



# ATHLON PHYSICAL THERAPY

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PATIENT'S NAME: \_\_\_\_\_ PATIENT'S PHONE: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

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

## PHYSICAL THERAPY

- Evaluate and Treat**
- Therapeutic Exercise (Active, Passive, PRE)
- Functional Activities (Gait, Balance, ADL)
- Neuromuscular Re-education
- Manual Therapy (Joint & Soft Tissue Mobilization)
- Modalities (Elect Stim, Ultrasound, Iontophoresis)
- Thermal Modalities (Ice, Moist Heat)
- Traction (Lumbar, Cervical)
- Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SPECIALTY PROGRAMS

- ACTIVITY PRESCRIPTION PROGRAM
  - General Exercise for Health / Disease Prevention
  - Oncology / Cancer Conditioning
  - Diabetes Management through Activity
- ARTHRITIS / PREHABILITATION PROGRAM
- BALANCE / FALL PREVENTION
- CARDIOPULMONARY PHYSICAL THERAPY
- DIABETIC PERIPHERAL NEUROPATHY / ANODYNE
- FOOT / ANKLE TREATMENT PROGRAM
- OSTEOPOROSIS PROGRAM
- POST MASTECTOMY CARE
- POST-SURGICAL CARE
- PRENATAL PROGRAMS
  - Carpal Tunnel Syndrome
  - Low Back / Pelvic Pain
  - Prenatal Massage (Oro Valley)
- TMJ / HEADACHE PROGRAM
- VESTIBULAR REHABILITATION
- WOMEN'S HEALTH (Tanque Verde)
  - Incontinence
  - Pregnancy / Post Partum
- WORK INJURY / RETURN TO WORK
- OTHER \_\_\_\_\_

Comments / Parameters: \_\_\_\_\_

Frequency: \_\_\_\_\_ times per week for \_\_\_\_\_ weeks. Signature: \_\_\_\_\_ Date: \_\_\_\_\_