



FIT Physical Therapy

5480 FM 423, Suite 2100
Frisco, TX 75036
Phone: 214-494-4643
Fax: 214-494-4654
Email: info@iamfitpt.com

NAME _____ DATE _____

DIAGNOSIS/ICD-9 CODE _____

Precautions _____

EVALUATE & TREAT

PROGRAMS

PROCEDURES/MODALITIES

- Body Mechanics/Postural Education
- Elbow/Wrist/Hand/TMJ
- Foot/Ankle
- Hip
- Knee
- Lymphedema
- Neurological
- Osteoporosis
- Pelvic Pain
- Pilates
- Prenatal/Postpartum
- Shoulder
- Spinal Rehabilitation

- Biofeedback
- Biomechanical Video Analysis
- Compression Bandagin
- Dry Needling
- Electrical Stimulation
- Gait and/or Transfer Training
- Graston
- Heat
- Home TENS Unit
- Ice
- Manual Lymphatic Drainage
- Orthotics
- Manual Therapy Sport Specific Training

- Urinary/Fecal Incontinence
- Traction
- Ultrasound
- Vestibular/Concussion Management
- Therapeutic Exercise
- Other _____

COMMENTS: _____

Frequency (per week): 1 x 2 x 3 x 4 x 5 x Duration: _____ weeks

Physician Signature _____

I certify that I have thoroughly examined this patient and determined that physical therapy is medically necessary.

