



# HOOSIER PHYSICAL THERAPY

Michael F. Barile, DC, PT

3030 Lake Ave Suite 26  
Fort Wayne, In 46805

Phone – 260.420.4400  
Fax – 260.420.4448  
hoosierpt.com

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Surgery: \_\_\_\_\_

Frequency & Duration: \_\_\_\_\_

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

Follow-Up Visit: \_\_\_\_\_

**Evaluate and Treat**

- Aerobic Conditioning
- Cervicothoracic Stabilization Program
- Closed Kinetic Chain Exercise
- Core Stability Lumbar Stabilization Program
- Equipment  
\_\_\_\_\_
- Gait Training  
\_\_\_\_ NWB \_\_\_\_ PWB \_\_\_\_ WBAT \_\_\_\_ FWB
- Home Exercise Program
- Joint Mobilization
- Modalities As Needed  
\_\_\_\_\_
- NMES Unit
- Open Kinetic Chain Exercise
- Patellar Protection Program

**Continue With Current Plan of Care**

- Postural Re-Education
- Protocol  
\_\_\_\_\_
- ROM  
\_\_\_\_ PROM \_\_\_\_ AAROM \_\_\_\_ AROM
- Safe Spinal Biomechanics
- Sensory Motor-Proprioceptive Retraining
- Soft Tissue Mobilization - Myofascial Release
- TENS Unit
- Therapeutic Exercise  
\_\_\_\_\_
- Traction  
\_\_\_\_ Cervical \_\_\_\_ Lumbar
- Work Conditioning
- Other  
\_\_\_\_\_

I certify that the above patient is under my care and requires the above skilled services. These services are related to the diagnosis stated above and are medically necessary to relieve pain, reduce edema, increase endurance, increase strength, increase ROM, and improve functional skills.

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

Date: \_\_\_\_\_