



- CLAREMORE CLINIC** 1071 W. Blue Starr Dr., Suite 105 • Claremore, OK 74017  
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- PRYOR CLINIC** 165 Steve Barry Blvd. • Pryor, OK 74361  
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- CATOOSA CLINIC** P.O. Box 385 • 1875 N. Hwy. 66 • Catoosa, OK 74015  
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Patient Name: \_\_\_\_\_ Phone \_\_\_\_\_

Date of Onset: \_\_\_\_\_ Next Dr. Appt: \_\_\_\_\_ ICD-9 Code: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Weight Bearing Status: \_\_\_\_\_

Evaluate and Treat as Indicated: \_\_\_\_\_PT \_\_\_\_\_OT \_\_\_\_\_ST

Special Instructions/Precautions: \_\_\_\_\_

- Rehabilitation Programs:
- Neck
  - Back
  - Shoulder
  - Hand
  - Elbow
  - Hip
  - Knee
  - Foot/Ankle
  - Stroke
  - Spine
  - Balance
  - Gait Training
  - Aquatic Therapy

**MODALITIES**

- Modalities as Indicated
- Electrical Stimulation
- Ultrasound/Phono
- Iontophoresis
- Tens Application
- Traction Neck/Back
- Massage
- Soft Tissue Mobilization
- Whirlpool
- Wound Care \_\_\_\_\_

**EXERCISES**

- Passive
- Active Assistive
- Active
- Resistive
- Mobilization
- Stretching
- Isometrics
- Muscle Strengthening (PRE)
- Gait Training
- Home Exercise Instruction

**ISOKINETIC EVALUATION**

**HAND THERAPY**

**FUNCTIONAL CAPACITY EVALUATION**

**HAND SPLINTING**

- STATIC**
- DYNAMIC**

**WORK CONDITIONING**

- Daily
- Three times a week
- Treatment Goals as per therapist's discretion unless otherwise noted below
- Other \_\_\_\_\_

Frequency (times per week):  1  2  3  4  5      Duration (in weeks):  1  2  3  4  5  6

Signature certifies the established plan of care.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name (printed): \_\_\_\_\_