

☐ **Kaneohe Physical Therapy**

Ph: (808) 235-2828 • Fax: (808) 236-2829

☐ **Ewa Beach Physical Therapy**

Ph: (808) 689-9994 • Fax: (808) 689-9995

☐ **Enchanted Lake Physical Therapy - Kailua**

Ph: (808) 262-2292 • Fax: (808) 262-2293

☐ **Wahiawa Physical Therapy**

Ph: (808) 622-4942 • Fax: (808) 622-1335

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
PHONE: (HOME): \_\_\_\_\_ (BUS): \_\_\_\_\_ (CELL): \_\_\_\_\_  
DIAGNOSIS: \_\_\_\_\_ ICD-10 CODE: \_\_\_\_\_  
SUBSCRIBER/CLAIM#: \_\_\_\_\_ ADJUSTER: \_\_\_\_\_  
DATE OF INJURY: \_\_\_\_\_ DATE OF SURGERY: \_\_\_\_\_ DATE PT INITIATED: \_\_\_\_\_  
☐ PRIVATE INSURANCE ☐ NO FAULT INSURANCE ☐ WORKERS' COMP INSURANCE  
DATES: \_\_\_\_\_ THRU \_\_\_\_\_ ESTIMATED COST: \_\_\_\_\_

**TREATMENT PLAN**

☐ **PHYSICAL THERAPY Evaluate and Treat**

FREQUENCY & DURATION: \_\_\_\_\_ X per week for \_\_\_\_\_ weeks. Total No. of Visits: \_\_\_\_\_

- ☐ **THERAPEUTIC EXERCISE:** Custom Home Exercise Program, ROM/Flexibility, Strengthening, Endurance, Core stabilization
- ☐ **THERAPEUTIC ACTIVITIES:** Dynamic Functional training, Corrective mechanics/movement training, Ergonomics
- ☐ **MANUAL THERAPY:** PROM, Manual Traction, Myofascial Release, Muscle Energy Techniques, Joint Mobilization, Soft Tissue Mobilization
- ☐ **NEUROMUSCULAR RE-EDUCATION:** Balance, Coordination, Proprioception, Postural education, Positions of comfort
- ☐ **GAIT TRAINING:** FWB ambulation, stair ambulation, assistive device fitting/training (i.e. crutches, walkers, cane)
- ☐ **MODALITIES:** Electrical Stimulation, Ice/Heat, TENS Instruction, Mechanical Traction, Ultrasound

☐ **SPECIALIZED PROGRAMS**

- ☐ Sports Specific Conditioning ☐ Osteoporosis Programs ☐ Screenings/Education
- ☐ Taping (Athletic, Kinesio, Mulligan, McConnell) ☐ Balance/Fall Reduction ☐ Pre-Op Class/Instruction

OBJECTIVES/GOALS: ☐ Pain Relief ☐ Increase ROM ☐ Increase Strength/Endurance ☐ Return to Work/Function

SPECIAL INSTRUCTIONS/ PRECAUTIONS:

PHYSICIAN'S NAME (print): \_\_\_\_\_ PHONE/FAX #: \_\_\_\_\_  
PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_