

# VALLEY PHYSICAL AND AQUATIC THERAPY

Derek Kocher, PT, DPT

1001 W. Baltimore St.  
McMechen, WV 26040

Phone: 304-242-4004

Fax: 304-242-8004

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

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

Requested Treatment: \_\_\_\_\_

- Evaluate and Treat (Therapist Discretion)
- Therapeutic Exercise (Therapist Discretion)
- Therapeutic Exercise:
  - Passive/Flexibility
  - Active Assistive Exercise
  - Active Exercise
  - Core/Spinal Stabilization
  - Specific Protocol (Please Attach Protocol)
- Modalities (Therapist Discretion)
- Modalities:
  - Moist Heat
  - Cold Packs
  - Ultrasound
  - Phonophoresis
  - E-Stim for Pain Relief (TENS, IFC, Pre-mod)
  - E-Stim for Muscle Strengthening
  - E-Stim for Edema Control
  - Iontophoresis with Dexamethasone
- Manual Therapy (Therapist Discretion)
- Manual Therapy
  - Soft Tissue Mobilization
  - Joint Mobilization
  - Muscle Energy Techniques
  - Other: \_\_\_\_\_
- Aquatic Therapy
- Therapeutic Activities
- Gait Training
- Neuromuscular Re-education
- Traction (Therapist Discretion)
- Traction:
  - Cervical \_\_\_\_\_ lbs.
  - Lumbar \_\_\_\_\_ lbs.
- Durable Medical Equipment:
  - Home Cervical Traction
  - Home Lumbar Traction
  - Foot Orthotics: \_\_\_\_\_
  - Issue TENS Unit
  - Other: \_\_\_\_\_

Frequency: \_\_\_\_\_ times per week for \_\_\_\_\_ weeks or  Therapist Discretion

Precautions \_\_\_\_\_

PHYSICIAN SIGNATURE

DATE

IN MAKING THIS REFERRAL, THE PHYSICIAN CERTIFIES THAT PHYSICAL THERAPY IS A MEDICAL NECESSITY