

Elmwood Orthopedic Rehab Center, Inc.

193 Elmwood Avenue, Providence, RI 02907

Tele: 401-459-4000 Fax: 401-459-4005

Physical Therapy Prescription Form

Patient Name: _____ Date of birth: _____

Telephone: _____

Insurance: _____ Card No: _____

Diagnosis: _____

Frequency: _____/Week _____ Duration: _____/Week _____

Special instructions: _____

Name of Doctor: _____ Upin/Provider #: _____

Address: _____

Evaluate and Treat

Pain Management Program

Physical Therapist to evaluate and give the treatment below

Physical Therapy on hold due to: _____

_____	Hot Packs	_____	PRE Strengthening Exercises
_____	Cold Packs	_____	Isometric Exercises
_____	Paraffin Bath	_____	Muscles Stretching
_____	Whirlpool	_____	Williams (Low Back) Exercises
_____	Cervical Traction	_____	McKenzie Exercise (Extension)
_____	Pelvic Traction	_____	Coordination Exercises
_____	Electrical Muscle Stimulation	_____	Breathing Exercises
_____	Massage (therapeutic)	_____	Muscles Re-education
_____	Transcutaneous Electrical	_____	Proprioceptive Neuromuscular
_____	Nerve Stimulation (TENS)	_____	Facilitation Technique
_____	Joint Mobilization	_____	Postural Drainage
_____	(Manipulation)	_____	Gait Training
_____	Iontoporesis	_____	Non-weight bearing _____ leg
_____	Biofeedback	_____	Partial-weight bearing _____ leg
_____	Passive Range-of-Motion	_____	Parallel Bars, Wall, Crutches,
_____	Active Range-of-Motion	_____	Cane
_____	Ultrasound	_____	Proper Body Mechanics

Signature _____

Date _____