



ADVANCED PHYSICAL THERAPY

Patient: _____ Date: _____

Phone Number: _____ DOB: _____

Physician: _____ Return to Doctor: _____

Physician Phone Number: _____ Fax Number: _____

Diagnosis: _____

Special Instructions: _____

PHYSICAL THERAPY EVALUATE AND TREAT

Advanced Physical Therapy Services / Programs

Exercise	Manual Therapy	Modalities	Industrial Services
<input type="checkbox"/> Home Exercise Program <input type="checkbox"/> PROM/AAROM / AROM <input type="checkbox"/> Strengthening <input type="checkbox"/> Blood Flow Restriction <input type="checkbox"/> Strengthening <input type="checkbox"/> Spinal Stabilization <input type="checkbox"/> Scapular / RC stabilization <input type="checkbox"/> Balance / Proprioception <input type="checkbox"/> Gait Training <input type="checkbox"/> Vestibular/BPPV	<input type="checkbox"/> Joint Mobilization <input type="checkbox"/> Cross Friction Massage <input type="checkbox"/> Manual Traction <input type="checkbox"/> Soft Tissue <input type="checkbox"/> Mobilization <input type="checkbox"/> Dry Needling <input type="checkbox"/> IASTM <input type="checkbox"/> MFR <input type="checkbox"/> Other: _____	<input type="checkbox"/> Ice / Heat <input type="checkbox"/> Electrical Stimulation <input type="checkbox"/> Home TENS Unit <input type="checkbox"/> Iontophoresis <input type="checkbox"/> Ultrasound <input type="checkbox"/> Mechanical Traction <input type="checkbox"/> Vasopneumatic compression <input type="checkbox"/> Other: _____	<input type="checkbox"/> Work Conditioning <input type="checkbox"/> Work Hardening <input type="checkbox"/> Functional Capacity Evaluation <input type="checkbox"/> Ergonomic Assessment

Frequency / Duration: _____ times per week for _____ Weeks

Physician Signature: _____ Date: _____

CLINIC INFORMATION

ROGERS CLINIC

2100 W. HUDSON RD. STE. 3
ROGERS, AR 72756
PHONE: 479-340-1100
FAX: 844-317-0394

FAYETTEVILLE CLINIC

3399 W. BLACK FOREST DR. STE 3
FAYETTEVILLE, AR 72701
PHONE: 479-435-6712
FAX: 844-317-0394

BELLA VISTA CLINIC

2872-B BELLA VISTA WAY
BELLA VISTA, AR 72714
PHONE: 479-268-5757
FAX: 844-317-0394

SILOAM SPRINGS CLINIC

501 S. MT. OLIVE
SILOAM SPRINGS, AR 72761
PHONE: 479-373-2444
FAX: 844-317-0394

NEOSHO CLINIC

3275 LUSK DR. STE C
NEOSHO, MO 64850
PHONE: 417-312-8312
FAX: 833-731-0023

CASSVILLE CLINIC

211 E. 5TH ST.
CASSVILLE, MO 65625
PHONE: 417-847-1045
FAX: 833-731-0023