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**NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**DIAGNOSIS/ICD-9 CODE** \_\_\_\_\_

**EVALUATE & TREAT**

Comprehensive rehabilitation program utilizing soft tissue and joint mobilization techniques, neuromuscular re-education, modalities, progressive HEP and patient education as appropriate.

**PROGRAMS**

- Spinal Rehabilitation
- TMJ
- Shoulder
- Elbow/Wrist/Hand
- Hip
- Knee
- Foot/Ankle

**PROCEDURES/MODALITIES**

- Ice
- Heat
- Ultrasound
- Electrical Stimulation
- Iontophoresis
- Phonophoresis
- Traction-Manual/Mechanical

**Sport Specific Training** \_\_\_\_\_

**Keyboard Training**  **Home TENS Unit**

**Body Mechanics/Postural Education**  **Home Traction Unit**

**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.

Physician Name