



AZHAR THERAPY & FITNESS

Main Clinic

3410 NW 135th Street
Oklahoma City, OK 73120

Aquatic Therapy

3705 W Memorial Rd, Ste 603
Oklahoma City, OK 73134

Phone 405-752-7377

Fax 405-752-7387

www.azhar.us

Name: _____

Diagnosis: _____

Type of Surgery/ Date: _____

Precautions/Limitations: _____

EVALUATE & TREAT _____

____ Therapeutic Modalities

Moist Heat
Cold Pack
Ultrasound
Phonophoresis
Iontophoresis
Electrical Stimulation
TENS instructions
Cervical Traction

____ Manual Therapy

Soft Tissue Mobilization
Trigger Point Therapy
Myofascial Release
Manual Traction
Manual Stretching
Joint Mobilization
ROM

____ Women's Health

Pelvic Floor Strengthening
Back Pain Management
(pre/post-partum)

____ Therapeutic Applications

Therapeutic Exercise
Kinetic Exercise
Proprioception & Balance
Gait Training
Progressive Resistive Exercise
Neuromuscular Exercise
Spinal Stabilization
Pilates (Core Strengthening)
Stretching

____ Aquatic Therapy

SPECIAL INSTRUCTIONS:

Frequency: _____ Duration: _____

Physician's Signature: _____ Date: _____

Next Physician Appointment: _____

This prescription is medically necessary & expires 30 days from above date