McLAREN FLINT
Flint, Michigan

PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY PRESCRIPTION

Patient : ______________________________ Age: ______________

Diagnosis: ______________________________

FREQUENCY: ☐ Daily ☐ Three X Weekly ☐ Two X Weekly ☐ ______________ Duration: ______________

☐ PHYSICAL THERAPY

- ☐ **Evaluation and Treatment**
- ☐ Exercise
- ☐ Gait Training
  - ☐ Non wt. bearing L R
  - ☐ Toe touch only L R
  - ☐ Partial wt. bearing L R
  - ☐ Full wt. bearing L R
- ☐ Home Instructions
- ☐ Postural/Body Mechanics Instructions
- ☐ Joint Mobilization
- ☐ Biodex/Cybex: Joint Evaluation
- ☐ Computerized Balance Assessment
- ☐ Aquatic Therapy (Flushing ONLY)

☐ OCCUPATIONAL THERAPY

- ☐ **Evaluation and Treatment**
- ☐ Exercise
- ☐ Splinting
- ☐ Activities of Daily Living
- ☐ Homemaking
- ☐ Cognitive/Perceptual Training
- ☐ Home Instructions
- ☐ Driving Assessment
- ☐ Scar Management
- ☐ Joint Mobilization
- ☐ Joint Protection and Energy Conservation

☐ SPEECH THERAPY

- ☐ **Evaluation and Treatment**
- ☐ Swallowing Evaluation and Treatment
- ☐ Videofluoroscopy Swallow Study and Treatment
- ☐ Voice Prosthetic Fitting and Treatment
- ☐ Diagnostic Voice Evaluation and Treatment

MODALITIES

- ☐ Ultrasound
- ☐ Electrical Stimulation
- ☐ Phonophoresis (specify medication)
  - ☐ Hydrocortisone 10% gel
  - ☐ Other ______________
- ☐ Cold Pack
- ☐ Moist Heat
- ☐ Traction Weight ______________
- ☐ Massage
- ☐ TENS
- ☐ Iontophoresis (specify medication)
  - ☐ Dexamethasone 4mg/ml
  - ☐ Acetic Acid 5% soln
  - ☐ Other ______________
- ☐ Wound Care
- ☐ Fluidotherapy
- ☐ Ultraviolet Light (UVB)
- ☐ Paraffin
- ☐ Serial Casting
- ☐ Contrast Bath
- ☐ PUVA

Other: ______________________________

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Noted Precautions If Any: ______________________________

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Physician's Signature: ______________________________ **Date:** ____ / ____ / ____

PT.

MR#/RM.

DR.

PHYSICAL THERAPY, OCCUPATIONAL THERAPY OR SPEECH THERAPY PRESCRIPTION

M-1784B (3/14)

