

bodies in balance
PHYSICAL THERAPY

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PRESCRIPTION FOR PHYSICAL THERAPY

Patient: _____ Date: _____

Patient Phone Number : _____

Diagnosis: _____

Frequency: _____ times/ week for _____ weeks

MD SIGNATURE: _____ NPI#: _____

EVALUATE & TREAT

RE-EVALUATE

MODALITIES

MANUAL TECHNIQUES

Heat

Joint Mobilization

Cryotherapy

Therapeutic Massage/Trigger Pt.

Ultrasound

Cross Friction / Scar Mgmt.

Phonophoresis

Edema Reduction

Iontophoresis

Traction (mechanical / manual)

E-stim (tens,VMO,IF)

THER. EXERCISE

NEUROMUSCULAR RE-ED

ROM

Posture/Body Mechanics

Strengthening

Kinesthetic Sense

Balance

Vestibular Rehab

Cardio./ Endurance

Proprioception

Agility / Plyometrics

PNF

GAIT TRAINING

OTHER

SELF CARE/HOME MGMT

Taping

COMMUNITY REINTEGRATION

Ergonomics

SENSORY INTEGRATION

HEP

Special Instructions: _____

