



www.myofitclinic.com  
myofitclinic@gmail.com  
Phone: 440-332-7682  
Fax: 440-574-7254

Name \_\_\_\_\_ Date \_\_\_\_\_

Diagnosis \_\_\_\_\_

Medical Precautions \_\_\_\_\_

Date of Onset/Surgery \_\_\_\_\_

1 2 3 4 5 times/week \_\_\_\_\_ weeks \_\_\_\_\_ as needed

**EVALUATE AND TREAT**

**OR**

**MANUAL THERAPY**

- PROM
- Joint Mobilization
- Soft Tissue Massage
- Myofascial Release
- PNF
- Traction
- Instrumentation / ASTYM

**FDN** (Functional Dry Needling)

**EXERCISE**

- Home Exercise Program
- Strength Training
- Flexibility
- Postural/Core Stability
- Plyometrics
- Balance Training
- Sports Performance
- Running Gait Evaluation
- As per Protocol

**MODALITIES**

- NMES
- IFC
- TENS
- Mechanical Traction
- Iontophoresis
- Ultrasound
- Kinesio / McConnell Taping

**OTHER** \_\_\_\_\_  
\_\_\_\_\_

**I hereby certify these services as medically necessary for patient's plan of care.**

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

Print Name \_\_\_\_\_