

OFFICE: 724-458-5850
OFFICE FAX: 724-458-4402



E-MAIL: schellpt@tmspt.com
WEB SITE: www.tmspt.com

Date: _____

Patient's Name: _____

Diagnosis: _____

Frequency: _____ Duration: _____

Restrictions/Precautions/WB Status: _____

- Eval & Treat
- AQUATICS**
- Ultrasound
- EMS/TENS
- Massage
- Traction
- Exercises

- Joint Mobilization
- Gait Training
- Orthotics
- NEURO REHAB**
- Iontophoresis
- Whirlpool/Fluidotherapy
- Vasopneumatic Compression

- FCE**
- Work Simulation/Hardening
- Balance Assessment
- EMG/NCV Test**
- Job Site Assessment
- Splint/Brace

Doctor: _____

_____ Substitution Permissible