



Therapy Services
500 N. Highland
Sherman, TX 75092
Voice: 903.870.4403
Fax: 903.870.4409
www.wnj.org

OUT PATIENT THERAPY

Patient: _____ Date: _____

DX: _____

Pat. Contact # _____

Instructions: _____

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Occ. Therapy | <input type="checkbox"/> Phys. Therapy | <input type="checkbox"/> Speech Therapy |
|---------------------------------------|--|---|

Evaluate and Treat

- RCR: post op program PROM only
- ACL: post op program
- Arthroscopic program
- TKR: post op program
- Neck Surgery: post op program
- Back Surgery: post op program
- Back: Non-Surg
- Neck: Non-Surg
- CVA / Neuro Re-ed
- Modalities as needed

- US
- Elect. Stim
- Phonophoresis

- Moist Heat
- Cold Pack

- Intermittant Cervical / Pelvic Traction
- Iontophoresis

- Exercise Program

- Gait: FWB PWB TDWBAT NWB

Frequency:

- 1 Visit only
- 2 x week
- 3 x week

Duration:

- 1 week
- 2 weeks
- 3 weeks
- 1 month

Physician Signature

Physician Printed Name

- Dysphagia
- Voice / Fluency
- Dysarthria
- Cognitive linguistic
- Speech / Language
- Modified Barium Swallow