



CLARKSTON PHYSICAL THERAPY

1366 Bridge Street
Clarkston, Washington 99403
Phone (509) 751-1780 • Fax: (509) 751-8771
Saker Medavarapu, M.P.T.

Date _____ ICD-9
Code _____

Name _____

Diagnosis _____

Surgical Procedure _____

RX FREQUENCY _____ per week _____ weeks

EVALUATE AND TREAT

MODALITIES

- Modalities as needed
- Paraffin
- Electrical Stimulation
- Ultrasound

- TRACTION
- Cervical
 - Lumbar

- HYDROTHERAPY
- Whirlpool
 - Wound Care

PROCEDURES

- Joint Mobilization
- Back Rehabilitation
- Stroke Rehabilitation
- Lumbar Stabilization
- Back School

- Massage
- Gait Training
- Therapeutic Exercise
- Strength and Conditioning
- Soft Tissue Mobilization

INDUSTRIAL REHABILITATION

- Back School
- Physical Conditioning

- Physical Capacity Evaluation
- Work Hardening

Precautions/Instructions:

Doctor _____

In signing this referral, physician certifies that rehab is medically necessary.