



Valley Orthopedic Massage and Wellness

1700 E. Bogard Rd. Suite 203 A • Wasilla, AK 99654

Phone: (907) 727-2596

Fax: (866) 735-0985

Patient Name: _____ DOB: _____

Physician: _____

Diagnosis: _____

Precautions / Comments: _____

Musculoskeletal:

- Soft Tissue Mobilization / Massage
- Myofascial Release
- Hot / Cold Packs
- Kinesio Taping
- Core / Stability Training
- Corrective Exercise
- Home Exercise Program

Lymphatic System:

- Evaluate & Treat for Lymphedema
- Manual Lymphatic Drainage
- Combined Decongestive Therapy (CDT)
- Compression and Exercise
- Home Program to Manage Lymphedema

Goals:

- Reduce Pain Increase Range of Motion Increase Flexibility
- Improve Muscle Function Reduce Swelling / Edema
- Other: _____

I hereby certify that Massage Therapy is medically necessary for this patient's plan of care.

Frequency: 1 2 3 4 5 / week **Duration:** 1-4 5-8 9-12 weeks

Other: _____

Physician Signature

Date