



HUMPAL

Physical Therapy and Sports Medicine Centers

Corpus Christi
5026 Deepwood Circle
(behind the old 3837 SPID location)
Corpus Christi, TX 78415
361-854-2278 fax: 361-852-2389

Alice
1302 E. 5th St.
Alice, TX 78382
361-664-9675 fax: 361-664-1100

Aransas Pass
2150 W. Wheeler (Bus 35)
Aransas Pass, TX 78336
361-758-5199 fax: 361-758-9227

Sinton
1133 E. Sinton (Hwy 181)
Sinton, TX 78387
361-364-1342 fax: 361-364-1368

Physician Referral

Patient Name _____
Date _____
Diagnoses _____
Frequency & Duration of Treatment _____
Specific Goals _____
Precautions _____

- Evaluate & Treat
- Physical Therapy
- Occupational Therapy
- Treat only as specified Below

Modalities & Procedures

- Hot Packs/Cold Packs
- Ultrasound Electrical
- Stimulation Ultrasound/E-Stim
- Vasopneumatic Compression/Cold
- Traction (Cervical / Pelvic)
- Paraffin
- Fluido Therapy
- Iontophoresis / Phonophoresis
- Neuromuscular Re-Education
- Neuroprobe / Laser
- Whirlpool
- Wound Care Debridement
- T.E.N.S. (Rental/Purchase)
- E.M.S. (Rental/Purchase) Manual Techniques

Manual Techniques

- Massage / Soft Tissue Mobilization
- Joint Mobilization
- Manual Stretching
- Spray & Stretch
- Myofacial Release
- Muscle Energy-Strain Counter-Strain

Joint Rehabilitation

- Knee
- Shoulder
- Ankle
- Elbow
- Hip
- Wrist
- TMJ
- Hand Therapeutic Exercise
- Home Program
- Directed Gym Program

Therapeutic Exercise

- Home Program
- Directed Gym Program
- Gait Training

Special Programs

- Hand Therapy Program
- McKenzie Eval / Rehab
- Orthotics Eval / Fabrication
- Patellofemoral Rehab
- McConnell Taping / Supplies
- Athletic Rehab (Sport Specific)
- Pre Operative / Post Op Program
- ACL Rehabilitation
- Zuni Unloading
- Thoracic-Outlet Syndrome Rehab
- Aquatic Rehab Program
- Pregnancy (Pre/Post Natal Care)
- Isokenetic Evaluation / Rehab.

Industrial Rehabilitation

- Work Hardening (includes Pre & Post FCE)
- Work Conditioning (Includes Post FCE)
- Back School / Body Mech Training
- Vocational Consulting
- Symptom Magnification (Wadell Tests)
- BTE-Upper Extremity Assess / Rehab
- Injury Prevention Program
- Employee Screening
- Job Analysis
- Functional Capacity Eval. (FCE)
- Impairment Rating

Additional Comments

This prescription is an evaluate and treat order unless specified otherwise above.

I CERTIFY THAT THE ABOVE TREATMENT PLAN IS MEDICALLY NECESSARY AND IS APPROVED.

Physician Signature _____
(this must be signed by Doctor in order for you to receive treatment)