

PT Hawaii-Waipahu Waipahu Professional Center 94-801 Farrington Hwy, Waipahu, HI 96797 Phone: (808)680-9123 • Fax: (808)680-9889

Rehabilitation Referr	al and Treatment Plan		
Patient Name:		Diagnosis/ICD-10 code	
Date of Birth:		_	
Phone (Home):	(Work)		
Date of Injury/Surgery:			

EVALUATE AND TREAT

PHYSICAL THERAPY

Therapeutic Exercises

HEP, postural education/ergonomics **Modalities**

Mechanical traction, electrical stimulation, ultrasound, heat & cold

Manual Therapy

Joint mobilization, manual traction, myofascial release, Strain-counter strain Vestibular/Concussion Rehabilitation

Canalith repositioning, balance/gait training, vertigo, habituation exercises

Neuromuscular Rehabilitation

Functional re-training & neuromuscular reeducation

□ AQUA THERAPY

Aquatic Therapy in a 100,000 gallon chlorinated salt water (solar heated) pool. Utilizing specifically designed activities to aid in the restoration, maintenance, and quality of function for patients with acute or chronic disabilities.

- WORK CONDITIONING: (3 days/week) 2 Hour treatment will include strengthening and conditioning, initiating specific job simulation activities.
- MASSAGE THERAPY
- PRECAUTIONS/SPECIAL INSTRUCTIONS

MEASUREABLE GOALS/OBJECTIVES					
Decrease:	Increase:	Increase:	Educate:		
Tenderness/Tightness	Endurance	Functional Activity	Home Exercise		
□ Swelling	ROM/Mobility	Tolerance	Program		
□ Pain		□ Strength/Stability	BodyMechanics/ADL's		
frto	frto frto	frto frto	SymptomManagement		
Treatment Frequency	_visits/week for	weeks. Total Visits:			
Estimated Treatment dates	toE	stimated cost \$			
Adjuster (print)	Signature	Phone:	Fax:		
Claim No			□ Denied		
Physician Name (print):		Signature	Date		

Workers Compensation

Employer _____

Private _____

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