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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: _____