



OLYMPIC SPORTS & SPINE REHABILITATION

Physical Therapy & Occupational Therapy Referral

Patient: _____

Diagnosis: _____ Diagnosis Code(s): _____

Precautions/Instructions: _____

Physical Therapy/Occupational Therapy Hand Therapy Massage (Puyallup & South Hill)

INDUSTRIAL

- Work Conditioning
- Work Hardening
- Work Simulation
- Physical Capacity Evaluation
- On Site Ergonomic Assessment
- Body Mechanics
- Progressive Goal Attainment Program (PGAP)

SPECIALTIES

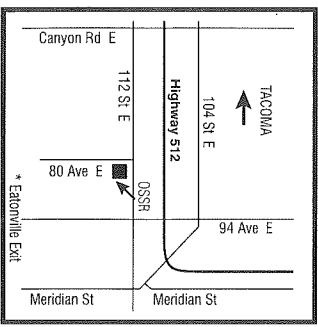
- | | |
|--|--|
| <input type="checkbox"/> Bike Fit
- Puyallup | <input type="checkbox"/> Titleist Golf Analysis
- Puyallup |
| <input type="checkbox"/> Custom Foot Orthotics
- Lakewood - Puyallup
- South Hill - University Place | <input type="checkbox"/> Video Gait/Running Analysis
- South Hill |
| <input type="checkbox"/> Fall Prevention | <input type="checkbox"/> Vestibular Rehabilitation
- Puyallup |
| <input type="checkbox"/> Pool Program
- Puyallup | <input type="checkbox"/> Visceral Mobilization
- Puyallup |
| <input type="checkbox"/> Lymphedema
- South Hill | <input type="checkbox"/> Women's Health
- Spanaway |
| <input type="checkbox"/> Other: _____ | |

Please bring shorts or comfortable clothing for your initial evaluation which will last approximately one hour. After your initial visit, you and your therapist will set a schedule which best meets your needs.

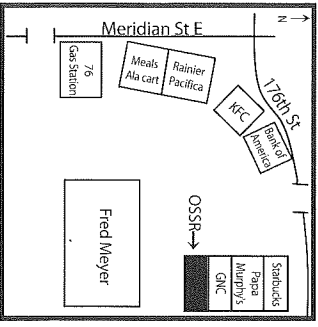
Your appointments will be scheduled in advance. This time is reserved for you. If you must reschedule or cancel your appointment, please notify us at least 24 hours in advance.



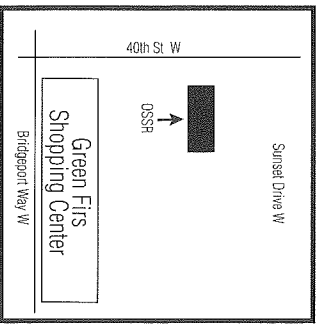
To view our website and learn more about Olympic Sports & Spine Rehabilitation scan the QR Code with your smart phone.



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