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Certified Specialists in Physical & Occupation Name:		R IREAIWENT:					
Phone:	cktord	Belvidere	Byron	Loves Park	Dixon	Winnebago	
Phone:	Certified Specialists in Physical & Occupational Therapy						
Diagnosis:	e:						
Date / Type of Surgery: Evaluation & Treatment: Diagnosis based protocol	e: Dx Code:						
Evaluation & Treatment: Diagnosis based protocol Home Program Propertion Work Conditioning Work Conditioning Propertion Work Conditioning Work Conditioning Propertion Work Conditioning Propertion Drophic Conditioning Drophic Conditioning Drophic Conditioning Propertion Drophic Conditioning Dr	nosis: _						
Diagnosis based protocol Home Program Proud Therapeutic Exercise Joint Protection Work Condition Mobilization Hand Therapy Verticolor Work Conditioning Work Conditioning Work Conditioning Modalities of Choice: Ultrasound Whirlpool A Hot/Cold Pack Traction Identical Stimulation Fluidotherapy TENS Paraffin Cupping Graston Technique Bracing / Orthotics Per week, for weeks Instructions / Precautions:	/ Type o	of Surgery:					
Therapeutic Exercise	Evaluati	on & Treatment:					
Hot/Cold Pack Traction Identification Fluidotherapy Paraffin Cupping Graston Technique Bracing / Orthotics Per week, for weeks Instructions / Precautions: THE PATIENT WILL TYPICALLY BE EVALUATED WITHIN	☐ Therapeutic Exercise☐ ROM (AROM / PROM)☐ Mobilization☐ Functional Restoration☐ Gait Training			☐ Joint Protection ☐ Back Program ☐ Hand Therapy ☐ FCE (Rockford clinic)		 □ Proprioceptive Retraining □ Wound Care (Hand Center) □ Desensitization/Re-education □ Vestibular Rehabilitation □ Aquasizer (Rockford clinic) 	
Frequency: per week, for weeks Instructions / Precautions: THE PATIENT WILL TYPICALLY BE EVALUATED WITHIN	☐ Hot/Cold Pack☐ Electrical Stimulation☐ TENS☐ Dry Needling☐ Graston Technique			iction idotherapy raffin pping	☐ Iontophoi	thasone Sodium ate L	
THE PATIENT WILL TYPICALLY BE EVALUATED WITHIN	Bracing	/ Orthotics					
THE PATIENT WILL TYPICALLY BE EVALUATED WITHIN			oer week, fo	or wee	eks		
	uctions / P	recautions:					
Flease check here if patient fleeds to be seen soon	THE PA					HOURS.	
Dr: Date:		Date:					

ROCKFORD

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