



Physical Therapy Works

APPOINTMENT SCHEDULED AT:

- Burlington Clinic**
3211 Division St, Suite 3
Burlington, IA 52601
Phone: 319-754-7899 Fax: 319-754-7904
- West Point Clinic**
706 Ave C, Suite A
West Point, IA 52656
Phone: 319-754-7899 Fax: 319-754-7904
- Danville Clinic**
204 North Main
Danville, IA 52623
Phone: 319-754-7899 Fax: 319-754-7904

YOUR APPOINTMENT

DATE **TIME**

TO THE PATIENT:

- 1) Bring this referral sheet with you to your appointment;
- 2) Please arrive 20 minutes prior to your appointment time.

Patient's Name: _____ Diagnosis: _____

Frequency: 1 x Week 2 x Week 3 x Week Daily

Duration: 1 Week 2 Weeks 3 Weeks 4 Weeks Other _____

EVALUATE AND TREAT

CRUTCH TRAINING

GAIT TRAINING

- TWB _____% PWB
- WBAT NWB

THERAPEUTIC EXERCISE

- AROM PROM
- Strengthening PRE/Other
- Joint Mobilization
- Home Exercise Program
- Low Back Stabilization
- Neuromuscular Rehab

MODALITIES

- Ultrasound Iontophoresis Heat or ice
- Massage Traction (Cervical or Lumbopelvic)
- Electrical Stim
 - Inteferential Current
 - TENS
 - Electrical Muscle Stim
- Phonophoresis (10% Hydrocortisone)

INDUSTRIAL REHABILITATION

- Work Conditioning Fit for Duty Test
 - Functional Capacity Assessment
 - Body Mechanics
- Goal of Return to Work (Date): _____

Precautions/Suggestions: _____

Other: _____

Physician Signature: _____ Date: _____

DATE OF NEXT PHYSICIAN APPOINTMENT

DATE **TIME**

“Let Our Strength Help You Regain Yours”

Our mission is to provide our patients with quality assessment, personalized treatment plans, and education that allow them to return to functional home, work and sporting activities in a timely manner, as well as encourage lifelong wellness.