



PHYSICAL THERAPY
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CERTIFIED HAND CENTER
WWW.ROCKFORDHAND.COM

Office for treatment:

- ORS of Rockford ORS of Byron ORS of Dixon

- CHC - Rockford

Certified Specialists in Physical & Occupational Therapy

Name: _____

Phone: _____ Dx Code: _____

Diagnosis: _____

Date / Type of Surgery: _____

Evaluation & Treatment

- Diagnosis based protocol
- Therapeutic Exercise
- ROM (AROM/PROM)
- Mobilization
- Functional Restoration
- Gait Training
- Neck Pain

- Home Program
- Joint Protection
- Back Program
- Hand Therapy
- FCE (Rockford location)
- Work Conditioning
- TMJ/TMD

- Proprioceptive Retraining
- Wound Care (Hand Center)
- Desensitization/Re-education
- Vestibular Rehabilitation
- Oncology Rehabilitation
- Aquaciser (Rockford location)
- SFMA/FMS Functional Screening

Modalities of Choice

- Ultrasound
- Hot/Cold Pack
- Electrical Stimulation/Tens
- Trigger-point Dry Needling

- Graston®
- Whirlpool
- Traction
- Fluidotherapy
- Paraffin

- Anodyne/M.I.R.E Therapy
- Iontophoresis
 - Dexamethasone Sodium Phosphate 4 MG/ML 20 CC
 - Refill X: _____

Bracing/Orthotics _____

Frequency: _____ per week, for _____ weeks

Instructions/Precautions: _____

THE PATIENT WILL TYPICALLY BE EVALUATED WITHIN 24-48 HOURS.

- Please check here if patient needs to be seen sooner.

Dr. _____ Date: _____

- This prescription is a statement of medical necessity for the above named patient -

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