

Powell
(614) 791-0700 Phone
(614) 791-0702 Fax
New Albany
(614) 855-9489 Phone
(614) 775-6105 Fax
Maps on back



CONLEY
REHABILITATION & SPORTS MEDICINE

Westerville
(614) 791-8015 Phone
(614) 794-3552 Fax
Map on back

PATIENT NAME: _____ DATE: _____

DIAGNOSIS: _____

SURGERY: _____ DATE: _____

FREQUENCY: _____ visits/week DURATION: _____ weeks

EVALUATE AND TREAT

EXERCISE

- Flexibility/ROM
- Strengthening/Endurance/Power
- Balance/Proprioception

FUNCTIONAL ACTIVITIES

- Sports specific drills
- Work related task
- ADLs

MANUAL THERAPY

MODALITIES

- Ultrasound
- Electrical Stimulation
- Iontophoresis
(30ml dexamethasone 4mg/ml)
- Traction
- Vasopneumatic
- Heat/Cold

CUSTOM FOOT ORTHOTICS

SPECIAL INSTRUCTIONS _____

PHYSICIAN'S SIGNATURE: _____

PHYSICIAN'S NAME (PRINT) _____

By signing this document, I certify that the above listed physical therapy services are medically necessary for the listed diagnosis/condition.