

PHYSICAL THERAPY CONSULT

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

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

START DATE FOR P.T.: \_\_\_\_\_



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AlpineOrthoSpine.com

[ ] Preoperative [ ] Postoperative only; [ ] Nonoperative

PLEASE CALL ONE OF THE LISTED P.T. OFFICES OF YOUR CHOICE FROM THE P.T. OFFICES LISTED
ON OUR WEBSITE: www.AlpineOrthoSpine.com

Diagnosis/Surgical Procedure: \_\_\_\_\_

TREATMENT:

[ ] Joint Mobilization; [ ] PROM; [ ] AROM; [ ] Isokinetic Training; [ ] Active-Assisted; [ ] WORK Conditioning; [ ] Pool
Therapy; [ ] WORK HARDENING; [ ] FUNCTIONAL CAPACITY EVALUATION{ [ ] test to tolerance}; [ ] Desensitization
for CRPS; [ ] Gait Training with assistance devise of choice[cane, walker, crutches]; [ ] Proprioception; [ ] Home
exercise program; [ ] Massage Therapy; [ ] May take brace off for PT; [ ] May take brace off/on while sitting or
standing; [ ] 10 repetition rule; [ ] PGAP {Progressive Goal Attainment Program...Ryanne...360-902-5035}
[ ] SIMP PROGRAM{ST LUKES REHABILITATION INSTITUTE}: 473-6159 [NATALIA] [WAL & I only];
[ ] PRONE QUADRICEPS AND ILIOPSOAS STRETCHING; [ ] PRONE HAMSTRING HANGING OFF LEDGE

Weightbearing status: NWB=non-weightbearing; PWB=partial weightbearing; TTWB=toe-touch weight bearing; FWB=full
weightbearing; S=sling; SI=shoulder immobilizer; HKB=hinged knee brace[with ROM setting]; WBAT=weightbearing as
tolerated

Table with 3 columns: (blank), UPPER EXTREMITY, LOWER EXTREMITY. Rows: RIGHT, LEFT.

[ ] Modalities: [ ] ANY MODALITY OF CHOICE; [ ] Electrical stimulation; [ ] Iontophoresis; [ ] Biofeedback;
[ ] Cold or heat therapy; [ ] Dynasplint; [ ] Ultrasound; [ ] TENS; [ ] Phonophoresis; [ ] Massage therapy

GUIDELINES: { \*on website: www.AlpineOrthoSpine.com }

SHOULDER: [ ] SLAP Repair\*; [ ] Adhesive Capsulitis Resection & MUA\*; [ ] Rotator cuff repair\*;
[ ] Shoulder Biceps tenodesis\*; [ ] Subacromial decompression without Rotator Cuff Repair\*; [ ] Open Bankart repair
or capsulorrhaphy\*; [ ] Total Shoulder Replacement\*; [ ] Rotator cuff strengthening;

[ ] Anterior Capsulorrhaphy\*; [ ] Posterior Capsulorrhaphy\*; [ ] Scapulothoracic strengthening

CERVICAL SPINE: [ ] AROM/PROM & strengthening/Bilateral upper extremity and shoulder girdle mobilization;

[ ] Cervical traction; [ ] Cervical traction home unit; [ ] Brachial plexus stretching and "glides"; [ ] Avoid neck ROM

THORACOLUMBOSACRAL SPINE: [ ] AROM/PROM strengthening; [ ] Modified McKenzie protocol\*;

[ ] Modified Williams flexion protocol\*; [ ] Core Strengthening; [ ] AROM/PROM of B Hip/Knee/Ankles;

[ ] BACK SCHOOL; [ ] Lumbar plexus stretching and "glides"; [ ] No rotation or lateral bending of T-L spine;

[ ] SI belt

HIP: [ ] Total Hip Replacement{Direct Lateral Approach}\*; [ ] Total Hip Replacement{Posterior Approach}\*

KNEE: [ ] ACLR with Cartilage Repair\*; [ ] ACLR without Cartilage Repair\*; [ ] Chondral Repair\*; [ ] Distal
Patellofemoral Realignment\*; [ ] Total Knee Replacement\*; [ ] Extensor Mechanism Repair\*; [ ] PCLR WITHOUT
Cartilage Repair\*; [ ] PCLR WITH Cartilage Repair\*; [ ] Proximal Patellofemoral Realignment\*;

[ ] Knee Periarticular Fracture rehabilitation protocol\*; [ ] Non-operative Patellofemoral program\*;

[ ] MCL tear rehabilitation protocol\*

FOOT & ANKLE: [ ] Achilles Tendon Repair\*; [ ] Ankle proprioception

FUNCTIONAL REHABILITATION: [ ] Interval Tennis Program\*; [ ] Interval Golf Program\*;

[ ] Interval Throwing Program\*; [ ] Functional Rehabilitation(Running)\*

PREHABILITATION: [ ] Crutch training; [ ] Cane training; [ ] Walker training; [ ] Sling use; [ ] Post-op exercises; [ ] Kneeling scooter

Visits per week: \_\_\_\_\_; Number of weeks: \_\_\_\_\_; Date: \_\_\_\_\_

Signed: \_\_\_\_\_ [ ] Miguel Schmitz, MD; [ ] Andrew Bloom, PA-C