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543 Orchard St., Antioch, IL 60002  
Phone (847) 395-6100 Fax (847) 395-6162

Patient's Name: \_\_\_\_\_

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

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**EVALUATION and TREATMENT**

**EXERCISE**

- Active Exercise
- Passive Exercise
- Spinal Rehabilitation
- S/P ACL Reconstruction Protocol
- S/P Rotator Cuff Repair Protocol

**MOBILIZATION**

**MODALITIES**

- Electrical Stimulation
- Cold Packs
- Hot Packs
- Ultrasound
- Phonophoresis
- Iontophoresis
- Cold Laser
- Cervical Traction

**MYOFASCIAL RELEASE**

**SOFT TISSUE MOBILIZATION**

**GAIT TRAINING**

**OTHER/SPECIAL INSTRUCTIONS**

**MEDICAL EQUIPMENT**

Treatment Objectives/Goals

Frequency/Duration \_\_\_\_\_ times/week for \_\_\_\_\_ weeks

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

**Date** \_\_\_\_\_

Physician certifies that this referral for prescribed rehabilitation is a medical necessity.

Call (847) 395-6100 for an appointment

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Specializing In Sports, Orthopedics, and Industrial Rehabilitation

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