

Referring Provider \_\_\_\_\_



# VPT

VICTORIA PHYSICAL THERAPY, P.C.

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## PHYSICAL THERAPY PLAN OF CARE

PT Signature \_\_\_\_\_

PATIENT \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ DATE \_\_\_\_\_

PT DIAGNOSIS \_\_\_\_\_

SPECIAL PRECAUTIONS: \_\_\_\_\_

MEDICAL DIAGNOSIS \_\_\_\_\_

**Evaluate and Treat**

Therapeutic Exercise

Manual Techniques

- Spinal Mobilization
- Joint Mobilization
- Dry Needling
- Myofascial Release
- Manual Traction
- IASTM
- Taping

Home Exercise Program

Gait / Transfer Training

Neuromuscular Re-Education

Mechanical Traction

LSVT – Big

Vestibular Balance Rehabilitation

Health Wellness Education

Weight Loss

Supplies / Modalities / Procedures (PRN)

Other \_\_\_\_\_

Post Op with Protocol

Post Op w/o Protocol

Therapist Discretion \_\_\_\_\_ **Provider's Signature** \_\_\_\_\_

FREQUENCY: \_\_\_\_\_ **Date:** \_\_\_\_\_

DURATION: \_\_\_\_\_ Provider will re-evaluate patient \_\_\_\_\_