, TX 79706 • Phone: 432.221.4915 • Fax: 432.221.4917 FOR HEALTH Date: Name: Diagnosis: Date of Surgery: Frequency & Duration: □ PT Evaluation & Treatment □ OT Evaluation & Treatment □ Home Exercise Program Precautions/Notes: □ KNEE R/L □ SHOULDER R/L \Box SPINE C/T/L □ McKenzie Program □ Post-Op □ Post-Op □ Arthroscopy □ Arthroscopy ☐ Manual Therapy (mobs/MFR) □ ACL Reconstruction □ RC Repair □ Posture Education \square SLAP \Box TKA □ ROM □ Bankhart □ Trunk Stabilization □ Quad Strengthening □ TSA ☐ Stretching Program □ ROM □ LYMPHEDEMA PROGRAM □ Sport cord Program □ RC Strengthening □ Scapular Stabilization □ Upper Extremity R / L □ Lower Extremity R / L □ Compression Sleeve □ HIP R/L □ ELBOW R/L □ Post-Op □ THA / Arthroscopy □ ROM □ BALANCE & MOBILITY □ Strength □ Strength □ Soft Tissue Mobilization □ Balance Master ☐ Gait Training □ ANKLE R/L □ Transfer Training □ WRIST/HAND R/L □ Wheelchair Assessment □ ROM □ ROM/Joint Mobilization □ ROM/Joint Mobilization □ Vertigo – Canalith Repositioning □ Strengthening □ Proprioception □ Soft Tissue Mobilization □ Orthotic: _____ □ MODALITIES/PROCEDURES □ Kinesiotape GOALS: PROGNOSIS: Physician's signature below indicates this document serves as an approved Plan of Care and a Letter of Medical Necessity.

Signature: _____ Next Dr Appt: _____



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Registration: Please arrive 5-10 minutes prior to your **first** scheduled appointment time for paperwork. Be sure to bring your insurance card(s), this referral/prescription, and a driver's license, or some form of identification.

<u>What to wear:</u> You will need to wear comfortable clothing suitable for exercise; your clothing will need to allow access to the body part for which you are being treated.