



Los Gatos Orthopedic Sports Therapy

PROactive Orthopedic & Sports Rehabilitation:
"One Team, One Goal"

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Orthopedic & Sports Therapy Group

Ross M. Nakaji, PT, OCS, SCS, ATC, CSCS
Kevin McClenahan, DPT, OCS
Lori Leonard, MPT, CEAS
Lianna Roberts, DPT
Charlene Norquist, PT, OCS, ATC
Paul Starks, MA, ATC, PTA, CSCS, CPT

Kids' Perspective Pediatric Therapy

E. Nakaji, MPT
Rebecca S. Wong, DPT
Lianna Roberts, DPT

Vestibular/Dizzy/Concussion Rehabilitation

Lianna Roberts, DPT

Ergonomics/Workstation Assessment

Lori Leonard, MPT, CEAS

Patient's Name _____

Diagnosis _____

Comments/Precautions _____

• **Evaluate and Treat**

Biomechanical evaluation, ROM measurements, strength testing, flexibility, neurological screening, manual therapy, patient education and home exercise program

- ACL/CKC Protocol Rotator Cuff/UQ Protocol Medically Assisted Training
- Core-Spinal Stabilization Sport Specific Training Vestibular Rehabilitation
- Patellofemoral Protocol MFx/OATS/ACI Rehab Pediatric Therapy

Frequency: 1X 2X 3X Daily
Duration: _____ Weeks _____ Months

Physician Authorization

I certify _____ recertify _____ that I have examined the patient and physical therapy is medically necessary. I will review the treatment plan every 30 days.

- Please send report Please Call Patient should recheck in ___ weeks

Physician's signature: _____ Date: _____