



PHYSICAL THERAPY
OCCUPATIONAL THERAPY

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OFFICE FOR TREATMENT:

Rockford Belvidere Byron Dixon Winnebago

Certified Specialists in Physical & Occupational Therapy

Name: _____

Phone: _____ Dx Code: _____

Diagnosis: _____

Date / Type of Surgery: _____

Evaluation & Treatment:

- Diagnosis based protocol
- Therapeutic Exercise
- ROM (AROM / PROM)
- Mobilization
- Functional Restoration
- Gait Training
- Home Program
- Joint Protection
- Back Program
- Hand Therapy
- FCE (Rockford clinic)
- Work Conditioning
- Proprioceptive Retraining
- Wound Care (Hand Center)
- Desensitization/Re-education
- Vestibular Rehabilitation
- Aquasizer (Rockford clinic)

Modalities of Choice:

- Ultrasound
- Hot/Cold Pack
- Electrical Stimulation
- TENS
- Dry Needling
- Graston Technique
- Whirlpool
- Traction
- Fluidotherapy
- Paraffin
- Cupping
- Anodyne / M.I.R.E. Therapy
- Iontophoresis
 - Dexamethasone Sodium Phosphate
4 MG/ML
20 CC
Refill X: _____

Bracing / Orthotics _____

Frequency: _____ per week, for _____ weeks

Instructions / Precautions: _____

THE PATIENT WILL TYPICALLY BE EVALUATED WITHIN 24-48 HOURS.

Please check here if patient needs to be seen sooner.

Dr: _____

Date: _____

- This prescription is a statement of medical necessity for the above named patient -

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