New York BONE and JOINT SPECIALISTS

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Physical Therapy Referral

Patient Name: _____ Date: _____

Ordered by: _____

DIAGNOSIS

❑ OB-GYN MUSCULOSKELETAL

❑ Low Back Pain ❑ Sciatica ❑ Sacral Pain
❑ Thoracic Outlet Syndrome ❑ Carpal Tunnel Syndrome ❑ Neck Pain
❑ TMJ Pain ❑ Headaches ❑ Groin/Pubic Pain
❑ Rib Pain ❑ Thoracic Pain ❑ Diastasis Recti
❑ Ligament Laxity ❑ Weakness ❑ Round Ligament Pain
❑ Nerve Entrapment ❑ Coccygodynia ❑ Other

❑ PELVIC FLOOR PAIN/TENSION

❑ Levator Ani Syndrome/Rectal Pain ❑ Piriformis Syndrome ❑ Vaginismus
❑ Dyspareunia ❑ Vulvar Pain/Vestibulitis ❑ Hemorrhoid Pain
❑ Proctalgia Fugax ❑ Menstrual Pain/Disorders ❑ Urinary Frequency
❑ Urinary Urgency ❑ Abdominal Pain ❑ Retention of Urine
❑ Nonbacterial Prostatitis ❑ Prostatodynia ❑ Other

❑ PELVIC FLOOR WEAKNESS/INCONTINENCE

❑ Uterine prolapse ❑ Other
❑ Stress Incontinence ❑ Urge Incontinence ❑ Fecal Incontinence
❑ Mixed Incontinence ❑ Muscle Weakness/Disuse Atrophy

❑ POST SURGICAL CONDITIONS

❑ Cesarean section ❑ Hysterectomy ❑ Laparoscopy
❑ Episiotomy ❑ Painful Scar ❑ Bladder repair
❑ Post-prostatectomy ❑ Other

❑ OSTEOPOROSIS

TREATMENT

❑ Evaluate and treat as indicated
❑ Other
❑ Contraindications

Physician's Signature: _____ Date: _____

UPIN # _____