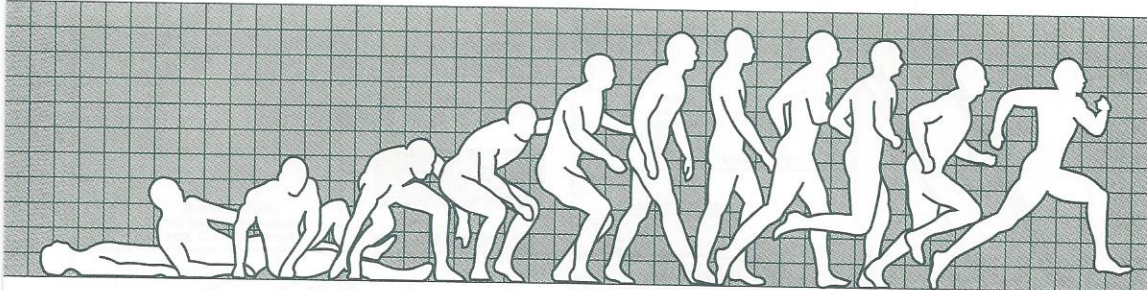


# Swanson McArthur Physical Therapy & Aquatic Center

REFERRAL



## Specializing in Orthopedic & Sports Injury Rehabilitation

Patient Name \_\_\_\_\_

Diagnosis \_\_\_\_\_

Treatment Frequency & Duration \_\_\_\_\_

Date of Return to M.D. \_\_\_\_\_

### TREATMENT OBJECTIVES:

#### Increase

- Strength
- Range of Motion
- Endurance

#### Decrease

- Pain / Spasm
- Swelling
- Referred Pain

#### Instruct

- Posture / Body Mechanics
- Gait
- Home Program

### TREATMENT PROGRAM / PROTOCOLS:

(To include exercises, modalities and procedures PRN.)

- Evaluate & Treat
- Spinal Care
  - Cervical
  - Thoracic
  - Lumbar
- Closed Chain / Functional Training
- Proprioceptive Training / Balance Training
- AQUATICS
- Post Surgical or Injury Rehab For:
  - Shoulder \_\_\_\_\_
  - Elbow \_\_\_\_\_
  - Wrist \_\_\_\_\_
  - Hip \_\_\_\_\_
  - Knee \_\_\_\_\_
  - Ankle \_\_\_\_\_
  - Other \_\_\_\_\_

Precautions / Special Directions \_\_\_\_\_

Physician's Original Signature \_\_\_\_\_ Date \_\_\_\_\_

License # / PIN \_\_\_\_\_ Insurance:  Private  Industrial  Medicare

Motor Vehicle Accident

#### BY MEDICAL REFERRAL ONLY

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MAP ON  
REVERSE

#### Quinn A. McArthur, PT, OCS

Owner/Director  
Physical Therapist  
Board Certified Orthopedic Clinical Specialist  
NESTA Certified Speed, Agility, & Quickness Specialist