Advanced Orthopedics & Physical Therapy
4670 Richmond Rd, Suite 250
Warrensville Hts, OH 44128
216.378.9390 office | 216.378.9379 fax
www.advancedopt.com

Name_____

Diagnosis _____

Medical Precautions_____

Date of Onset/Surgery _____

1 2 3 4 5 times / week weeks as needed

❑ EVALUATE AND TREAT

OR

TREATMENT PRESCRIPTION

- ❑ Functional Capacity Evaluation
- ❑ Work Conditioning
- ❑ AAROM, AROM, PROM
- ❑ Strength Training
- ❑ Gait Training
- ❑ Balance Training
- ❑ Home Exercise Program
- ❑ Soft Tissue Mobilization, MFR
- ❑ Therapeutic Massage
- ❑ Joint Mobilization
- ❑ Kinesio Tapping
- ❑ Posture, Positioning, Body Mechanics
- ❑ Edema Reduction
- ❑ Neuromuscular Re-Education
- ❑ Spinal Stabilization
- ❑ Plyomettrics
- ❑ Vestibular Rehabilition

SPECIALTY PROGRAMS

- ❑ Back School
- ❑ TMJ
- ❑ Osteoporosis
- ❑ Arthritis
- ❑ Ergonomic Review
- ❑ Vestibular Rehabilition

MODALITIES & PROCEDURES

- ❑ Acupuncture
- ❑ Modalities PRN
- ❑ Ultrasound
- ❑ Electrical Stimulation
- ❑ Moist Heat, Cryotherapy, Ice Massage
- ❑ Laser Therapy
- ❑ TENS
- ❑ Phonophoresis
- ❑ Iontophoresis
- ❑ Traction

ORTHOSES

- ❑ Custom Foot Orthotics

SPORTS PERFORMANCE ENHANCEMENT PROGRAMS

- ❑ Golf Swing Biomechanical Analysis
- ❑ Ski Conditioning Program
- ❑ Tennis, Squash Conditioning Program
- ❑ Pre And Post Runners Program
- ❑ Women's Sports Medicine Center
- ❑ Post Rehab Gym Program
- ❑ Personal Training "Plus"

I hereby certify these services as medically necessary for the patient's plan of care.

Physician's Signature_____ Date _____

Print Name _____