

INDUSTRIAL STRENGTH WORK REHABILITATION CENTER



PHYSICAL THERAPY THAT WORKS

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3708 Maplewood Drive, Sulphur, LA 70663 Phone 337-497-1464 Fax 337-497-1465 info@industrialstrengthworks.com

PATIENT NAME _____ DATE _____

DIAGNOSIS _____

PRECAUTIONS _____

SESSIONS PER WEEK _____ FOR _____ WEEK(S)

INDUSTRIAL

- Musculo-skeletal Eval. Only Weight Training Job Site Analysis
 Work Conditioning Aerobic Conditioning
 Body Mechanics Instruction Post-Offer Job Screen

*** To request a Functional Capacity Evaluation, please use *Functional Evaluation* referral form

EVALUATE & TREAT

- Spine _____ Running Analysis Graston Technique
 Lower Extremity _____ Gait Training HIVA-MAT (edema)
 Upper Extremity _____ Alter G

Comments _____

Physician Signature _____

Physician's Name (printed) _____

