Keller/Haslet/Alliance
4120 Heritage Trace Pkwy.
Suite #220
Keller, Texas 76244

Fossil Creek/Saginaw/ Blue Mound
2720 Western Center Blvd. #312
Fort Worth, Texas 76131

Northwest Keller/ Trophy Club/Southlake
816 Keller Pkwy. #200
Keller, Texas 76248

Davis Blvd Neuro Out Patient PT
5060 Davis Blvd.
N. Richland Hills, TX 76180

Premier REHAB PHYSICAL THERAPY

817-498-8585
Fax 817-727-4319

AquaticHydroworx® Underwater Treadmill Physical Therapy Offered at these Locations

Viridian/Euless/ North Arlington
4140 N. Collins, Ste. 100
Arlington, Texas 76005

Northlake/Justin/Argyle
1700 Commons Place Circle
Ste 100
Northlake, Texas 76226

North Richland Hills/ Hurst
8150 Boulevard 26
N. Richland Hills, TX 76180

Golden Triangle/ Alta Vista
3445 Golden Triangle
Fort Worth, Texas 76244

Patient Name _____ D.O.B. _____ Patient Phone Number _____

Diagnosis _____ ICDD-10 _____

Precautions or Special Instructions _____

☐ Evaluate and Treat ☐ Continue Therapy
☐ Physical Therapy ☐ Occupational Therapy

Recommended Frequency
___ times per week for ___ weeks

Sports Medicine / Special Programs

☐ *ACL Protocol*
☐ *Rotator Cuff Protocol*
☐ *Balance Training*
☐ *Pre and Post Natal Program*
☐ *Parkinson's Big Program*
☐ *Pilates/Spine Stabilization*
☐ *Core/Plyometric Training*
☐ *Vestibular Rehabilitation*
☐ *Class 4 Laser Therapy*

Aquatics / Occupational Therapy

☐ *Aquatics/Hydroworx® Underwater Treadmill*
☐ *Soft Tissue/Joint Mobilization*
☐ *Graston®*
☐ *Ultrasound/Combo*
☐ *Traction/Home Traction*
☐ *Blood Flow Restricted Therapy (BFR)*
☐ *Cupping*
☐ *Splinting/Casting*
☐ *Kinesotaping*
☐ *Ionto/Phonophoresis*
☐ *Neuromuscular Electrical Stimulation*
☐ *Dry Needling*

Follow-up appointment with Physician _____

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

Physician Signature _____ Physician Printed Name _____