



KASSIMIR PHYSICAL THERAPY, P.A.

COMMERCENTRE EAST - SUITE 130

1777 REISTERSTOWN ROAD

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R PHYSICAL THERAPY

PATIENT NAME _____ DATE _____

Dx: _____ AREA/PART TO BE TREATED _____

EVALUATE & TREAT AS APPROPRIATE FREQUENCY: 1 2 3 4 5 X / WEEK DURATION: _____ WEEKS

REFERRER NAME (PLEASE PRINT) _____

SIGNATURE _____

EVALUATIVE PROCEDURES:

- BODY MECHANICS
- CYBEX ISOKINETIC TEST
- ERGONOMIC ASSESSMENT
- GAIT ANALYSIS
- HAND ASSESSMENT
(JAMAR; GRIP/PINCH, PURDUE PEGBOARD)
- POSTURAL ANALYSIS
- SENSORY EVALUATION
(SEMMES WEINSTEIN; TWO POINT DISCRIMINATION)

TREATMENT PROCEDURES:

- AQUATIC THERAPY
- BACK EDUCATION VIDEO
- BALANCE/COORDINATION/FALL PREVENTION
- BIOFEEDBACK
- CUSTOM FOOT ORTHOTICS
- DESENSITIZATION
- ELECTRICAL STIMULATION:
MUSCLE _____ HIGH VOLT _____ MICRO-CURRENT _____
WOUND HEALING _____ PAIN _____
- FLUIDOTHERAPY
- FUNCTIONAL DRY NEEDLING
- GAIT TRAINING
- IONTOPHORESIS
- LIGHT THERAPY
- MANUAL THERAPY
- MASSAGE
- MOBILIZATION: JOINT _____ SOFT TISSUE _____
- MOIST HEAT PACKS
- MYOFASCIAL RELEASE
- PARAFFIN
- PHONOPHORESIS
- SCAR MANAGEMENT: GEL SHEETS _____
- TENS
- THERAPEUTIC EXERCISES
- TRACTION: CERVICAL _____ LUMBAR _____
- INTERMITTENT COMPRESSION
- ULTRASOUND
- WHIRLPOOL

CUSTOM SPLINT FABRICATION:

- STATIC
- DYNAMIC

SPECIFICATIONS _____

DIRECTIONS FROM BELTWAY: EXIT 20 NORTH (REISTERSTOWN ROAD). TURN RIGHT ONTO HOOKS LANE. MAKE FIRST RIGHT INTO THE COMMERCENTRE. MAKE LEFT AT STOP SIGN AND PARK BEHIND THE EAST BUILDING. ELEVATOR ENTRANCE IS LEFT OF STAIRS. SUITE 130 IS ON THE FIRST FLOOR.