



Sport & Spine

PHYSICAL THERAPY

EDGAR
715.352.2780

MEDFORD
713.748.5203

MOSINEE
715.693.7727

STRATFORD
715.687.2214

WAUSAU
715.845.2942

WESTON
715.359.8465

WITTENBURG
713.253.2939



www.sportspinewi.com

Name: _____ DOB: _____ Date: _____

Diagnosis: _____

Precautions: _____

Worker's Compensation: Yes No Adjuster /case manager: _____

Recommended Frequency: _____ Times per week for _____ weeks _____

PHYSICAL/ ATHLETIC/ OCCUPATIONAL EVALUATION AND TREATMENT

ELECTRO-THERAPY

- Omni-Stim
- Muscle Stim
- T.E.N.S.
- Iontophoresis
- Biofeedback

SOFT GOODS

- Bracing
- Splinting
- Crutches

COLD/HEAT APPLICATION

- Hot Packs
- Cold Packs
- Ice Massage
- Ultrasound
 - With DEX
- Fluido Therapy

TMD

- Modalities
- Posture Training
- Range of Motion

THERAPEUTIC EXERCISE/ ACTIVITY

- R.O.M
- Shoulder Rehabilitation
- Hand Rehabilitation
- Knee Rehabilitation
- Ankle Rehabilitation
- Back/Neck Rehabilitation
- Spinal Stabilization
- Proprioception/Balance Training
- Functional Activities
- Fall Risk Assessment

MANUAL THERAPY

- Mobilization

TRACTION

- Pelvic
- Cervical
- Home Traction Unit

WORK INJURY

- Functional Testing
(Physical Performance Eval)
- Functional Capacity Evaluation
(FCE)
- Work Hardening/ Conditioning

Other: _____

I hereby certify that the above services have been deemed medically necessary.

Physician Signature: _____ Date: _____

DO NOT EMAIL PRESCRIPTION The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.



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PHYSICAL THERAPY

EDGAR

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MEDFORD

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MOSINEE

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WAUSAU

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715.845.2942
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WESTON

4107 Barbican Ave, Suite 260
715.359.8465
fax 715.359.8832

WITTENBURG

105 N. Genesee Street
T: 715.253.2939
F: 715.253.2930



Early & Late Appointments Available Upon Request
MOST INSURANCES ACCEPTED

www.sportspinewi.com