



NEWARK
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 A DIVISION OF LICKING REHABILITATION SERVICES, INC.

PICKERINGTON
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 Pickerington, Ohio 43147
 614-837-8227 • Fax 614-837-9767
 A DIVISION OF REHABILITATIVE ASSOCIATES, INC.

PHYSICAL / OCCUPATIONAL THERAPY PRESCRIPTION

Patient _____ Phone _____

Date _____ Referring Dr. _____

Diagnosis _____ ICD-9 Code _____

Date/Type of Surgery _____

Special Instructions/Precautions _____

Treatment Plan

Therapist's Discretion

Frequency of Treatment _____ Day(s)/Week Duration of Treatment _____ Week(s)

Treatment

- | | | |
|---|---|--|
| <input type="checkbox"/> EVALUATE AND TREAT | <input type="checkbox"/> Functional Capacity Eval | <input type="checkbox"/> Massage, Soft Tissue |
| <input type="checkbox"/> Aerobic Conditioning | <input type="checkbox"/> Gait Training | <input type="checkbox"/> Myofascial Release |
| <input type="checkbox"/> Back School | <input type="checkbox"/> Hand Therapy | <input type="checkbox"/> Orthotics / Splinting |
| <input type="checkbox"/> Cold/Heat Treatments | <input type="checkbox"/> Home Instruction | <input type="checkbox"/> Pelvic Floor Conditioning |
| <input type="checkbox"/> Electrical Stimulation | <input type="checkbox"/> Iontophoresis | <input type="checkbox"/> Phonophoresis |
| <input type="checkbox"/> EMG/Biofeedback | <input type="checkbox"/> Isokinetic Ex/Test | <input type="checkbox"/> Traction _____ |
| <input type="checkbox"/> Exercise _____ | <input type="checkbox"/> Job Analysis | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Fitness/Wellness Prog. | <input type="checkbox"/> Joint Mobilization | <input type="checkbox"/> Work Conditioning |