PHYSICAL THERAPY REFERRAL

Dennis Ponte PT #4366
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SPORTS MEDICINE AND REHABILITATION THERAPY
SMART
Physical Therapy
Since 1984

328 Main Street
Reading, Massachusetts 01867
(781) 944-5246 or Fax (781) 944-6686

42 Sharon Street
Malden, Massachusetts 02148
(781) 324-0310 or Fax (781)397-6752

Name_____

Diagnosis_____

Secondary Diagnosis/Precautions_____

Surgical Procedure_____

❑ **EVALUATION & TREATMENT**

❑ **EXERCISES**
- ❑ Strength, P.R.E.'s
- ❑ Williams Flex./McKenzie Exten.
- ❑ Range of Motion A / AA / P
- ❑ Home Instruction

❑ Cybex II / Isokinetics
❑ Isokinetic Evaluation
❑ Cervical / Lumbar Stabilization
❑ Posture / Body Mechanics

❑ Moist Heat ❑ Cryotherapy / Ice
❑ Whirlpool
❑ Electrical Muscle Stimulation
❑ Ultrasound / Electro Stimulation
❑ Ultrasound / Phonophoresis

❑ **MANUAL THERAPY**
- ❑ Massage
- ❑ Mobilization
- ❑ Myofascial Release
- ❑ Traction / Manual
- ❑ Cranio - Sacral Release

❑ Biofeedback
❑ TENS
❑ Traction
❑ B.A.P.S. / Proprioception
❑ Warm 'n - Form / Orthotics
❑ Iontophoresis
❑ Gait Training

FWB _____ PWB _____ NWB_____

Devices_____

Frequency / Duration_____

Special Instructions:

_____

_____

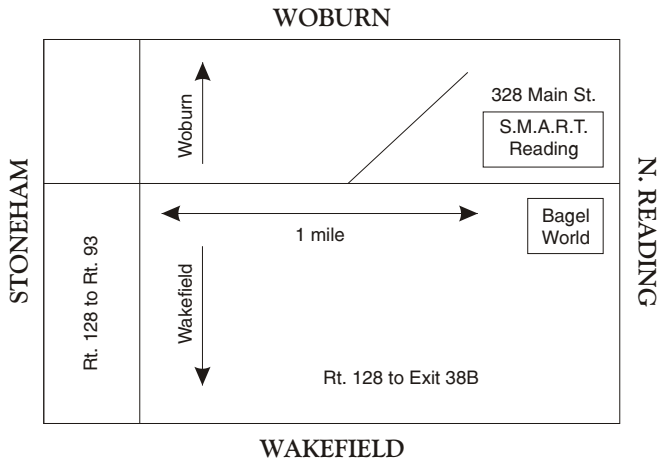
I Certify that the above physical therapy is necessary and will be provided when the patient is under my care.

Referring Physician (Signature)_____ Date:_____

HOURS

MONDAY - FRIDAY
7:30 a.m. to 7:30 p.m.

READING OFFICE



MALDEN OFFICE