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Healing for the body. Performance for life

NAME \_\_\_\_\_

DIAGNOSIS \_\_\_\_\_

MEDICAL PRECAUTIONS \_\_\_\_\_

DATE OF ONSET/SURGERY \_\_\_\_\_

1 2 3 4 5 TIMES/WEEK \_\_\_\_\_ WEEKS \_\_\_\_\_ AS NEEDED

EVALUATE AND TREAT

PHYSICAL THERAPY/INJURY MANAGEMENT

TREATMENT PRESCRIPTION

- Manual Therapy
Corrective/Therapeutic Exercise
Neuromuscular Re-education
Balance/Proprioception
Postural Restoration
Pre/Post Surgery Rehab
Vestibular/Concussion Therapy
Brace/Taping

MODALITIES, TECHNOLOGIES AND PROCEDURES

- Astym Regenerative Therapy
Deep Tissue Laser Therapy
SCENAR Therapy
Bemer Therapy
Microcurrent Therapy
Helo Health Monitoring
Cervical Traction

SPORTS PERFORMANCE/ENHANCEMENT

- Post Rehab Fitness/Transition
Sports Performance/Recovery
Pilates/CoreAlign Training
ElliptiGO Training
MELT/Foam Roller Training
Fitness/Performance for Life
In Home Gym Assessment
Ergonomic Assessment

TREATMENT SPECIALITIES

MEDICAL NUTRITION

- Weight Management/Meal Planning
Chronic Disease Management
Diabetes Education and Meal Counselling
Gut Health, Food Sensitivity/Intolerances
Body Detox, Reset and Regeneration
Immunity Healing
Blood Testing Analysis

MASSAGE THERAPY

- Postural Muscle Assessments
Neuromuscular
Sports Massage
Deep Tissue
Myofascial Release
Pre Natal
Craniosacral Therapy
Reflexology
Speciality Massage \_\_\_\_\_

WELLNESS

- Health/Wellness Coaching
Yoga/Meditation
Stress Management
Pre/Post Travel Restoration
Essential Oil Consultation
Grocery Store Visit
Kitchen Makeover
In-Home Cooking Demonstration

I HEREBY CERTIFY THESE SERVICES AS MEDICALLY NECESSARY FOR THE PATIENT'S PLAN OF CARE.

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

Print Name \_\_\_\_\_