

Physician Referral and Clearance

This is my referral and clearance for deep manual physical therapy to the whole body, including the abdomen and pelvis. Per published studies, this therapy has been shown safe and effective in a 20-hour protocol over the course of five days or spread over time. Patient has no listed contraindications listed; precautions are noted below; reports may be attached. This therapy is medically necessary.

Patient Name: _____ Date of birth: _____

CONTRAINDICATIONS TO THERAPY

Abnormal Cysts or endometriomas requiring surgery
Active infection – bacterial, viral, fungal, or parasitic (must be clear of infection before therapy)
Active cancer, hepatitis, or HIV
Aneurysm
Connective tissue disorder (EDS, Marfan's)
Deep Vein Thrombosis, PE or CVA within 12 weeks of scheduled therapy
Fistula present within 6 weeks of scheduled therapy
Surgery within 12 weeks of scheduled therapy

PRECAUTIONS TO THERAPY

(Check if applicable; make notes or comments below)

Autoimmune disorders must be under control. May need to spread therapy over two weeks if applicant has elevated inflammatory markers for these conditions:

Celiac Disease

Rheumatoid Arthritis

Crohn's

Systemic Lupus Erythematosus

Fibromyalgia

Ulcerative Colitis

Grave's disease

Bipolar disorder patients often do not do well with this therapy

Blood thinning medications, blood clotting disorders

Cancer in the last 18 months (type, location) _____

Cardiac conditions, including DVT, PE, or CVA within the last 12 months

Congestive heart failure (details) _____

Genital herpes – must be on acyclovir or lysine during CP treatment

Liver or kidney dysfunction; gallstones; kidney stones

Hernia (size, location) _____

Hydrosalpinx, hematosalpinx (ACOG suggests considering prophylactic antibiotics)

IUD or Essure coil (must be removed before therapy)

Lymphedema – wear compression garments during therapy and traveling

Osteoporosis – circle severity: (mild, moderate, severe)

Seizures (please give details below)

SIBO

Sickle cell disease

Stents (note location, approx. date inserted) _____

Systemic inflammation

Tubes in body (I-V, ostomy, etc.) with location, approx. date insert _____

Evaluate and Treat; 20 hours over 5 days (space for physician notes below) _____

Physician's signature

NPI or License #

Date

Contact: *Clear Passage Physical Therapy; 352-336-1433 phone (USA); 352-336-9980 fax (USA)*