



Intermediate School District 917
Special Education Programs
1300 East 145th Street
Rosemount, MN 55068-2999

Physical Therapy Program Return to School-Post Surgery

FROM: _____, ISD 917 Physical Therapist

Student's Full Name: _____

Student's Date of Birth: _____

Date of Surgery: _____

Surgical Procedure: _____

Please date when appropriate activity can be resumed:

Range of motion _____

Stander _____

Weight bearing _____

Walking _____

Bike _____

Please specify contraindications/limitations/precautions post surgery:

Physician's Signature

Physician's Printed Name

Physical Therapist's Signature

Fax: _____

Phone: _____