



Physical Rehabilitation & Wellness

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Patient Name: _____ Date: _____
 Phone: (home) _____ (business) _____
 Treating Doctor: _____ UPIN #: _____
 Office #: _____ Fax #: _____
 Diagnosis: _____ ICD-9 Code _____
 Reports to Doctor: Monthly Progress Weekly Progress Other

R Prescription for Physical & Occupational Therapy

Acute Physical Therapy

- PT Evaluation only
- PT Evaluation & Treatment
- Balance Training
- Cervical Traction
- Cold Pack
- Electrical Stimulation
- Functional Mobility
- Gait Training
 - Independently
 - Walker
 - Crutches
 - Quad Care
 - Cane
- Iontophoresis / Phonophoresis
- Lumbar Traction
- Moist Heat Pack(s)
- Proprioceptive Neuromuscular Facilitation (PNF)
- Therapeutic Exercise
 - PRE ARROM
 - AROM PROM

Acute Physical Therapy cont.

- Neuromuscular Re-education
- Transcutaneous Electrical Nerve Stimulation (TENS)
- Transfer Training
- Ultrasound
- Wheelchair Mobility
- Aquatic Therapy

Other Services

- Functional Capacity Evaluation (FCE)
- Impairment Rating
- Physical Performance Test (PPT)
- Work Conditioning
- Work Hardening
- Medical Exercise
- Protocol: _____

Acute Occupational Therapy

- OT Evaluation & Treatment
 - Hand Therapy
 - Fluidotherapy
 - Paraffin Bath
 - Customized Splinting
 - Immobilization
 - Mobilization
 - Restriction
 - Other _____
 - Therapeutic Exercise
 - AROM PROM gentle
 - AAROM PROM progressive
 - Joint Mobilization
 - Muscle Stretch
 - Blocking
 - Strengthening
 - Nerve Glides
 - Tendon Gliding
 - Tendon Acceleration
 - Scar Management
- Instructions: _____

Continuation of Current Treatment Plan? YES NO

Frequency: Therapist Discretion 5X Week 3X Week 2X Week 1X Week

Duration: 8 Weeks 6 Weeks 4 Weeks 3 Weeks 2 Weeks Other

Statement of Medical Necessity:
 I certify that the physical & occupational therapy procedures prescribed for this patient are medically and therapeutically necessary, and they require skills of a licensed physical / occupational therapist to:

Improve: Function Mobility Strength ROM Flexibility Endurance Posture

Decrease: Pain Musculoskeletal Tightness Functional Limitations

Promote: Ability to Return to Work Light Duty Health/Physical Well Being

Ability to Return To Work Full Duty Functional Mobility

Physician's Signature _____ Date: ____/____/____