

# EXCEL

## SPINE & SPORTS REHAB

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Special Instruction or Precautions: \_\_\_\_\_

Evaluate & Treat

Strength Training

Therapeutic exercises

Stabilization program (Neck / Back)

Home Program

Range of Motion

UE/ LE stretching

Joint Mobilization

Modalities for Pain

Muscle Stimulation

Cold Laser

Electro Stimulation

Ultrasound

Iontophoresis

Instruct in TENS unit application

DTS Decompression System

Cervical

Lumbar

Pull limitations \_\_\_\_\_ lbs.

Industrial Rehab (Rowlett Only)

Work Conditioning

\_\_\_\_\_ # of hours 4-8

\_\_\_\_\_ # of weeks 4-8

Chronic Pain Program

Cervical Program

Back Program

Additional orders/ comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Protocols:

ACL/ PCL

Rotator Cuff Repair

Total Joint Replacement

Other \_\_\_\_\_

Frequency of Visits: \_\_\_\_\_ times per week for \_\_\_\_\_ weeks.

Physician's Signature: \_\_\_\_\_

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