Polaris Physical Therapy



☐ COLUMBUS N. - Polaris

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THERAPY PRESCRIPTION

Patient Name:	Date:
Diagnosis:	ICD-9 Code:
Physical Therapy Occupa	ational Therapy Speech Therapy
EVALUATE AND TREAT	
Therapeutic Exercise	Modalities
AROM	At Therapist's Discretion
PROM	Electrical Stimulation
Strengthening/Endurance	Ultrasound
Home Exercise Program	Moist Heat/Cold Packs
Lumbar Stabilization	Aqua Therapy Fluidotherapy
	Traction
Functional Training	Lumbar Cervical Home Unit
Gait	Iontophoresis (4% Dexamethasone)
— Neuromuscular Re-education	
Posture/Body Mechanics	Positioning
ADLs/Work-Related Tasks	— Foot Orthotics
Therapeutic/Functional Activities	Bracing
Sports Specific Skills	Splinting
Cane/Crutch Training	— Wheelchair
δ	— Hand Therapy
Manual Therapy	17
Massage	Speech Therapy
Joint Mobilization	Speech/Communication
Desensitization/Nerve Glides	Swallow TX
Restrictions: Non Weight Bearing I	Parrial Weight Bearing Full Weight Bearing
Special Instructions:	
Special Instructions:	
Frequency: x/week	Duration: weeks
Physician's Signature:	Date:
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