ORTHOPEDIC & TMJ PHYSICAL THERAPY CENTER

Carol R. Conrades, P.T.
Cindy Roundtree, P.T.
Rachel Sobczak, D.P.T.
Jenna Valentine, D.P.T.

Phone 503-777-6746
Fax 503-777-0023
hands-onhealthcare.com

9204 S.E Mitchell Street
Portland, Oregon 97266

PHYSICAL THERAPY ORDERS

PATIENT'S NAME:_____ Phone:_____ Date:_____.

Diagnosis/Condition:_____ ICD-10 code(s)_____.

Surgical procedures &/or precautions:_____.

TREATMENT GOALS

- ❑ Decrease pain
- ❑ Increase ROM
- ❑ Increase strength
- ❑ Improve function
- ❑ Decrease edema
- ❑ Improve relaxation skills
- ❑ Home exercise program
- ❑ Increase understanding
- ❑ Improve posture & movement mechanics
- ❑ Restore normal tongue positioning
- ❑ Urinary retention
- ❑ Restore pelvic floor integrity

INSTRUCTIONS

❑ Evaluate and treat ❑ Evaluation ❑ Report by phone ❑ Letter

Modalities: ❑ Heat ❑ Cold ❑ Elec. Stim ❑ Ultrasound ❑ Other _____

Procedures: ❑ Exercise ❑ Manual Therapy ❑ Traction ❑ Massage ❑ sEMG
❑ Movement mechanics ❑ Iontophoresis ❑ Phonophoresis

TREATMENT PLAN PER LETTER OF

- ❑ Therapist's discretion
- ❑ Frequency of treatment ___days/week
- ❑ Duration of treatment:_____week(s),

Visits:_____other_____.

Additional Comments:_____.

REFERRED BY:_____.
Degree

THANK YOU FOR YOUR REFERRAL