



Mike Muffenbier, *MPT, SCS*

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To Schedule an Appointment Call:

763-519-7900

763-450-0202 FAX

PATIENT NAME: _____ **DOB:** _____
FIRST NAME LAST NAME

DIAGNOSIS: _____

DIAGNOSIS CODE(S): _____ **ONSET/DOS:** _____

SPECIFIC GOALS: _____ **PRECAUTIONS:** _____

NUMBER OF VISITS: _____ **AS INDICATED:** _____

Evaluate and Treat

Exercise

PROM

AAROM/AROM

Strengthening (PRE)

Stretching/Flexibility

Gait Training

Runner's Specialty Care

Jumper's Specialty Care

Rehab per Protocol

Mobilization/Manual therapy

Soft Tissue Mobilization

Transverse Friction Massage

Joint Mobilization

Myofascial Release

Muscle Energy

Thrower's Specialty Care

Golfer's Specialty

Rehab Only as Specified

Modalities

Ice

Electric Stim

Ultrasound

Traction

Iontophoresis*

*For Iontophoresis, please have patient fill their medication prescription at a pharmacy prior to onset of physical therapy. Requires 4mg/ml Dexamethasone (30ml total)

SPECIFIC REQUESTS/INSTRUCTIONS: _____

PHYSICIAN'S NAME: _____ **CLINIC:** _____

PHYSICIAN'S SIGNATURE: _____ **DATE:** _____

I certify that the above treatment plan is medically necessary and approved.



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 763-519-7900
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www.acceleratedsports.com

*Accelerated Sports Therapy & Fitness
 is located directly behind the Tile Shop.*

