



INJURY REHAB



Dr. Ray Weich, DC
Chiropractor



Dr. Bryon Johnston, DPT
Physical Therapist



Brittany Dolente, PTA
Physical Therapy Assistant



Dr. Jim Salem, DC
Chiropractor / Owner

Main: 702.509.5098
Text: 702.290.5049
Fax: 702.924.6356
Email: info@injuryrehab.org
@InjuryRehab_

*"Specializing in Physical Therapy,
Chiropractic and Massage Therapy"*

Patient's Name: _____ Phone: _____ Today's Date: ____ / ____ / ____

Number of Treatments Per Week: _____ Number of Weeks: _____

PT CHIRO EVALUATE & TREAT PROM AAROM AROM

Evaluate & Treat

- Neck
- Mid Back
- Low Back
- Shoulder
- Elbow
- Wrist/Hand
- Hip
- Knee
- Ankle Foot
- TMJ

Therapeutic Exercise

- Strengthen, Stretching & Conditioning
 - Lower Extremity
 - Upper Extremity
 - Cervical
 - Lumber
 - Foot and Ankle
- Abdominal Pelvic Stabilization
- Home Exercise Program

Modalities

- Hot/Cold Packs
- Ultrasound
- Electrical Stim/TENS
- Iontophoresis
- Phonophoresis
- Mechanical Traction
- Pulleys

Manual Therapy

- Soft Tissue Mobilization
- Therapeutic Massage
- Joint Mobilization
- Manipulation

Please Check Patient Type: MVA/PI Workers' Compensation Post Surgical
 Insurance Cash

Additional Comments: _____

Diagnosis: _____

Referring Provider (Print Name): _____

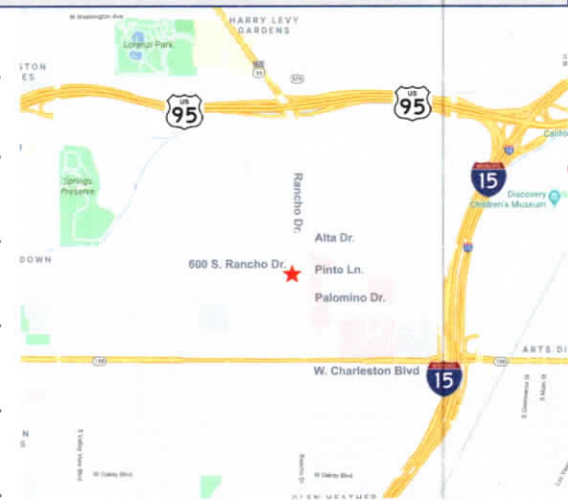
Signature: _____

Phone: _____ Fax: _____

Email: _____

Insurance Company: _____

Attorney Name: _____



Address: 600 S. Rancho Dr., Suite 113-B, Las Vegas, NV 89106
Website: www.injuryrehab.org