



Randy Jacobe, PT

Gene Cudworth, PT

Crista Jacobe-Mann, PT

Jonathan Hodges, PT

Amie Stoddard, PT

Theresa Owens, PT

"Northern Nevada's Certified Movement Professionals"

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

Area to be Treated: \_\_\_\_\_ Left Right Both

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

ICD-9: \_\_\_\_\_ Date of Onset/Surgery: \_\_\_\_\_

Frequency:  Daily  3 times/wk.  2 times/wk.  1 time/wk. for \_\_\_ Wks.

\*Weight Bearing Precautions: NWB Toe Touch PWB FWB

**Treatment Plan:**

- Evaluate and begin treatment
- Evaluate and discuss before treatment begins
- Refer to attached treatment instructions
- Recommendations: \_\_\_\_\_

- Pain/swelling/inflammation control (modalities as indicated)
- PROM, AAROM, AROM  Gait Training
- Soft tissue/joint mobility  "Core" stability
- Strength training  Eccentric tendinosis Rx
- Spinal stabilization  Balance/Proprioception
- Plyometrics, jump/landing, agility training
- Posture, positioning, body mechanics

**Evaluation:**

- KT-1000 Knee (ACL) Arthrometer Test
- FMS (Functional Movement Screen)
- Y-Balance Functional Test
- SFMA (Selective Functional Movement Assessment)
- Injury Prevention Screen



*I hereby certify these services as medically necessary for the patient's plan of care.*

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

Print Name \_\_\_\_\_

**Office Locations**

(Maps on reverse side)

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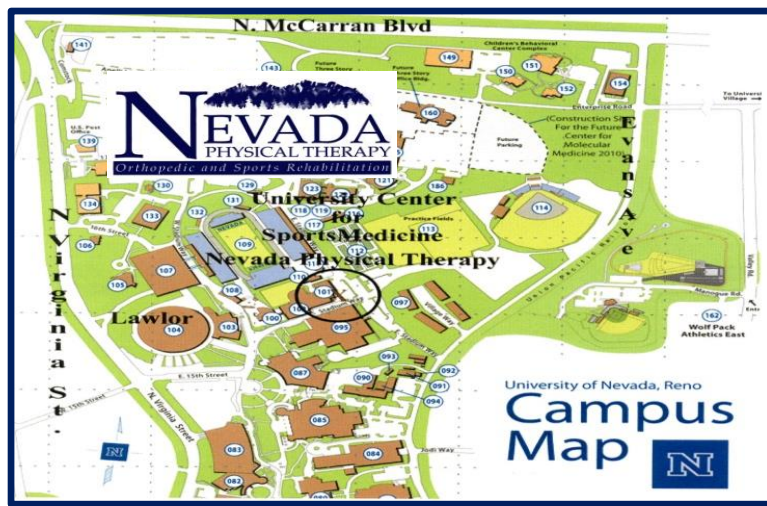
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**Website:**

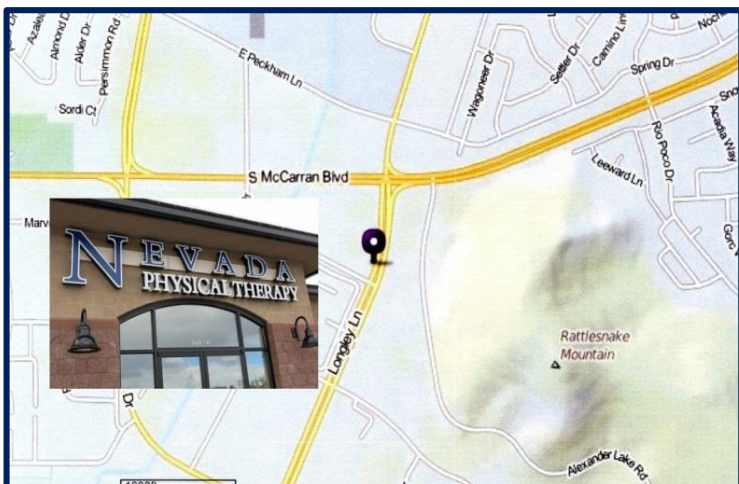
www.nevpt.com

**E-mail Address:**

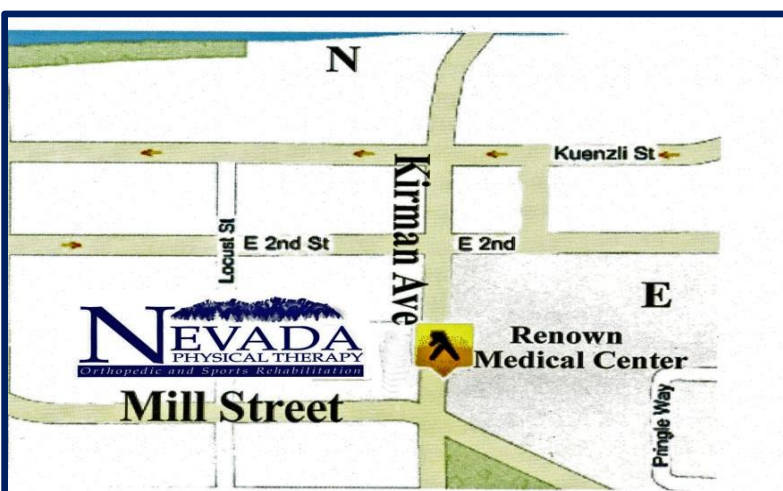
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