

Blaine • Eagan • Downtown St. Paul • Midway • Vadnais Heights • Woodbury

PATIENT INFORMATION

New Order/Plan of Care

Updated Plan of Care

Patient Name _____ DOB _____

Treatment Diagnosis _____

Date of Injury/Surgery _____ Patient is aware of diagnosis and prognosis? Y or N

Insurance _____ Phone (H) _____ (W) _____

Contraindications / Precautions _____

Bring this prescription and insurance information to your first visit.

EVALUATE & TREAT

Physical/Occupational Therapy

Hand Therapy

Frequency and Duration determined by patient progress and therapist discretion

Up to _____

Visits Frequency / Duration 1 2 3 4 5 x/week for _____ weeks Up to _____ visits

Treatment Goals

+ ROM + Strength - Pain - Swelling + Flexibility Restore Function Desensitization

Procedures

- Range of Motion PROM AROM AAROM
- Edema Control
- Joint Mobilization
- Manual Therapy TFM MFR STM
- Tool Assisted STM (Graston)
- Neuromuscular RE-Education
- Scar Management

Exercise Programs

- Back Rehabilitation / Neck Rehabilitation
- Shoulder Rehabilitation
- Elbow Rehabilitation
- Wrist / Hand Rehabilitation
- Knee Rehabilitation
- Ankle Rehabilitation
- Gait Training
- Strengthening / Conditioning
- Home Exercise
- Posture / Body Mechanics Training
- Pre-Op Exercise

Modalities

- As Indicated
- Ultrasound
- Phonophoresis (10% Hydrocortisone)
- Traction
- Electrical Stim (TENS IFC EGS FES)
- Iontophoresis (Dexamethasone 4mg/ml)
- Strengthening
- Fluidotherapy Paraffin

Splint / Orthosis

- Describe _____
- Dynamic Static
- Elbow Forearm / Wrist Hand

Specialty Programs

- Dancers Runners Throwers
- Spinecare Golf Fitness

PROVIDER INFORMATION

Date _____ Referring Provider Name _____

Referring Provider Signature _____ UPIN# or NPI# _____

Phone _____ Fax _____