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Dations Nones.	DOD
Patient Name:	DOB

Patient Phone: ICD-10:

Diagnosis:

Physical Therapy Services Order

Evaluate and treat per physcial therapist discretion

Pre/Post Op Rehab ROM: Active or Passive

Lumbar Stabilization Home Exercise Program
Core Strengthening Functional Assessment

Core Strengthening Functional Assessment
Cervical Stabilization/Proprioception Gait Training

Posture Balance Training

Headaches Therapeutic Activities

Manual Therapy Chronic Pain Intervention

Joint Mobilization Pain Science Education

Soft Tissue Mobilization Pre/Post Cancer Program

Myofascial Release Home Exercise Program
Trigger Point Release Kinesiotaping

Muscle Energy Techniques Workers Compensation

Therapeutic Exercise Work Conditioning
Neuromuscular Re-ed Vestibular Rehab

Special Instructions or Precautions:

Frequency/wk: 2x 3x Duration/wks: 4wks 6wks Other

Physician Follow-up Date: Phone:

Physician Name: Date:

Physician Signature: