



205 EAST LAMAR STREET AMERICUS, GA 31709
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TRACY M. LAW, MPT ALEX SARATSIOTIS, MPT

Patient Name: _____ Date: _____

Physician: _____

Diagnosis: _____

Precautions: _____

Evaluate and Treat

THERAPEUTIC EXERCISE

- AROM
- PROM
- Joint Mobilization
- Soft Tissue Mobilization
- Progressive Resistive Program
- Lumbar Program
- Endurance Training
- Gait Training
- Home Program
- McKenzie Program
- Balance Program

MODALITIES

- Ultrasound
- Electrical Stimulation
- Iontophoresis
- Traction
- Moist Heat/Cold Packs
- Contrast Bath
- TENS Unit

SPECIAL INSTRUCTIONS:

Frequency: _____/Week for _____ Weeks _____ As Needed

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

Physician's signature: _____