



1401 MICHIGAN AVE • NORFOLK, NE 68701 • 402.371.8701 TEL • 402.371.8704 FAX

**CHRISTINE MIMICK KELLER**  
MS, RPT, OWNER

Patient Name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Frequency:  \_\_\_\_\_ x's per week for \_\_\_\_\_ weeks  one time only

- Goals:
- Increase ROM
  - Increase Strength
  - Improve Function
  - Increase Mobility
  - Decrease Pain
  - Decrease Edema
  - Increase Understanding
  - Other \_\_\_\_\_

Social Work Evaluation and Referral Needed

Yes  No

Evaluate & Treatment

**MODALITIES**

- Hot/Cold
- Ultrasound
- Electric Stim
- Iontophoresis
- Phonophoresis
- Fluidotherapy
- TENS
- UBE
- Traction
- Massage
- Low Level Light

**THERAPEUTIC EXERCISE**

- ROM Exercise
  - Passive
  - Active
  - Active Assistive
- Joint Mobilization
- Strengthening Exercise
- Myofascial Release
- Edema Control
- Desensitization
- Home Program
- Vestibular Rehab
- Gait Training
- Neuromuscular Rehab
- Spine Rehab

**SPECIALTY PROGRAMS**

- ACL Protocol
- FCE
- Work Conditioning
- Foot Eval
- Tennis Elbow
- Preop 3-2-1  
*Complimentary Preoperative Visit*
- Goodhealth 30  
*Complimentary Patient Aftercare*
- Other \_\_\_\_\_

**WOUNDCARE**

- Whirlpool
- Debridement
- Dressing Change

*I certify the above services are required by this patient on an outpatient basis.*

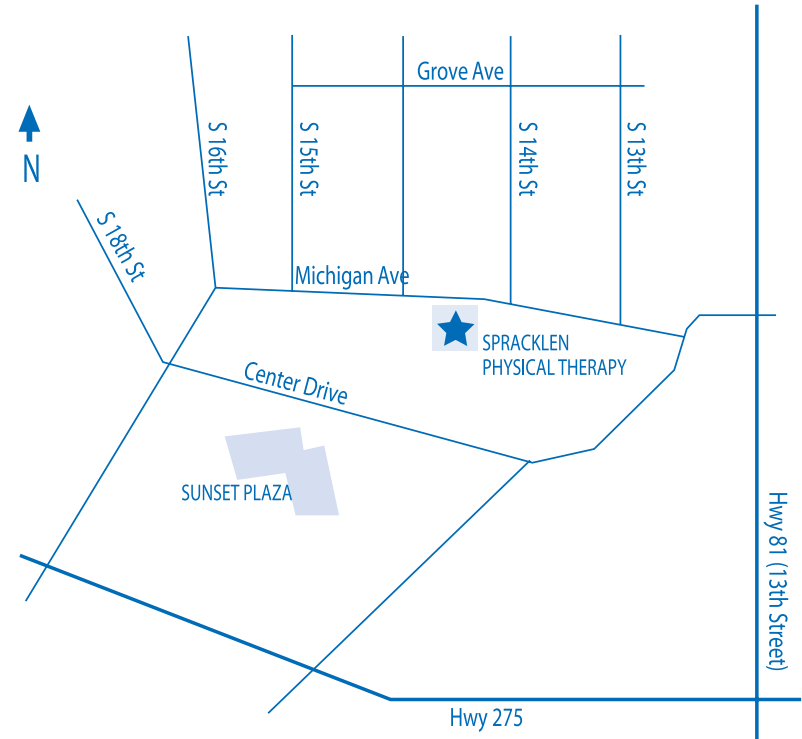
Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_

**DO NOT EMAIL PRESCRIPTION** The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.



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**EXPERIENCE  
makes the difference!**