

Therapy / Rehab Questionnaire

Your Name: _____

Clinic Name: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Phone: _____

- 1.) Are you doing rehab or physical therapy in your practice now?
Never _____ Seldom _____ Regularly _____ Always _____

- 2.) What system or materials do you currently use?

- 3.) Do you feel that your current system meets all your therapy and rehab needs? Please explain.

- 4.) How do you document rehab and therapy in your office?
_____ Computer _____ Manually

- 5.) Who performs the exercise rehab in your office? (check all that apply)
_____ Doctor _____ PTs _____ CA's _____ Other
If other, please explain: _____

- 6.) What do you currently see as some of the obstacles that your offices is facing with providing physical rehab/ therapy in your office for your patients?
_____ Lack of Space _____ Medical Training _____ Cost
_____ Lack of Equipment _____ Administrative training _____ Other
If other, please explain: _____

- 7.) What would help you after your CA certification to be able perform rehab in your office? (Example: videos, one on one training, additional tools)