



ATI

PHYSICAL THERAPY

Visit our website for recent clinic openings; we are expanding to meet your needs.
Our staff will gladly provide benefits verification - please call us today!

Name: _____ Phone: _____ Date: _____

Diagnosis: _____

Frequency: _____ Times Per Week for _____ Weeks

Evaluate and Treat per Therapist Discretion

Therapeutic Exercise

- Strengthening/Conditioning Exercises
- Home Exercise Program
- Lower Extremity Strengthening/Stretching
- Upper Extremity Strengthening/Stretching
- Abdominal/Pelvic Stabilization
- Cervical Strengthening/Stretching
- Lumbar Strengthening

Modalities

- Hot/Cold Packs
- Ultrasound
- Electrical Stimulation/TENS
- Iontophoresis
- Phonophoresis
- Mechanical Cervical Traction
- Mechanical Lumbar Traction

General

- Proper Body Mechanics, Posture & Lifting Techniques
- PROM-AAROM-AROM

Manual Therapy

- Soft Tissue Mobilization/Massage
- Joint Mobilization
- PNF

Workers' Compensation Services

- Functional Capacity Evaluation
- Work Conditioning/Hardening (F.I.R.S.T.™ Program)

Foot & Ankle Therapy

- Balance/Proprioception Training
- Gait Training/Assistive Device Education
- Anodyne

Hand Therapy & Occupational Therapy

- Evaluate & Tx. Custom Splint/Evaluate & Tx.
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Additional Comments / Instructions _____

IN MAKING THIS REFERRAL, MEDICAL PROVIDER CERTIFIES THAT PRESCRIBED REHABILITATION IS A MEDICAL NECESSITY.

Referring Medical Provider: _____