



Peak
Rehabilitation INC
 Achieving Peak Function One Patient At A Time

**JEFFERSON, GEORGIA
 PHYSICAL THERAPY**

TREATMENT PRESCRIPTION

Name _____

Diagnosis _____ ICD-9 _____

Medical Precautions _____

1 2 3 4 5 Times/Week _____ Weeks _____ As Needed

PER PROTOCOL **EVALUATE AND TREAT**

TREATMENT PRESCRIPTION

- Exercise Program
- Gait Training
- Home Program
- Joint Mobilization
- Range of Motion
- AROM
- PROM
- Strengthening
- Activities of Daily Living
- Orthopedic Appliance
- Prophylactic Strapping
- Posture, Positioning, Body Mechanics

MODALITIES AND PROCEDURES

- Ultrasound
- Electrical Stimulation
- Moist Heat / Cold Packs
- Whirlpool
- Massage
- Cryotherapy
- TENS
- Contrast Bath
- Phonophoresis
- Iontophoresis
- Traction
- Intermittent Compression

**UPPER EXTREMITY
 REHABILITATION**

- Hand Injury Prevention Program
- Active Range of Motion
- Passive Range of Motion
- Strengthening

OTHER INSTRUCTIONS: _____

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 Jefferson, GA 30549
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 Fax: (706)367-1899

SERVING:
 Jefferson
 Pendergrass
 Maysville
 Hoschton
 Nicholson

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

Physician's

Signature: _____

Date: _____