

**PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY PRESCRIPTION**

Patient : \_\_\_\_\_ Age: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

**FREQUENCY:**  Daily  Three X Weekly  Two X Weekly  \_\_\_\_\_ **Duration:** \_\_\_\_\_

**PHYSICAL THERAPY**

- Evaluation and Treatment**
- Exercise
- Gait Training
  - Non wt. bearing L R
  - Toe touch only L R
  - Partial wt. bearing L R
  - Full wt. bearing L R
- Home Instructions
- Postural/Body Mechanics Instructions
- Joint Mobilization
- Biodex/Cybex: Joint Evaluation
- Computerized Balance Assessment
- Aquatic Therapy (Flushing ONLY)

**OCCUPATIONAL THERAPY**

- Evaluation and Treatment**
- Exercise
- Splinting
- Activities of Daily Living
- Homemaking
- Cognitive/Perceptual Training
- Home Instructions
- Driving Assessment
- Scar Management
- Joint Mobilization
- Joint Protection and Energy Conservation

**SPEECH THERAPY**

- Evaluation and Treatment**
- Swallowing Evaluation and Treatment
- Videofluoroscopy Swallow Study and Treatment
- Voice Prosthetic Fitting and Treatment
- Diagnostic Voice Evaluation and Treatment

**MODALITIES**

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Ultrasound  | <input type="checkbox"/> Traction Weight _____   | <input type="checkbox"/> Wound Care              | <input type="checkbox"/> Serial Casting |
| <input type="checkbox"/> Electrical Stimulation  | <input type="checkbox"/> Massage   | <input type="checkbox"/> Fluidotherapy           | <input type="checkbox"/> Contrast Bath  |
| <input type="checkbox"/> Phonophoresis (specify medication)<br><input type="checkbox"/> Hydrocortisone 10% gel | <input type="checkbox"/> TENS  | <input type="checkbox"/> Ultraviolet Light (UVB) | <input type="checkbox"/> PUVA           |
| <input type="checkbox"/> Other _____   | <input type="checkbox"/> Iontophoresis (specify medication)<br><input type="checkbox"/> Dexamethasone 4mg/ml | <input type="checkbox"/> Paraffin                |   |
| <input type="checkbox"/> Cold Pack   | <input type="checkbox"/> Acetic Acid 5% soln   |  |   |
| <input type="checkbox"/> Moist Heat  | <input type="checkbox"/> Other _____   |  |   |

