



Physical Therapy
Medical Fitness &
Aquatic Rehabilitation

Name _____ Date of Birth _____

Diagnosis _____ Phone Number _____

Physical Therapy — Evaluate and Treat

Insurance: Medicare Commercial Work-Comp Auto Other

Therapeutic Exercise

- Strengthening / Stabilization
- Active / Assisted ROM
- Stretching / flexibility
- Other _____

Aquatic Rehabilitation

Modalities

- Electrical Stimulation Mechanical
- Traction
- Ultrasound
- Other _____

Manual Therapy

- Joint Mobilization
- Passive ROM / Stretching
- Soft Tissue Mobilization

Neuromuscular Reeducation

- Coordination / Proprioception
- Motor Control / Biofeedback

Specialized Programs

- Pilates Rehabilitation
- Balance / Vestibular Rehab
- Incontinence / Pelvic Floor

Massage as a component of complete physical therapy treatment plan
(work comp / auto only)

Comments , Precautions, and Specific Recommendations:

Treatment Frequency & Duration: _____ x per week for _____ weeks.

Physician Name (print): _____ Phone: _____

Physician Signature: _____ Date: _____

Medical Fitness & Wellness Referral

Self-Pay only, not billable to insurance

Individualized Services

- Personal Training
- Self Pay Massage
- Dietitian Consult
- Health Coaching
- Medical Fitness / Weight Loss
- RunFit Video Gait Analysis
- Functional Movement Screen

Group Exercise Classes

- Balance and Bone Density
- Posture Stretch & Restore
- Boxing / Fitness for Parkinson's
- Low Impact Boot Camp
- Core Stability
- BrainFit Training

www.OrthoSport.com

Niu Valley Clinic

5722 Kalaniana'ole Hwy
Honolulu, HI 96821

- Physical Therapy
- Medical Gym
- Aquatic Rehab

(808) 373-3555

(808) 373-3666

Downtown Clinic

745 Fort Street, #116
Honolulu, HI 96813

- Physical Therapy
- Medical Gym

(808) 599-5500

(808) 373-3666

Kaka'ako Clinic

400 Keawe Street, #102
Honolulu, HI 96813

- Physical Therapy

(808) 208-8822

(808) 373-3666