

5131 Rochester Road Troy, MI 48085 Phone 248-723-2477 Fax 248-481-3913 Patient Name: _____ Diagnosis: Precautions: **Physical Therapy Return to Work Programs** ☐ Evaluation and Treatment ☐ Functional Capacity Evaluation □ Balance Training ☐ Work Conditioning □ Gait Training □ Personal Training **Neurological Rehabilitation** ☐ Exercise and Muscle Re-Education □ Evaluation and Treatment ☐ Aerobic Conditioning ☐ Stroke/TBI Rehabilitation ☐ Massage □ Vestibular Rehabilitation ☐ Myofascial Release □ Neck / Back Rehabilitation **Special Programs Occupational Therapy** ☐ Home Exercise Program □ Wellness Program □ Evaluation and Treatment ☐ ADL/Functional Acitivities **Modalities** □ Range of Motion □ Strengthening □ Traction □ Transfer Training □ Ultrasound □ Electrical stimulation **Speech Therapy** ☐ TENS/INF □ Infrared ☐ Evaluation and Treatment □ Iontophoresis ☐ HLLP Skills ☐ Hot/cold packs ☐ Functional Communication Skills □ Whirlpool ☐ Functional Swallowing Skills □ Paraffin Bath □ Personal Training Other Frequency/Duration of Treatments: ______ Physician's Name: _____

Signature: _____