



Referral Sheet

- Sireen Gopal, MD** Physical Medicine, Rehabilitation, Pain Medicine
- Timothy Calvert MD** Physical Medicine, Rehabilitation, Pain Medicine
- Bryan Elzholtz 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 fluoro-guided
- Electrodiagnostic testing (NCS/EMG)

Consult - Interventional Pain Medicine:

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

Advanced Percutaneous Procedures:

- Neuro-modulation & Spinal Cord Stimulation Program
- Discography – Study of disc as source of pain
- Kyphoplasty
- VIA Disc -injection of viable autograft

Adult Regenerative Medicine Consult:

- Plasma Rich Platelet (PRP)
- Adult Stem Cell (Autograft -Bone Marrow, Fat -Lipogems) for tendons, joint, spine, cartilage, meniscus, labrum, muscle, hair, skin & sexual health

Functional/Integrative Medicine Consult:

- Detailed Health Evaluation for toxins, systemic inflammation, gut health, hormones, psychosocial factors and others to address fundamental root causes for chronic symptoms and illnesses, using science based whole systems approach/principles of functional/integrative medicine

PHYSICIAN NAME

SIGNATURE

DATE

- 1250 Waters Place, Suite 710, Bronx NY 10461
- 2008 Eastchester Road, 2nd Level, Bronx NY 10461
- 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
- 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
 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
PHONE: 914.984.5949 FAX: 718.794.9899
PHONE: 212.661.4454 FAX: 212.991.9901

www.nyspineandsport.com

www.vitalitymedny.com

Name: _____

Diagnosis: _____

Frequency: 2visits/week 3visits/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 Electrical 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

PHYSICIAN NAME

SIGNATURE

DATE