

Specializing in the musculoskeletal evaluation and treatment:

FOUNDATION PHYSICAL THERAPY, Inc.

- BACK PAIN
- CERVICAL PAIN
- SHOULDER PAIN
- HIP AND KNEE PAIN
- FOOT/ANKLE PAIN
- PLANTAR FASCITIS/HEEL PAIN
- HEADACHES
- TENDONITIS
- PELVIC FLOOR DYSFUNCTION
- URINARY/FECAL INCONTINENCE
- BLADDER ABDOMINAL PAIN
- URGENCY/FREQUENCY OF URINE
- PROLAPSE MANAGEMENT
- DIASTASIS RECTI MANAGEMENT
- SACROILIAC PAIN
- FRACTURES
- TMD
- RIB/THORACIC PAIN
- GAIT IMPAIRMENTS
- CARPAL TUNNEL SYNDROME
- CANALYTH REPOSITIONING
- VESTIBULAR REHAB
- BALANCE

□ 29605 U.S. 19 N., Suite #360 Clearwater, FL 33761
East side of US 19 between Main St. & Curlew in the Criterion Centre

Phone (727) 784-6088 Fax (727) 784-3034



GINA

GARY

• Doctorate of Physical Therapy.

• Doctorate of Physical Therapy.

• Manual Physical Therapy certification, which only 11 possess in Pinellas Co.

• Manual Physical Therapy Certification, one of 11 in Pinellas.

• Specialties include the spine, extremities, vestibular and pelvic floor dysfunction (dyspareunia, incontinence etc).

• Specializes in the treatment of the spine, extremities, vestibular and TMJ dysfunctions.

Name _____ Date of Birth _____

Home Phone # () _____ Cell/Work Phone # () _____

ICD – 9 Diagnosis Code / Diagnosis _____

EVALUATE AND TREAT

STRENGTHENING

ROM ACTIVE ROM PASSIVE ROM ACTIVE ASSISTED ROM

BALANCE TRAINING VESTIBULAR REHAB GAIT TRAINING

MASSAGE/STM/MFR

MODALITIES _____ HOME EXERCISE PROGRAM

IONTOPHORESIS, PRESCRIPTION FOR: _____ MEDS, 4.0 mg/ml

ORTHOTICS FITTING OTHER _____

CONTRADICTIONS/PRECAUTIONS: _____

Physical Therapy Frequency 2x/wk 3x/wk 4x/wk 5x/wk

Duration _____ weeks 2 weeks 3 weeks 4wks

PHYSICIAN'S SIGNATURE _____ Date _____