South Texas Sports Medicine
Physical Therapy

www.stsmpt.com
physicianservices@stsmpt.com

5530 Lipes Blvd
Corpus Christi, TX 78411
361-993-9494
361-687-2464 Fax

203 Cedar Dr.
Portland, TX 78374
361-643-3993
361-687-2465 Fax

1007 F.M. 3036
Fulton, TX 78358
361-729-8668
800-920-4110 Fax

Name: ____

Diagnosis: ____

Frequency: 1 day 2 days 3 days 4 days 5 days

Duration: 2 3 4 5 6 Weeks

Special Instructions:

____

Goals: Increase R.O.M. _________ % Strength _________ %
Decrease Pain _________ % Swelling _________ %
Other Goals

Evaluate & Treat

Therapeutic Procedures
- Therapeutic Exercise/Activities
- Passive
- Active/Assistive
- Active
- Isometric
- Progressive Assistive
- A.D.L. Assistance
- Neuromuscular Re-education

Manual Therapy Techniques
- Joint Mobilization
- Manual Traction
- Trigger Point Techniques
- McConnell Taping

Therapeutic Modalities
- Ultrasound
- Electrical Stimulation
- Heat
- Paraffin
- Cold/Vasopneumatic Pressure
- Hot / Cold Contrast
- Traction,

Spine / Extremity Programs
- Cervical Spine Rehab
- Shoulder Rehab
- Elbow, Wrist, Hand Rehab
- Pelvis / Hip Rehab
- Back Rehab
- Knee Rehab
- Foot / Ankle Rehab
- R.S.D.

Aquatic Therapy

Aquatic Protocols
- Total Knee
- Total Hip
- Knee / Hip Arthritis
- Knee Ligament Reconstruction
- Knee Chondroplasty / Micro Fx.
- Knee Meniscus Repair
- Foot/Ankle
- Spine
- Shoulder / Upper Extremity
- Expectant Mother

Other Instructions:

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I certify the physical therapy plan of care and attest to the medical necessity of physical therapy treatment for the above patient.

Physician / Non Physician Practitioner Signature ______________________________ Date______________

SOUTH TEXAS SPORTS MEDICINE PHYSICAL THERAPY