



## PHYSICAL THERAPY STAFF

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NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

SURGERY: \_\_\_\_\_ SURGERY DATE: \_\_\_\_\_

PRECAUTIONS/COMMENTS: \_\_\_\_\_

## PHYSICAL THERAPY SERVICES:

- |  |  |
|--|--|
| <input type="checkbox"/> Complete Rehabilitation Program | <input type="checkbox"/> Workstation Ergonomics Evaluation   |
| <input type="checkbox"/> Neuromuscular Re-education      | <input type="checkbox"/> Pool Program                        |
| <input type="checkbox"/> Joint Mobilization              | <input type="checkbox"/> Orthotic/Splint/Brace Fitting       |
| <input type="checkbox"/> Flexibility Training            | <input type="checkbox"/> Pilates Based Stabilization Program |
| <input type="checkbox"/> ROM                             |  |
| <input type="checkbox"/> Work Reconditioning             |  |

- Spine Program
- Cervical Dynamic Stabilization
  - Thoracic Dynamic Stabilization
  - Lumbar Dynamic Stabilization
  - Back School
  - Cervical Traction
  - Pelvic Traction

- MODALITIES
- Ultrasound
  - Electrical Stimulation
  - Phonophoresis
  - Iontophoresis
  - Heat
  - Ice
  - Home Use TENS
  - Other: \_\_\_\_\_

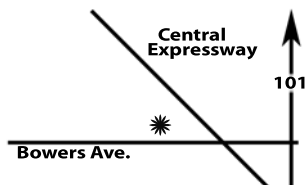
FREQUENCY:  Daily  1X  2X  3X per week Duration: \_\_\_\_\_ weeks

Physician Signature: \_\_\_\_\_ Next appt. \_\_\_\_\_

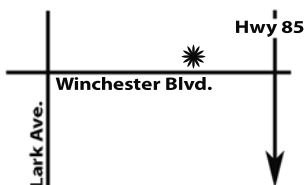
I certify\_\_\_\_ re-certify\_\_\_\_ that I have examined the patient, that physical therapy is necessary, and that the service will be furnished while under my care. The plan will be reviewed every 30 days or more often as the patient's condition requires. I estimate that these services will be needed for about \_\_\_\_\_ (specify number of days, weeks or months).

### CLINIC LOCATIONS:

BaySport @ Decathlon Club  
 3250 Central Expressway  
 Santa Clara, CA 95051  
 408-738-3200 Fax 408-738-1870  
 Email: dcoffice@baysport.com



BaySport @ Courtside Club  
 14675 Winchester Blvd.  
 Los Gatos, CA 95030  
 408-395-8851 Fax 408-395-8841  
 Email: ccoffice@baysport.com



BaySport @ Pacific Athletic Club  
 200 Redwood Shores Pkwy.  
 Redwood City, CA 94065  
 650-593-2800 Fax 650-593-0152  
 Email: pacoffice@baysport.com

