

**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 Meniscectomy 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

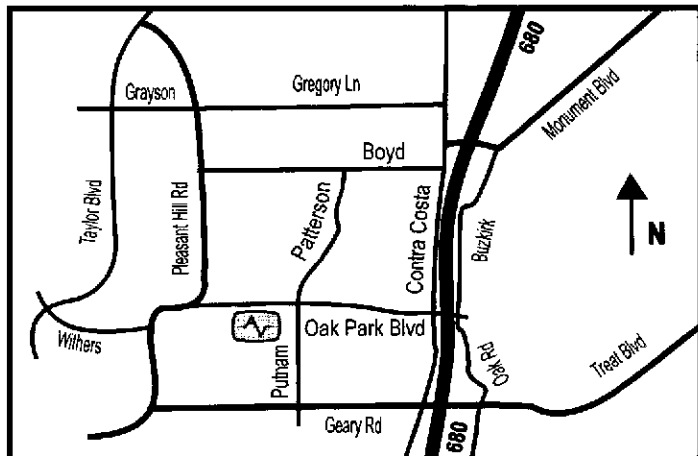
Modalities

- 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 _____

