

**SPORTS MEDICINE 8** REHAB SERVICES

### www.universityptonline.com

### Blacksburg

825 Davis Street, Suite B Blacksburg, VA 24060 T: 540-552-5100 F: 540-552-5700

### West Blacksburg

920 Plantation Road., #100 Blacksburg, VA 24060 T: 540-951-0742 F: 540-951-0743

### Christiansburg

115 Akers Farm Road Suite 1 Christiansburg, VA 24073 T: 540-381-9100 F: 540-381-9102

### Daleville

65 Shenandoah Avenue Daleville, VA 24083 T: 540-904-1974 F: 540-591-7340

### Roanoke

4600 Brambleton Avenue Suite B Roanoke, VA 24018 T: 540-774-0729 F: 540-774-0862

### Salem

108 Knotbreak Road Salem, VA 24153 T: 540-685-0168 F: 540-685-0169

Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Precautions/Comments: \_\_\_\_\_

# □ Evaluate & Treatment

Frequency/Duration: \_\_\_\_\_ x's per week for \_\_\_\_\_ weeks

Patient Name:

## **TREATMENTS**

- □ ACL Protocol □ Biodex Isokinetic Testing □ KT-1000
- □ Progressive Therapeutic Exercise □ Whirlpool
- □ Endurance/Conditioning
- □ AROM
- □ PROM
- □ Joint Mobilization
- □ Neuro-Muscular **Re-Education**
- □ Proprioceptive Training
- □ Gait Training
- □ Taping
  - □ Ankle/Foot
  - □ Patellofemoral
  - □ Scapular
  - □ Elbow/Wrist
- □ Functional Bracing
- □ TMI
- □ Shoulder/Scapular Stabilization
- Vestibular Rehabilitation
- □ Work Hardening
- □ Mechanical Traction
- Dry Needling (available only in: Christiansburg, Dublin and West Blacksburg clinics)

#### □ Other: \_\_\_\_\_

Special Instruction:

I hereby certify these services as medically necessary for the patient's plan of care.

Physician Signature

Date

DO NOT EMAIL PRESCRIPTION The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.

## **MODALITIES**

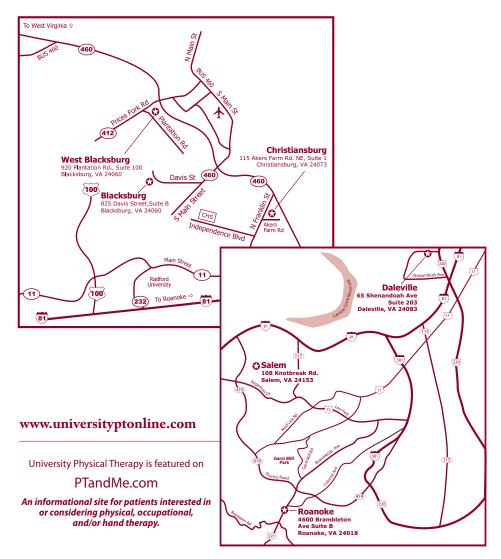
□ Ultrasound

П РТ

- □ Electrical Stimulation
- □ Cryotherapy
- Phonophoresis
- □ Iontophoresis
- □ TENS
- □ Contrast Bath

### **EDUCATION**

- □ Home Exercise Program
- □ Back Education
- Functional Activities
- □ Body Mechanics/Posture
- Fall Risk Assessment



# Just A Reminder

Please bring this referral slip with you on your first visit. Please arrive 15 minutes before your scheduled appointment to complete necessary paperwork. Evaluations (1st visit) usually last 1 to 2 hours.

### What To Wear

Please wear/bring comfortable clothing and sneakers including T-shirts and shorts or sweatpants.

## What To Bring (Insurance Cards)

Appropriate insurance cards, photo ID and referral orders from physician for physical therapy.