



Sierra Vista, AZ  
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Board  
Certified



Sports  
Rehab



Industrial  
Rehab



Manual  
Therapy



Orthopedic  
Rehab

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis/Code: \_\_\_\_\_

Evaluate & Treat     Functional Capacity Evaluation     Work Hardening Evaluation

**Therapeutic Activities**

- Functional Strengthening
- Return to Sport

**NeuroMuscular Re-Education**

- Balance
- Coordination/Proprioception

**Home Equipment**

- Home Traction
- TENS UNIT
- Electrical Stim Unit

**Therapeutic Exercise**

- PROM, AAROM, AROM
- Flexibility
- Strengthening/  
Stabilization

**Other Procedures**

- Gait Training
- Work Hardening

**Manual Therapy**

- Joint Mobilization
- Soft Tissue Mobilization

**Modalities**

- Electrical Stimulation
- Vasopneumatic Compression
- Traction (Cervical/Lumbar)
- Iontophoresis  
Dexamethasone, 4 mg/mL
- Other \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_