

MILLENNIUM

Physical Therapy

division of Millennium Medical Group, P.C.

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Phone: (248) 799-9665 • Fax: (248) 799-9668

Date: _____ Phone: _____

Patient's Name: _____

Diagnosis: _____

Frequency of Treatment: _____

Precautions: _____

TREATMENT ORDERED

Evaluate and Treat

PHYSICAL THERAPY MODALITIES:

- Cold (Ice/Cryotemp)
- Moist Heat
- Ultrasound
- Electrical Stimulation
- Tens
- Whirlpool
- Traction (Cervical, Pelvic)
- Paraffin
- Hi Volt

OCCUPATIONAL THERAPY:

- Basic Self Care
- Advanced ADL's
- Home Evaluation
- Joint Protection
- Work Simplification / Energy Conservation
- Functional Training
- Cognitive Re-education
- Shoulder Rehabilitation
- Hand Rehabilitation
- Splinting Static Dynamic

THERAPEUTIC EXERCISE:

- Active Range Motion
- Passive Range Motion
- Joint Mobilization
- Strengthening
- Lumbar Exercise
- Gait Training / Transfer Training
- Prosthetic Training
- Cardiopulmonary PT
- Neuro Muscular Re-education
- Other

EXERCISE:

- Upper Extremity / Hand Exercise
- PROM AAROM AROM
- Strengthening Exercises
- Coordination Exercises
- Manual Dexterity
- Sensory Re-education
- Desensitization
- Home Program

I have examined the patient and physical/occupational therapy is necessary and that services will be furnished while the patient is under my care, and that the plan is established and will be reviewed every 30 days or more often, if patient's condition requires.

Physician's Signature: _____ Date: _____

Physician's Name (Printed): _____