

**SPORTS MEDICINE &
REHAB SERVICES**

Blacksburg

825 Davis Street, Suite B
Blacksburg, VA 24060
540.552.5100 T
540.552.5700 F

Christiansburg

115 Akers Farm Rd. NE, Suite 1
Christiansburg, VA 24073
540.381.9100 T
540.381.9102 F

Dublin

5255 Alexander Road
Dublin, VA 24084
540.307.4249 T
540.674.4094 F

Pearisburg

154 Kinter Way, Suite A
Pearisburg, VA 24134
540.921.5200 T
540.921.5100 F

Radford

600-A East Main Street
Radford, VA 24141
540.633.0413 T
540.633.0416 F

West Blacksburg

920 Plantation Rd., Suite 100
Blacksburg, VA 24060
540.951.0742 T
540.951.0743 F

Daleville

65 Shenandoah Ave., Suite 203
Daleville, VA 24083
540.352.4304 T
540.591.7340 F

Roanoke

4600 Brambleton Ave., Suite B
Roanoke, VA 24018
540.774.0729 T
540.774.0862 F

Salem

108 Knotbreak Rd.
Salem, VA 24153
540.685.0168 T
540.685.0169 F

Patient Name: _____

Date: _____

Diagnosis: _____

Precautions/Comments: _____

Evaluate & Treatment

PT

Frequency/Duration: _____ x's per week for _____ weeks

TREATMENTS

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

MODALITIES

- Ultrasound
- Electrical Stimulation
- Cryotherapy
- Whirlpool
- Phonophoresis
- Iontophoresis
- TENS
- Contrast Bath

EDUCATION

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

Other: _____

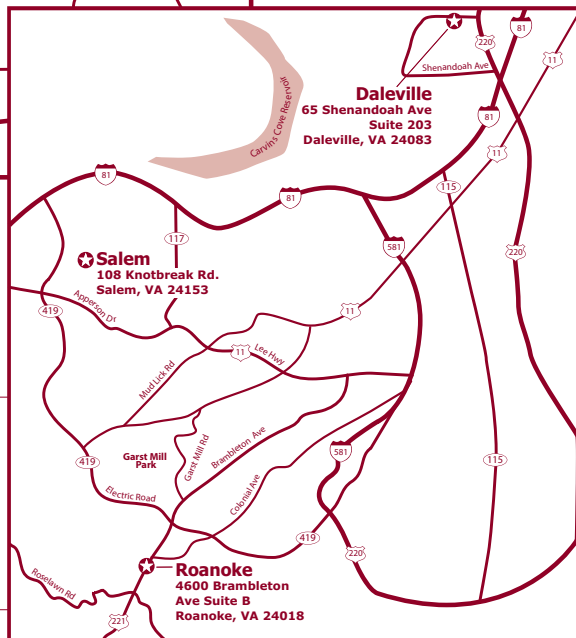
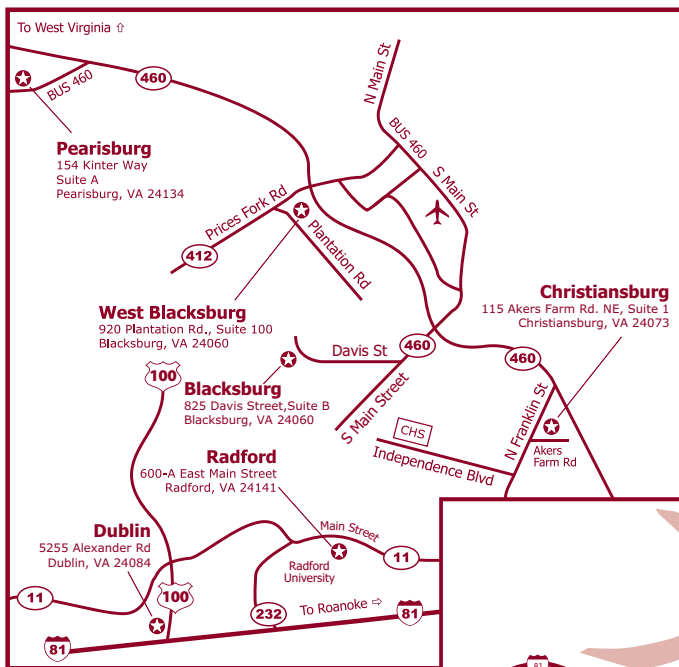
Special Instruction: _____

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.



www.universitytonline.com

University Physical Therapy is featured on
PTandMe.com

*An informational site for patients interested in
or considering physical, occupational,
and/or hand therapy.*

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.