



# At Home Therapy Services

- 4674 40<sup>th</sup> Ave. S. Ste. A, Fargo, ND 58104
  - 5300 12<sup>th</sup> St S., Fargo, ND 58104
  - 602 1<sup>st</sup> St. N, Casselton, ND 58012
- 701-346-0222 (P) 701-346-0223 (F)

- |                     |                         |
|---------------------|-------------------------|
| Roger Stroh, MPT    | Stephanie Stremick, MPT |
| Keli St. Clair, DPT | Kari Torgerson, DPT     |
| Lisa Yonker, DPT    | Amanda Gunkel, DPT      |
| Lindsey Hunt, DPT   | Heather Barry, DPT      |
| Megan Kremer, DPT   | Beth Glander, OTR/L     |
| Sarah Fox, DPT      | Sally Ackerman, COTA/L  |

**To schedule an appointment, please call 701-293-7294**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician: \_\_\_\_\_ Follow up date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Precautions: \_\_\_\_\_

- P T  O T       Evaluate & Treat       Continue Treatment

**Therapeutic Exercises/Activities:**

**Modalities:**

- |   |   |
|---|---|
| <input type="checkbox"/> PROM AAROM AROM                            | <input type="checkbox"/> Massage / Soft Tissue Work / Edema Control   |
| <input type="checkbox"/> Strengthening / Core Stabilization         | <input type="checkbox"/> Manual Therapy / Muscle Energy / Joint Mobs  |
| <input type="checkbox"/> Balance / Coordination                     | <input type="checkbox"/> Ice / Heat / Contrast Bath / Cold Compression  |
| <input type="checkbox"/> Posture / Postural Restoration             | <input type="checkbox"/> US / Phonophoresis   |
| <input type="checkbox"/> Vestibular Rehabilitation                  | <input type="checkbox"/> Traction cervical / lumbar   |
| <input type="checkbox"/> Conditioning / Fitness                     | <input type="checkbox"/> E. Stim. / TENS / Functional Stim.   |
| <input type="checkbox"/> MFR <input type="checkbox"/> Kinesiotaping | <input type="checkbox"/> Iontophoresis Dexamethasone Sodium Phosphate 4 mg/ml<br>or 5 % Acetic Acid      2-3 ml/treatment |

**Mobility:**

- Transfer Training       Wheelchair Training       ADLs
- Gait Training      walker / crutches / cane      NWB / PWB / WBAT / FWB

**Other:**

- FCE       Ergonomic Assessment       Home Safety Evaluation
- Custom Orthotics       TMJ Assessment       Home Exercise Program
- Other: \_\_\_\_\_

Goals:     Decrease Pain     Improve ROM     Improve Strength     Improve Mobility     Improve Function

Frequency: \_\_\_\_\_ x/week      Duration: \_\_\_\_\_ weeks

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

**Physician, please fax this referral slip to 701-282-9738. THANK YOU!**