



Rick Jusko, PT, OCS
 seattlehillphysicaltherapy.com

Patient: _____ Date: _____

Diagnosis: _____ ICD-9: _____

Physical Therapist: Evaluate and treat with appropriate modalities and procedures of treatment as deemed necessary.

Therapeutic Exercise

- Isometric
- Passive
- Active-Assisted
- Progressive Resistance
- Aerobic Training

Traction

- Cervical
- Lumbar

Neuromuscular Rehab

- Spinal Stabilization
- Peripheral Joint Stabilization
- Closed Chain Progression
- Balance & Proprioceptive Training

Patient Education

- Postural Training
- Body Mechanics
- Home Exercise Program

Modalities

- EMS – Muscle Stimulation
- TENS
- Iontophoresis
- Ultrasound

TENS (Includes evaluation, orientation, recheck and ADL instruction)

Mobilization

Gait Biomechanical Evaluation

McConnell Taping

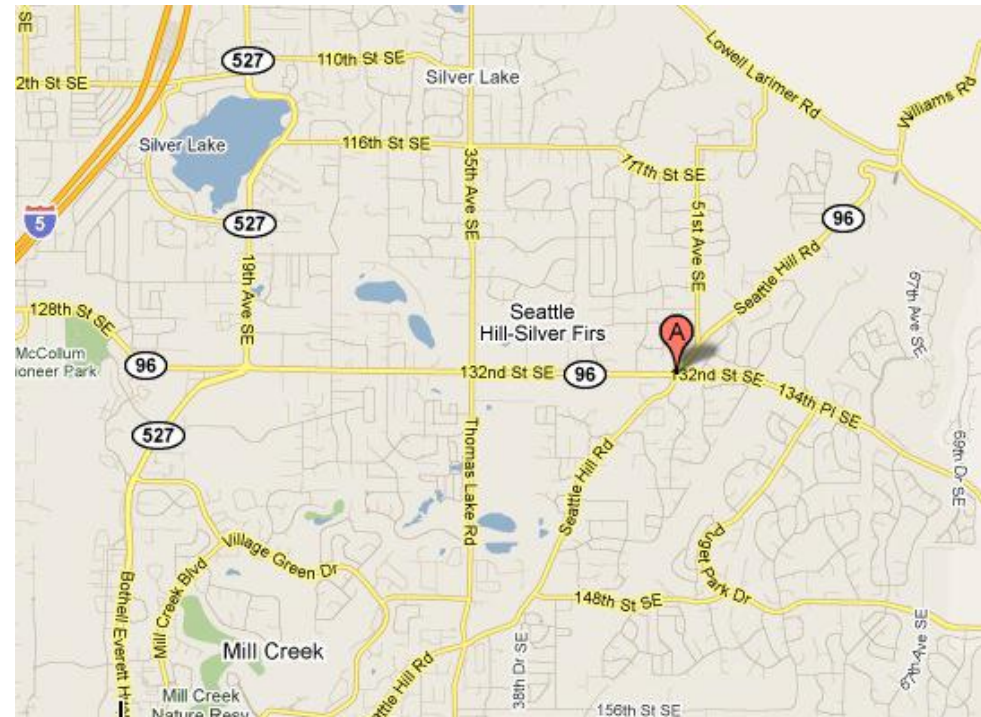
Rx Frequency: 1 2 3 4 5 times per week for _____ weeks.

Number of Visits Requested: _____

Precautions: _____

Physician Recheck _____ MD
 Date: _____ Phone: _____

Physician Signature: _____



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 “Seattle Hill Crossing”