**Physical Therapy**
- Evaluation and Treatment
- Balance Training
- Gait Training
- Personal Training
- Exercise and Muscle Re-Education
- Aerobic Conditioning
- Massage
- Myofascial Release
- Neck / Back Rehabilitation

**Occupational Therapy**
- Evaluation and Treatment
- ADL/Functional Activities
- Range of Motion
- Strengthening
- Transfer Training

**Speech Therapy**
- Evaluation and Treatment
- HLLP Skills
- Functional Communication Skills
- Functional Swallowing Skills
- Personal Training

**Return to Work Programs**
- Functional Capacity Evaluation
- Work Conditioning

**Neurological Rehabilitation**
- Evaluation and Treatment
- Stroke/TBI Rehabilitation
- Vestibular Rehabilitation

**Special Programs**
- Home Exercise Program
- Wellness Program

**Modalities**
- Traction
- Ultrasound
- Electrical stimulation
- TENS/ INF
- Infrared
- Iontophoresis
- Hot/cold packs
- Whirlpool
- Paraffin Bath

**Other**

- __________________________

Frequency/Duration of Treatments: ____________________________________________

Physician’s Name: ____________________________________________________________

Signature: __________________________________________________________________

Patient Name: ________________________________________________________________

Diagnosis: ___________________________________________________________________

Precautions: __________________________________________________________________

Goals: ________________________________________________________________________

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