RONAI PHYSICAL THERAPY & SPORTS MEDICINE

400 BOSTON POST ROAD
ORANGE, CT 06477
203-799-3343 (PHONE)
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Name:____ **Diagnosis:**________________________________

Address:____ **DOB:**______________________

Telephone:_____________________________ **Precautions:**______________________________________

Surgical Procedure:____

Date of Surgery:_______________________________ **Next Dr.'s Appt:**___________________________

- ○ **Evaluation**
- ○ **Treatment**
- ○ **Therapeutic Exercises**
  - ○ ROM Exercises: PROM, AAROM, AROM
  - ○ Stretching Exercises
  - ○ Progressive Resistive Exercises
  - ○ Low Back/Cervical Exercises
  - ○ Muscle Re-education
  - ○ Joint Mobilization
- ○ **Gait Training:** specify WB status_________
- ○ **Transfer Training**

- ○ **Modalities**
  - ○ Hydrocollator Packs
  - ○ Cold Packs
  - ○ Electrical Stimulation/T.E.N.S
  - ○ Ultrasound/Phonophoresis
  - ○ Iontophoresis
  - ○ Traction (___pelvic ___cervical)
- ○ **Soft Tissue Mobilization**
  (___manual ___instrument assisted)
- ○ **Posture/Body Mechanics**

Specialty Services:
- ○ **Vestibular/Concussion Management**
- ○ **Post Therapy Wellness Program**
- ○ **Pelvic Floor Program**
- ○ **Total Joint Replacement Management**
- ○ **Shoulder Stability Program**
- ○ **Orthotics/Athletic Shoe Prescription**
- ○ **Dry Needling**

- ○ **Sports Performance Training**
- ○ **ACL Injury Reduction Training**
- ○ **Post-Rehab Return to Sport Training**
- ○ **Speed and Agility Training**
- ○ **Throwing Mechanics Analysis**

Comments____

Physician Signature____ **Date**________________