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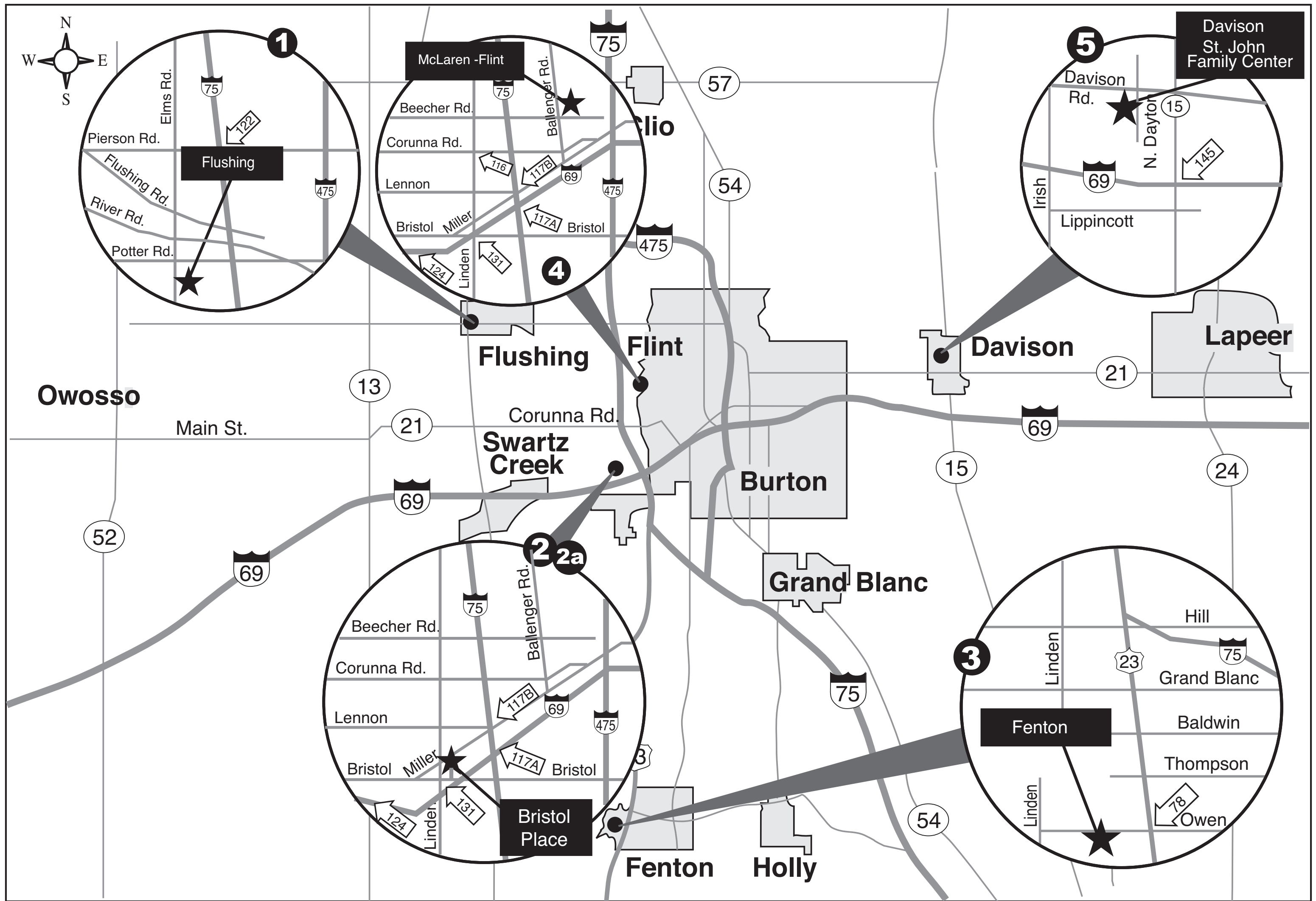

McLaren Therapy Services

1. **Flushing**
   Physical Therapy and Sports Medicine, Occupational Therapy
   2500 N. Elms Rd., Flushing, MI 48433
   Monday - Friday
   Phone: (810) 342-5550
   Fax: (810) 342-5589

2. **Located at Bristol Place**
   Suite A
   Physical Therapy and Sports Medicine, and Balance Center
   G-4466 W. Bristol Rd., Flint, MI 48507
   Monday - Friday
   Phone: (810) 342-5350
   Fax: (810) 342-5362

2a. **Suite B**
   McLaren Neurologic Rehabilitation Institute
   G-4466 W. Bristol Rd., Flint, MI 48507
   Monday - Friday
   Phone: (810) 342-4220
   Fax: (810) 342-4436

3. **Fenton**
   Located at Shoppes at Silver Chase
   Physical Therapy and Sports Medicine
   4045 Owen Rd., Fenton, MI 48430
   Monday - Friday
   Phone: (810) 750-2222
   Fax: (810) 750-2978

4. **Physical Therapy - Located at McLaren Flint**
   401 S. Ballenger Hwy., Flint, MI 48532
   Monday - Friday
   Phone: (810) 342-2356
   Fax: (810) 342-3652

5. **Davison - Located at St. John Family Center**
   Physical Therapy and Sports Medicine
   505 N. Dayton, Davison, MI 48423
   Monday - Friday
   Phone: (810) 658-5631
   Fax: (810) 658-7732