



GREGORY W. KNAPTON, PT. ATC  
OWNER

RIVERVIEWPHYSICALTHERAPY.COM

**BATH**  
55 CONGRESS AVE  
SUITE 6  
BATH, ME 04530  
T (207) 386-0351  
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**WINDHAM**  
48 TANDBERG TRAIL  
SUITE 2  
WINDHAM, ME 04062  
T (207) 892-3952  
F (207) 892-4678

**WESTBROOK**  
23 BRIDGTON ROAD  
SUITE 2  
WESTBROOK, ME 04092  
T (207) 797-3477  
F (207) 797-8577

**YARMOUTH**  
50 FOREST FALLS DRIVE  
SUITE 2  
YARMOUTH, ME 04096  
T (207) 846-8725  
F (207) 846-8728

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

## TREATMENT PROCEDURES

### EVALUATE & TREAT

#### MODALITIES

- Ultrasound
- Electrical Stim/TENS
- Iontophoresis
- Phonophoresis

#### MANUAL THERAPY

- Joint Mobilization
- Soft Tissue Mobilization
- Manual Traction

#### THERAPEUTIC EXERCISE

- Range of Motion
- Flexibility Exercises
- Strengthening Exercise
- Patellofemoral Rehab
- Rotator Cuff Rehab
- Spine Stabilization
- ACL Protocol
- Gait training
- Functional Mobility Training
- Home Exercise Program
- Post Op Protocol

Other: \_\_\_\_\_

TREATMENT FREQUENCY: \_\_\_\_\_ x/week DURATION: \_\_\_\_\_ weeks

Therapist's Discretion

ADDITIONAL COMMENTS: \_\_\_\_\_

*I certify the above services are required by this patient on an outpatient basis.*

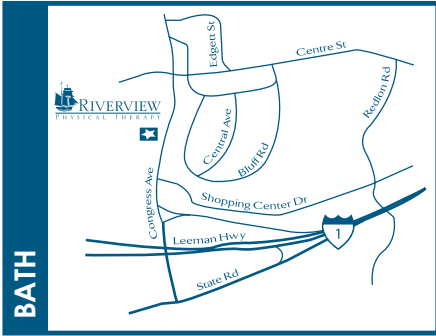
\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
UPin #

**DO NOT EMAIL PRESCRIPTION** The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hard-copy that may be faxed, mailed or hand delivered to the clinic.

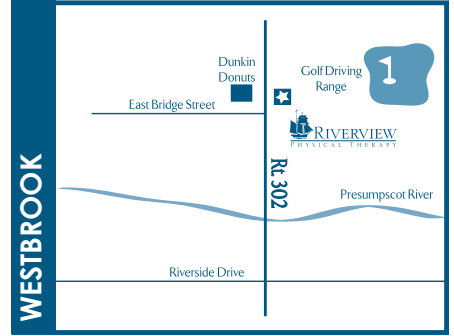
# 4 CONVENIENT LOCATIONS

www.riverviewphysicaltherapy.com



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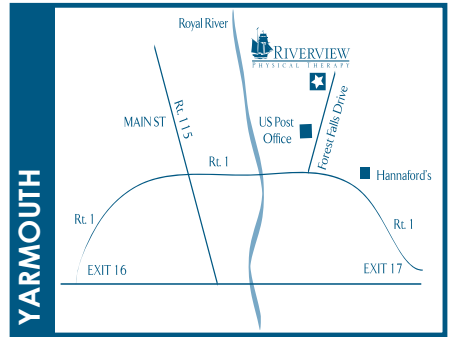
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ORTHOPEDIC AND SPORTS  
REHABILITATION SERVICES