



# REHAB ACCESS

PHYSICAL THERAPY AND REHABILITATION SERVICES

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## PHYSICAL THERAPY PRESCRIPTION

Patient \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Diagnosis \_\_\_\_\_

Frequency: 1 2 3 4 5 times per week      Duration: 1 2 3 4 5 6 week(s)

### Area to be Treated:

- Neck
- Back                      upper    mid    lower
- Shoulder                    left                      right
- Elbow                        left                      right

- Wrist/Hand                left                      right
- Hip                            left                      right
- Knee                         left                      right
- Ankle/Foot                left                      right

### Evaluate and Treat

#### Therapeutic Exercise

- PROM
- AAROM
- AROM
- Progressive Resistive Exercise

#### Manual Therapy

- Soft tissue massage
- Passive joint mobilization
- Graston Technique

#### Modalities

- Hot packs
- Cold packs
- Ultrasound
- Phonophoresis (10% cortisone)
- Iontophoresis
- Paraffin
- Other:

#### Traction

- Cervical
- Lumbar

#### Electrotherapy

- For pain reduction
- For muscle stimulation
- For Edema Control
- Home TENS Unit

#### Aquatic Therapy

#### Functional Capacity Evaluation

#### Other

\_\_\_\_\_  
\_\_\_\_\_

Special Instructions: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_