



OCEAN PHYSICAL THERAPY AND SPORTS MEDICINE CLINIC

4501 Mission Bay Drive, Ste. 3K, San Diego, CA 92109, Phone (858) 866-0340

Joint Replacements

With today's 50-and-up crowd staying active and living longer than past generations, many find their joints are wearing out before they're ready to slow down. Knees are the most common joint replacements by far, followed by hips and then shoulders. Arthritis, especially Osteoarthritis, is the main reason for joint replacements. Years of wear and tear on the body mean joints will eventually start to wear out, lose the cushion or cartilage and cause joint pain.

Knee replacements jumped from 264,311 in 1997 to 621,029 in 2009, and more than tripled among those ages 45 to 64. There were 288,471 hip replacements in 2009, and almost half of them were in patients younger than 65. (Agency for Healthcare Research and Quality)

Even with advanced technology, patient care after surgery is still the most important part of a successful joint replacement. Physical therapy and exercise are crucial for patients to recover their strength and range of motion and get back to their regular routine. (article source: Southeast Missourian, Robyn Gautschy)

Learn more about us at: www.oceanpt.net

We accept a wide range of insurance carriers as well as cash clients.

Please call us at 858-866-0340 if you'd like more prescriptions sent to you.

If you'd like to have your fax # removed, please notify us via office phone. Thank you.



"Wave Of Recovery"

Ocean Physical Therapy

4501 Mission Bay Drive, Suite 3K
San Diego, California 92109
Tel: (858) 866-0340
Fax: (858) 866-0342

Patients Name: _____ Date: _____

Diagnosis: _____ ICD-9: _____

Specific Instructions (as needed): _____

Evaluate and Treat (as needed)

- Manual Therapy - Mobilization
Soft Tissue Massage - Mobilization
Therapeutic Exercise - Active - Passive - Resistive - Functional
Gait Training
Traction (manual) - Cervical - Pelvic - Extremities
Simulated Work Hardening - Conditioning
Joint Mobilization
Neuromuscular Re-education
Electrical Stimulation - Pain Control
Ultrasound
Cold Pack
Heat Pack
Custom Foot Orthotics
Other - Specify

Frequency: ___ per week for ___ weeks Physicians Signature: _____

Print Name: _____ Lic/NPI# _____