



MICHIGAN BRAIN & SPINE PHYSICAL THERAPY *and* REHABILITATION

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Patient Name: _____

Diagnosis: _____

Precautions: _____

Goals: _____

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

Other

- _____

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

Frequency/Duration of Treatments: _____

Physician's Name: _____

Signature: _____