



Accepting most insurance plans including worker's compensation.  
Spanish speaking staff at most office locations.

## PHYSICAL THERAPY STAFF

Daniel Alvarez, DPT  
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### CLINIC LOCATIONS:

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200 Redwood Shores Pkwy.  
Redwood City, CA 94065  
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Email: rcoffice@baysport.com

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

SURGERY: \_\_\_\_\_ SURGERY DATE: \_\_\_\_\_

PRECAUTIONS/COMMENTS: \_\_\_\_\_

## PHYSICAL THERAPY SERVICES:

- Evaluate and Treat
- Neuromuscular Re-education
- Joint Mobilization
- Flexibility Training
- ROM
- Work Reconditioning
- Spine Program
  - Cervical Dynamic Stabilization
  - Thoracic Dynamic Stabilization
  - Lumbar Dynamic Stabilization
  - Back School
  - Cervical Traction
  - Pelvic Traction
- Workstation Ergonomics Evaluation
- Pool Program
- Orthotic/Splint/Brace Fitting
- Pilates Based Stabilization Program

- MODALITIES
- Ultrasound
  - Electrical Stimulation
  - Phonophoresis
  - Iontophoresis
  - Heat
  - Ice
  - Home Use TENS
  - Other: \_\_\_\_\_

- ADDITIONAL SERVICES OFFERED IN LOS GATOS
- Lymphedema
  - Vestibular Rehabilitation
  - TMJ Dysfunction
  - Post-rehabilitation Training Program
  - Wellness for Life Program (BMI Reduction)

FREQUENCY:  Daily  1X  2X  3X per week

Duration: \_\_\_\_\_ weeks

Physician Signature: \_\_\_\_\_ Next appt. \_\_\_\_\_

I certify\_\_\_\_ re-certify\_\_\_\_ that I have examined the patient, that physical therapy is necessary, and that the service will be furnished while under my care. The plan will be reviewed every 30 days or more often as the patient's condition requires. I estimate that these services will be needed for about \_\_\_\_\_ (specify number of days, weeks or months).

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