

**ALHAMBRA VALLEY  
PHYSICAL THERAPY**

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Name \_\_\_\_\_

Diagnosis \_\_\_\_\_

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

1 2 3 4 5 Times/Week X \_\_\_\_\_ Weeks \_\_\_\_\_ or \_\_\_\_\_ Visits

EVALUATE AND TREAT  Ankle  Knee  Elbow  Cervical  Lumbar  Shoulder  
 Hip  Foot  Other \_\_\_\_\_

**Elbow**

- Range of motion program
- Conditioning / Strength Program
- Epicondyle Rehab

**Shoulder**

- Impingement
- Subluxation / Instability
- Rotator Cuff protocol
- Passive motion
- Short arm strength
- Long arm strength
- Frozen Shoulder Protocol
- Total Shoulder Protocol

**Lumbar**  **Cervical**

- Dynamic Stabilization
- Back School
- Work Conditioning
- Post-Op
- Aquatic Therapy
  - Underwater treadmill
- General Conditioning program

**Hip**

- Total Hip Protocol
  - Anterior
  - Posterior
- Iliotibial Band Flexibility
- Bursitis

**Knee**

- ACL Protocol
- Post-Op Menisectomy protocol
- Patellofemoral Program
- McConnell Taping
- Total Knee Protocol

**Ankle**

- Post Sprain rehab protocol
  - Acute  Chronic
- General Ankle protocol
- Post Fracture

**Other** \_\_\_\_\_

**Procedures**

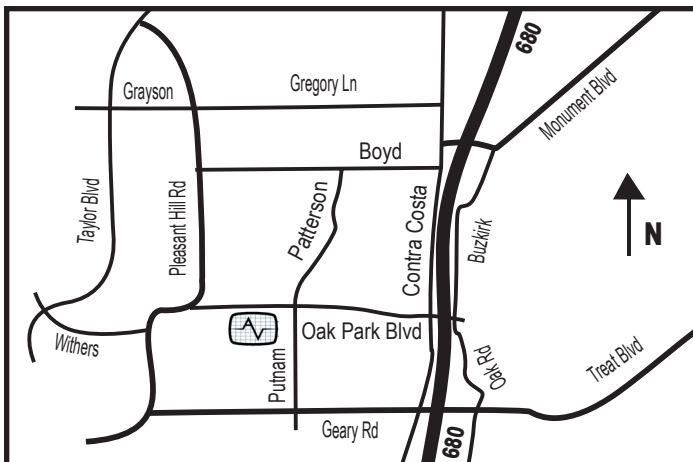
- Therapeutic exercise
- ROM
- Muscle Re-education
- Progressive conditioning
- Joint Mobilization
- Myofascial release

**Modalities**

- Ultrasound
- Electrical Stim
- Ice / Heat
- Traction
- Iontophoresis
- Light Therapy

**Progress to Home Exercise Program**

- Independent Aquatic Therapy Program**
- Independent Gym Program**



Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_

Special Instructions \_\_\_\_\_

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