



REFERRAL SHEET

- **Sireen M. Gopal, MD** Physical Medicine, Rehabilitation, Pain Management
- **Sudhir Diwan, MD** Anesthesiology, Pain Management
- **Randa Jafaar, MD** Anesthesiology, Pain Management
- **Direct Physical Therapy Referral** (see over)

Patient Name: _____ Diagnosis: _____

□ **Consult - Evaluation & Non Surgical Management:**

- Diagnostic testing as indicated (Xrays, MRIs, Laboratory testing)
- Supervised & Patient Specific Physical Therapy
- Trigger point injection □ Joint injection □ Tendon sheath
- Sacroiliac joint injection (fluoroscopic guidance) □ Hip joint injection fluoroguided
- Electrodiagnostic testing (NCS/EMG)

□ **Consult – Interventional Pain Management:**

- Treatment of Radicular Cervical/ Lumbar pain - □ Epidural/Selective Nerve Root Injections
- Treatment of Axial Cervical/Lumbar Spine pain □ Facet joint injection □ Median Branch Block
- Treatment of Chronic Axial Spine pain - □ Radiofrequency waves to ablate pain nerve endings
- Treatment of RSD/ Complex Regional Pain Syndrome - □ Stellate /Lumbar Sympathetic blocks
- Treatment of Headaches - □ Upper Cervical Facet Medial Branch Block
- Treatment of Atypical Facial pain/ Trigeminal Neuralgia - □ Trigeminal Nerve Block
- Treatment of Chronic Pelvic pain □ Hypogastric/Pudendal Block
- Treatment of Chronic Abdominal pain □ Splanchnic/Celiac Plexus Block

□ **Advanced Percutaneous Procedures:**

- Neuro-modulation & Spinal Cord Stimulation Center □ Kyphoplasty □ Cryotherapy
- Discography – Study of disc as source of pain with pressure control and contrast dye

□ **Adult Regenerative Medicine Consult:**

- Plasma Rich Platelet (PRP) □ Adult Stem Cell (Bone Marrow, Allograft, Biologics)

PHYSICIAN NAME

SIGNATURE

DATE

- 1250 Waters Place, Suite 710 Bronx NY 10461
- 2008 Eastchester Road, 2nd Level, Bronx, NY 10461
- 4256 Bronx Blvd, Suite1, Bronx, NY 10466
- 984 North Broadway, Suite 510, Yonkers, NY 10701
- 800 2nd Avenue, 9th Floor, New York, NY 10017

- PHONE: 718.794.0600 FAX: 718.794.9899
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- PHONE: 718.794.0600 FAX: 718.794.9899
- PHONE: 914.984.5949 FAX: 718.794.9899
- PHONE: 212.661.4454 FAX: 212.991.9901

Physical Therapy Prescription

Chief Physical Therapist: Manoj Thomas, MPT

- 1250 Waters Place, Suite 710 Bronx NY 10461
- 4256 Bronx Blvd, Suite 1, Bronx, NY 10466
- 984 North Broadway, Suite 510, Yonkers, NY 10701
- 800 2nd Avenue, 9th Floor, New York, NY 10017

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www.nyspineandsport.com www.nymdcenter.com www.nymdspine.com

Name: _____

Diagnosis: _____

Frequency: 2 visits/week 3 visits/week; Duration _____ weeks

Precautions: _____

NWB WBAT FWB

Treatment:

- Evaluate and treat as indicated
- Therapeutic exercises
- Dynamic Spine Stabilization techniques:
 - Soft tissue Flexibility Joint mobility Stabilization program
 - Flexion or Extension Bias Mckenzie program
 - Abdominal program Gym program
- Isometrics Isotonics Isokinetics
- Joint Mobilization Myofascial release AROM AAROM PROM exercises
- Posture, Body mechanics Gait Training Balance Training
- Traction Modalities as indicated
- Stretching, Strengthening exercises Ultrasound Laser Therapy
- Plyometrics Electric Stim
- Phonophoresis Iontophoresis TENS trial Heat, Cold
- Neuromuscular re-education techniques Proprioceptive exercises Fall Prevention
- Other: _____

All patients will be educated in a continuing and progressive Home Exercise Program

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