



NORTH COUNTY & ESCONDIDO PHYSICAL THERAPY, INC.

ORTHOPAEDIC, SPORTS & HAND REHABILITATION

457 NORTH ELM STREET

ESCONDIDO, CA 92025

www.ncept.com

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(760) 489-1969 Please call for an appointment **(760) 489-5226 FAX**

Patients Name _____ Date _____

Phone _____ Date of Injury _____ Date of Surgery _____

DIAGNOSIS:

ICD-9 code required

GOAL OF TREATMENT:

FREQUENCY OF TREATMENT:

_____ times weekly for _____ weeks

SPECIAL INSTRUCTIONS:

RADIOGRAPHIC REPORT:

PHYSICAL THERAPY EVALUATION AND TREATMENT AS INDICATED

- HEAT:**
- Hot Packs
 - Ultrasound / Phonophoresis
 - Paraffin
 - Whirlpool / Fluidotherapy

- THERAPEUTIC EXERCISE / RANGE OF MOTION:**
- Passive / C.P.M.
 - Active
 - Resistance / P.N.F.
 - Gait Training

CRYOTHERAPY / ICE

- HAND THERAPY PROGRAMS:**
- Splint Fabrication
 - Wound Care / Scar Management
 - Flexor Tendon Protocol
 - Joint Protection
 - Desensitization / Sensory Re-ed

- MANUAL THERAPY:**
- Deep Tissue Massage
 - Joint Mobilization

- ELECTROTHERAPY:**
- Transcutaneous Nerve Stimulation
 - Electrogalvanic Stimulation
 - Muscle Re-education
 - Iontophoresis

- SPECIAL PROGRAMS:**
- Pool Program
 - Spinal Stabilization Program
 - Back School
 - T.M.J. / Cranio-mandibular
 - Golf Program

- TRACTION:**
- Pelvic / cervical
 - Intermittent / static
 - Inverted
 - Autotraction

- SPECIAL EVALUATIONS:**
- Video Gait Evaluation
 - Video Golf Swing Analysis

PATIENT SHOULD RECHECK WITH ME IN _____ WEEKS.

PATIENT'S NEXT APPOINTMENT _____ M.D./D.D.S

Signature