



# FRONT RANGE THERAPIES

## CASTLE ROCK

### *Orthopaedic & Sports Physical Therapy*

1025 S. Perry St. Suite #101 Castle Rock, CO 80104

P: (303) 688-5885 F: (303) 688-5903

**Tim Bernacki, PT, Cert MDT**

**Ali Misko, PT, MS**

PATIENT: \_\_\_\_\_ Patient phone #: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

PRECAUTIONS: \_\_\_\_\_

Frequency/Duration: 1 2 3 4 5 Times per week for \_\_\_\_\_ weeks

Evaluation and Treatment

Exercise Program

Heat/Ice

Joint Mobilization

Electrical Stimulation

Gait Training

Ultrasound/Phonophoresis

Functional/Dynamic Activities

Iontophoresis

Active Range of Motion

Traction

Active Assisted Range of Motion

Home Program

Passive Range of Motion

Neurological Re-education

Call to discuss

Custom Foot Orthotics

*Special Instructions/additional orders:*

I hereby certify that these services are medically necessary for the patient's plan of care.

PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

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