



PHYSICAL THERAPY SERVICES

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Clinical Manager
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NAME: _____ DATE: _____

DIAGNOSIS: _____

SURGERY: _____ SURGERY DATE: _____

PRECAUTIONS/COMMENTS: _____

Complete Rehabilitation Program

- Neuromuscular Re-education
- Joint Mobilization
- Flexibility Training
- ROM
- Work Reconditioning

Spine Program

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

Workstation Ergonomics Evaluation

- Pool Program**
- Pilates Based Stabilization Program**

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. _____

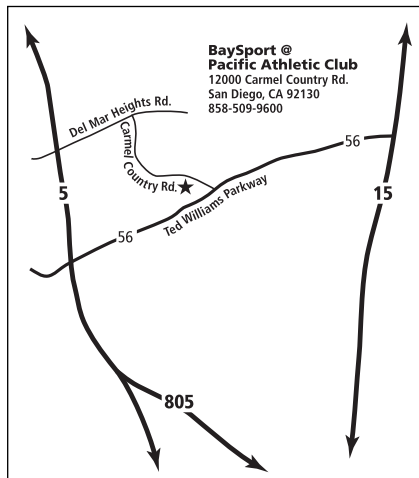
I certify____ re-certify____ that I have examined the patient, that physical therapy is necessary, and that the service will be furnished while under my care. The plan will be reviewed every 30 days or more often as the patient's condition requires. I estimate that these services will be needed for about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

CLINIC LOCATION

BaySport @ Pacific Athletic Club

12000 Carmel Country Road
San Diego, CA 92130
858 509 9600 Fax 858 509 9611
Email: pacsd@baysport.com

Our office is conveniently located at Pacific Athletic Club in Carmel Valley. Based upon physician and therapist discretion, patients will have access to the amenities of this premier athletic facility, as appropriate to their plan of treatment.



CORPORATE OFFICE

BaySport, Inc.

987 University Ave., Suite 12
Los Gatos, CA 95032
408 395 7300 FAX 408 395 7350
www.baysport.com

OTHER CLINIC LOCATIONS

Los Gatos
Redwood City
Santa Clara