Source Physical Therapy & Wellness

200 N. Glebe Road, Suite 310
Arlington, VA 22203
Phone 703.527.1700
Fax 703.527.1507

7700 Leesburg Pike, Suite 237
Falls Church, VA 22043
Phone 804.597.8690
Fax 804.597.8790

PHYSICAL THERAPY PRESCRIPTION

Patient :_____ DOB: _____

Diagnosis :_____ Date : _____

- ☐ EVALUATE & TREAT – as recommended per PT
- ☐ DRY NEEDLING TREATMENT
- ☐ Manual Therapy / Soft tissue mobilization / Traction
- ☐ Joint Mobilization / Range of Motion (ROM) / Stretching
- ☐ Therapeutic Exercise / Strengthening
- ☐ Therapeutic Activities / Functional ADL Training
- ☐ Neuromuscular Re-ed / Proprioception / Posture
- ☐ Modalities prn (E-Stim, NMES, Iontophoresis, US)

Specific Precautions / Recommendations:

Frequency & Duration: _____ Per PT Discretion: ☐

Physician: _____ _____
(Please Print) **Signature**

www.SourcePhysicalTherapy.com