



# THUNDER

## PHYSICAL THERAPY

[www.thundertherapy.com](http://www.thundertherapy.com)

### NORTH SPOKANE

10208 North Division, Suite 102

Spokane, WA 99218

Office: 509-465-5400 Fax: 509-465-5401

### SPOKANE VALLEY

1215 N. McDonald Rd., Suite L2

Spokane Valley, WA 99216

Office: 509-893-4462 Fax: 509-893-4482

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Precautions: \_\_\_\_\_

Frequency: \_\_\_\_\_ times per week for \_\_\_\_\_ weeks.

## EVALUATE & TREAT

### Manual Therapy

- Soft Tissue Mobilization
- Joint Mobilization
- Myofascial Mobilization

### Therapeutic Exercise

- Passive ROM
- Active ROM
- Active Assistive ROM
- Progressive Resistive Exercise
- Strengthening
- Stabilization Program
- Core Strengthening
- Closed Chain Exercise
- Posture/Body Mechanics
- Home Exercise Program

### Gait Training

### Balance Training

### Vestibular Rehab

### Neuromuscular Re-education

- Balance / Proprioceptive Training
- Fall Prevention

### Modalities

- Ultrasound
- Electrical Stimulation
- Massage
- Iontophoresis
- Phonophoresis
- Vasopneumatic Compression/Ice
- Contrast Bath
- Traction
- Vibration

### FCE - Functional Capacity Evaluation

### Work Conditioning

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

SPECIAL INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_

*The above plan of care is established and will be reviewed every 30 days. I certify the medical necessity of therapy.*

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

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

**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 hardcopy that may be faxed, mailed or hand delivered to the clinic.

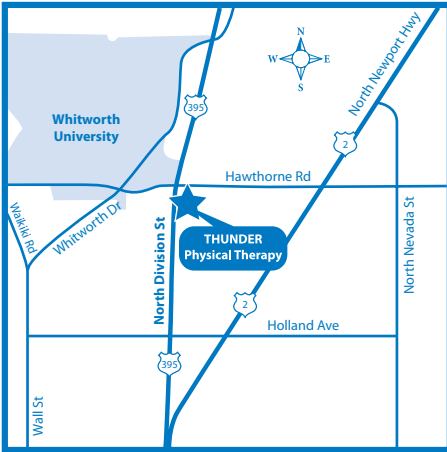


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**David McCullough, MPT, COMT**  
Owner / Director

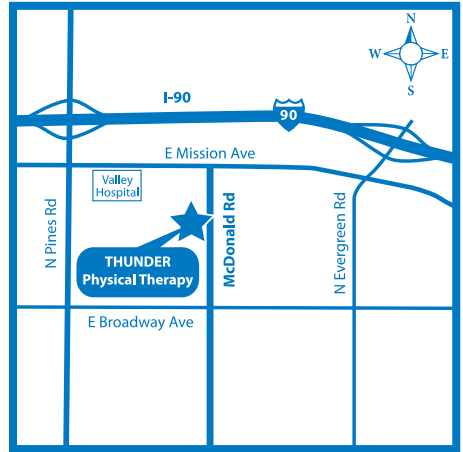


### **NORTH SPOKANE**

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Spokane, WA 99218  
Office: 509-465-5400 Fax: 509-465-5401

### **DIRECTIONS**

- From I-90, Exit US-2 E/US-395 N/ Newport/Colville
- Merge onto US-2 E/US-395 N/S Division St
- Continue to follow US-395 N
- We are on the right hand side approx 15 minutes down in Suite 102



### **SPOKANE VALLEY**

1215 N. McDonald Rd., Suite L2  
Spokane Valley, WA 99216  
Office: 509-893-4462 Fax: 509-893-4482

### **DIRECTIONS**

- From I-90, Exit Pines Road
- South on Pines Road
- Left on Mission Avenue, go past Valley Hospital
- Right on McDonald Road, go 2 blocks to medical building on right
- We are located downstairs in Suite L2.

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### **JUST A REMINDER:**

- Please bring this referral slip with you on your first visit.
- Please arrive 15 minutes before your scheduled appointment to complete the necessary paperwork.
- The evaluation (1st visit) usually lasts 1 hour.

### **WHAT TO WEAR:**

- Please wear comfortable clothing.