



1700 S. Broadway St. Suite E  
 Moore, OK 73160  
 Phone (405) 735-8777  
 Fax: (405) 735-8778  
[www.OSSPT.com](http://www.OSSPT.com)

ORTHOPEDIC SPINE & SPORTS

PHYSICAL THERAPY

## PHYSICAL THERAPY PRESCRIPTION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Frequency: \_\_\_\_\_ times/week Duration: \_\_\_\_\_ weeks

### **EVALUATE & TREAT**

#### Therapeutic Exercises

- PROM/AAROM/AROM
- Strengthening
- Flexibility
- Core Stabilization
- Neuromuscular Re-education
- Gait Training
- Balance Training
- Women's Health
- Return to Work/Sport
- Other: \_\_\_\_\_

#### Special Instructions:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby certify that Physical Therapy is medically necessary for this patient's plan of care.

#### Manual Therapy

- Joint Mobilization
- Joint Manipulation
- Soft Tissue Mobilization
- Myofascial Release
- Dry Needling
- IASTM/Graston
- Other: \_\_\_\_\_

#### Modalities

- Hot/Cold Pack
- Ultrasound
- Electrical Stimulation
- Ionto/Phono\*
- Traction/Unloading
- Other: \_\_\_\_\_

\*Requires physician prescription to be filled by patient.

\_\_\_\_\_  
 Physician Signature

**\*\*\*Map/Info on back\*\*\***

\_\_\_\_\_  
 Date