Other: \_\_\_\_\_

Noted Precautions If Any: \_\_\_\_\_

**Physician's printed name:** \_\_\_\_\_

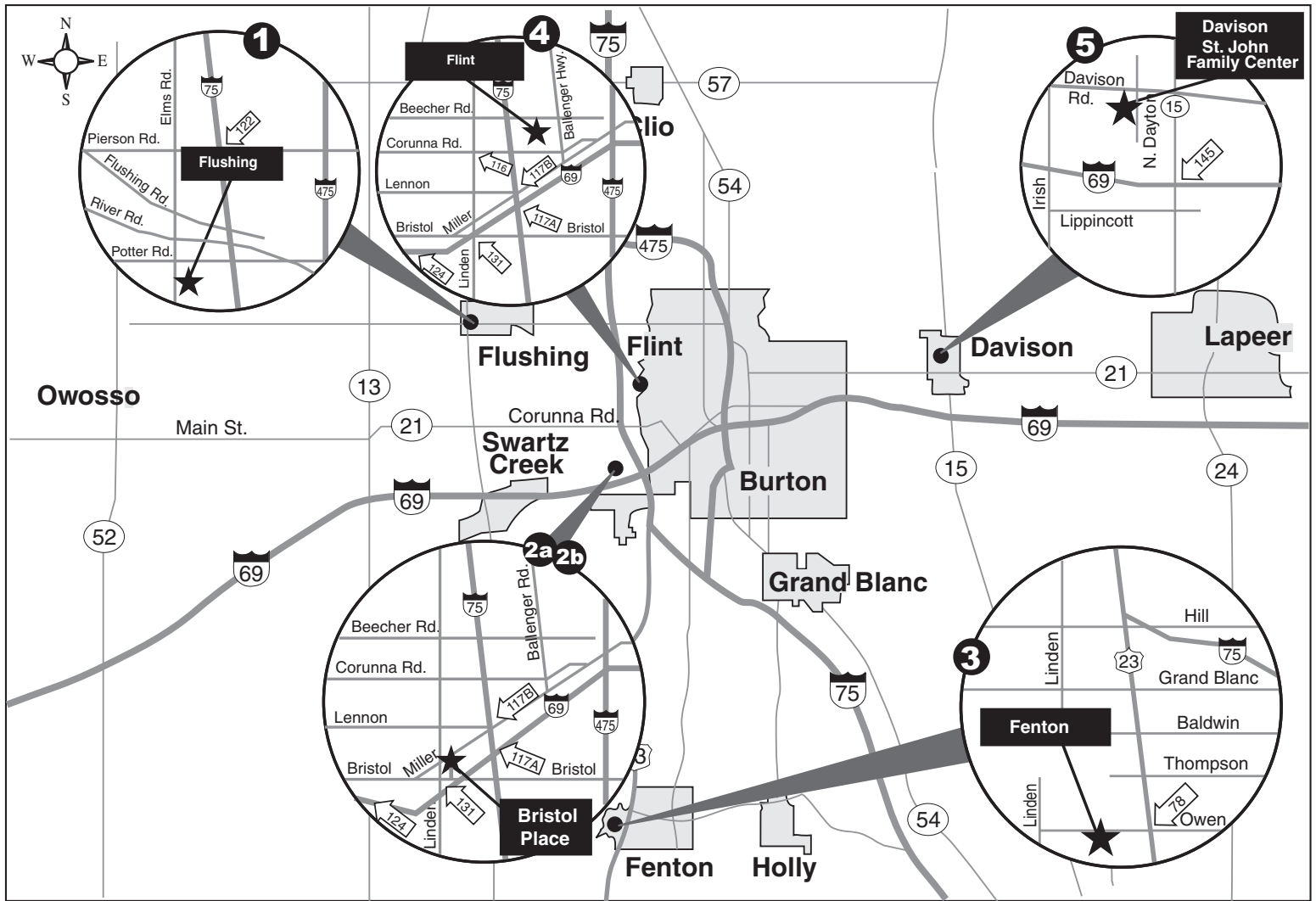
**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_



PT.

MR#/RM.

DR.



## McLaren Therapy Services

1. Flushing -  
Physical Therapy and Sports Medicine  
2500 N. Elms Rd., Flushing, MI 48433  
Monday - Friday  
Phone: (810) 342-5550  
Fax: (810) 342-5589
- 2a. Flint - Located at Bristol Place  
Suite A  
Physical Therapy and Sports Medicine, and Balance Center  
G-4466 W. Bristol Rd., Flint, MI 48507  
Monday - Friday  
Phone: (810) 342-5350  
Fax: (810) 342-5362
- 2b. Suite B  
McLaren Neurologic Rehabilitation Institute  
G-4466 W. Bristol Rd., Flint, MI 48507  
Monday - Friday  
Phone: (810) 342-4220  
Fax: (810) 342-4436
3. Fenton - Located at Shoppes at Silver Chase  
Physical Therapy and Sports Medicine  
4045 Owen Rd., Fenton, MI 48430  
Monday - Friday  
Phone: (810) 750-2222  
Fax: (810) 750-2978
4. Flint -  
Physical Therapy and Sports Medicine  
G-3239 Beecher Rd., Flint, MI 48532  
Monday - Friday  
Phone: (810) 342-2356  
Fax: (810) 342-3652
5. Davison - Located at St. John Family Center  
Physical Therapy and Sports Medicine  
505 N. Dayton, Davison, MI 48423  
Monday - Friday  
Phone: (810) 658-5631  
Fax: (810) 658-7732