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www.evolutionphysicaltherapy.com

• Orthopedic and
Sports Rehabilitation



Patient Name: _____ Date: _____

Diagnosis: _____ Date of Surgery: _____
(please send operative report)

Frequency of treatment: _____ x per week for _____ weeks

Physical Therapy Prescription

Evaluate and treat

Therapeutic Exercise

- Flexibility
Strength
Endurance
Agility / Coordination
Sport-specific Training
Body Mechanics / Postural Correction

Procedures

- Joint Mobilization
Soft Tissue Mobilization
Manual Traction
P.N.F.
Gait Training

Modalities

- Ultrasound
Electrical Stimulation
Iontophoresis
EMG / Biofeedback
Light Therapy (Cold Laser/Infrared)
Ice
Heat

Physician's Signature: _____ Date: _____

Comments:

The next generation of
rehabilitation and
performance training

Body weight-assisted
treadmill

- ACL Rehab
Knee pain/PFS
s/p menisectomy
TKA
s/p hip surgery
Low back pain
s/p L/S surgery
Foot/ankle pain
s/p foot surgery
Plantar fasciitis
Shin splints
Performance training
Other:

