

★ **Keller/Haslet/Alliance**
4120 Heritage Trace Pkwy.
Suite #220
Keller, Texas 76244

**Fossil Creek/Saginaw/
Blue Mound**
2720 Western Center Blvd. #312
Fort Worth, Texas 76131

★ **Castle Hills/Carrollton/Frisco**
1600 FM 544
The Colony, Texas 75056

**Northwest Keller/
Trophy Club/Southlake**
816 Keller Pkwy. #200
Keller, Texas 76248

★ **Davis Blvd Neuro
OutPatient PT**
5060 Davis Blvd.
N. Richland Hills, TX 76180



817-498-8585
Fax 817-727-4319

**Viridian/Eules/
North Arlington**
4140 N. Collins, Ste. 100
Arlington, Texas 76005

Northlake/Justin/Argyle
1700 Commons Place Circle Ste 100
Northlake, Texas 76226

North Richland Hills/Hurst
8150 Boulevard 26
N. Richland Hills, TX 76180

**Golden Triangle/
Alta Vista**
3445 Golden Triangle
Fort Worth, Texas 76244

★ *AquaticHydroworx® Underwater
Treadmill Physical Therapy
Offered at these Locations*

Patient Name _____ D.O.B. _____ Patient Phone Number _____

Diagnosis _____ ICDD-10 _____

Precautions or Special Instructions _____

Evaluate and Treat Continue Therapy **Recommended Frequency**
 Physical Therapy Occupational Therapy _____ times per week for _____ weeks

Sports Medicine / Special Programs

- ACL Protocol
- Rotator Cuff Protocol
- Balance Training
- Pre and Post Natal Program
- Parkinson's Big Program
- Pilates/Spine Stabilization
- Core/Plyometric Training
- Vestibular Rehabilitation
- Class 4 Laser Therapy

Aquatics / Occupational Therapy

- Aquatics/Hydroworx® Underwater Treadmill
- Soft Tissue/Joint Mobilization
- Graston®
- Ultrasound/Combo
- Traction/Home Traction
- Blood Flow Restricted Therapy (BFR)
- Cupping
- Splinting/Casting
- Kinesotaping
- Ionto/Phonophoresis
- Neuromuscular Electrical Stimulation
- Dry Needling

Follow-up appointment with Physician _____

I certify that the above treatment plan is medically necessary and is approved by me.

Physician Signature _____ Physician Printed Name _____