FAST TRACK
Physical Therapy

Avon
9082 E. US Highway 36
317-209-1900 office
317-209-1300 fax

Speedway
5641 Crawfordsville Rd.
317-487-6105 office
317-487-8499 fax

Mooresville
437 S. Indiana St.
317-474-6300 office
317-474-6303 fax

Danville
120 W. Main St.
317-558-7702 office
317-558-7703 fax

Fast-tracktherapy.com

Office Hours
7am-7pm Monday - Friday

Patient: _____ **Date:** _____

Diagnosis: _____ **DOB:** _____

Precautions: _____ **Phone:** _____

Freq/Duration _____ **As indicated by therapist** _____

___ PT **PHYSICIAN'S ORDERS:** **___ OT**

___ Evaluate and Treat
___ Therapeutic Exercise
- Strengthening
- PROM/AROM
- Endurance

___ Home Exercise Program
___ Manual Therapy
- Joint Mobilization
- ASTM/Graston/CFM
- Myofascial Release
- Muscle Energy Techniques
- McKenzie Spine Method

___ Trigger Point Dry Needling
___ Lumbar Stabilization
___ Traction (Cervical/Lumbar)
___ Gait Training
___ Balance
___ Vertigo/BPPV treatment

___ Edema Mgmt.
- Int. Compression Pump
- Compression Garment Fitting

___ Orthotics (custom)
___ TENS Unit Fitting
___ Modalities as indicated
- ___ Iontophoresis w/Dex
- ___ Ultrasound/Phonophoresis
- ___ Electrical Stim/Thermo Stim
- ___ Moist Heat/Cryotherapy
- ___ Paraffin Bath
- ___ Anodyne Therapy/Infrared
- ___ Class IV Laser

___ FCE: Functional Cap Evaluation
___ Other

I certify this treatment as medically necessary.

Physician's Signature: _____ **Date:** _____