



John Goetze Physical Therapy

THERAPY PRESCRIPTION

- ARGYLE, BEACHES, MACCLENNY, ORANGE PARK locations with addresses and phone numbers.

NAME: _____ PT. PHONE: _____ DATE: _____
DIAGNOSIS: _____ ICD-9 CODE: _____
FREQUENCY & DURATION _____ x PER WEEK FOR _____ WEEKS
SPECIAL INSTRUCTIONS AND PRECAUTIONS: _____
SIGNIFICANT MEDICAL HISTORY: _____
DURABLE MEDICAL EQUIPMENT COME: _____
INSURANCE _____ AUTH. NUMBER _____ # VISITS _____ EXP. DATE: _____

- EVALUATE AND TREAT to include ADL Retraining
FUNCTIONAL CAPACITY EXAM

MODALITICS

- Hot Packs
Cold Packs
Ultrasound

THERAPEUTIC EXERCISE

- ROM
Muscle Re-education
PRE
Therapeutic Home Exercise Program
Stretching
General Conditioning
Fine Motor Retraining

PAIN/EDEMA CONTROL

- Pain Management
Edema Reduction
Muscle Stimulation
-Home Use-
TENS
Interferential
Ortho Dx
High Volt Galvanic
Iontophoresis
Frequency Specific Microcurrents

MANUAL THERAPY

- Myofascial Release
Soft Tissue Mobilizations
Joint Mobilization

THERAPY PROCEDURES

- Written Home Program
Traction
Gait Training
Hand Rehabilitation
Ankle Rehab Program
Chondromalacia Program
Impingement Program
Physical Reconditioning Program
Spinal Stabilization
McConnell Taping
Work Conditioning

I certify that the above prescribed physical therapy treatment to take place at John Goetze Physical Therapy, Inc. is medically necessary for this patient's well-being. In my opinion, the prescribed treatment is both reasonable and necessary in reference to accepted standards of medical practice within the community in treatment of this patient's condition.

Physician's Signature