

BOSQUE RIVER

PHYSICAL THERAPY & REHABILITATION

Neurological • Orthopedic • Spine • Upper Extremity

1200 Richland Drive, Suite G • Waco, Texas 76710 • 254.772.0118 TEL • 254.772.3883 FAX

www.bosqueriverpt.com

Name _____ Date: _____

Diagnosis _____ DOI: _____

Surgical Procedure _____ DOS: _____

Precautions _____

Rehab Potential: Good Fair Poor Undetermined

EVALUATE & TREAT

MODALITIES AS INDICATED

- Thermal/ cryo
- Electrical stimulation
- Traction - lumbar/cervical
- Pneumatic compression

THERAPEUTIC EXERCISE AS INDICATED

- AROM/AAROM/PROM
- Strengthening

SPINE REHAB

- McKenzie exercises
- Stabilization exercises
- Mobilization/manipulation
- Traction
- other _____

PRE & POST PARTUM SERVICES

WORK INJURY PROGRAMS

- Work conditioning
- Work related injury
- Post offer screening

ASTYM

UPPER EXTREMITY REHABILITATION

LOWER EXTREMITY REHABILITATION

This plan is medically necessary as indicated.

FREQUENCY: Daily TIW BIW Therapist Discretion for _____ weeks

PHYSICIAN'S SIGNATURE _____

DO NOT EMAIL PRESCRIPTION The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.

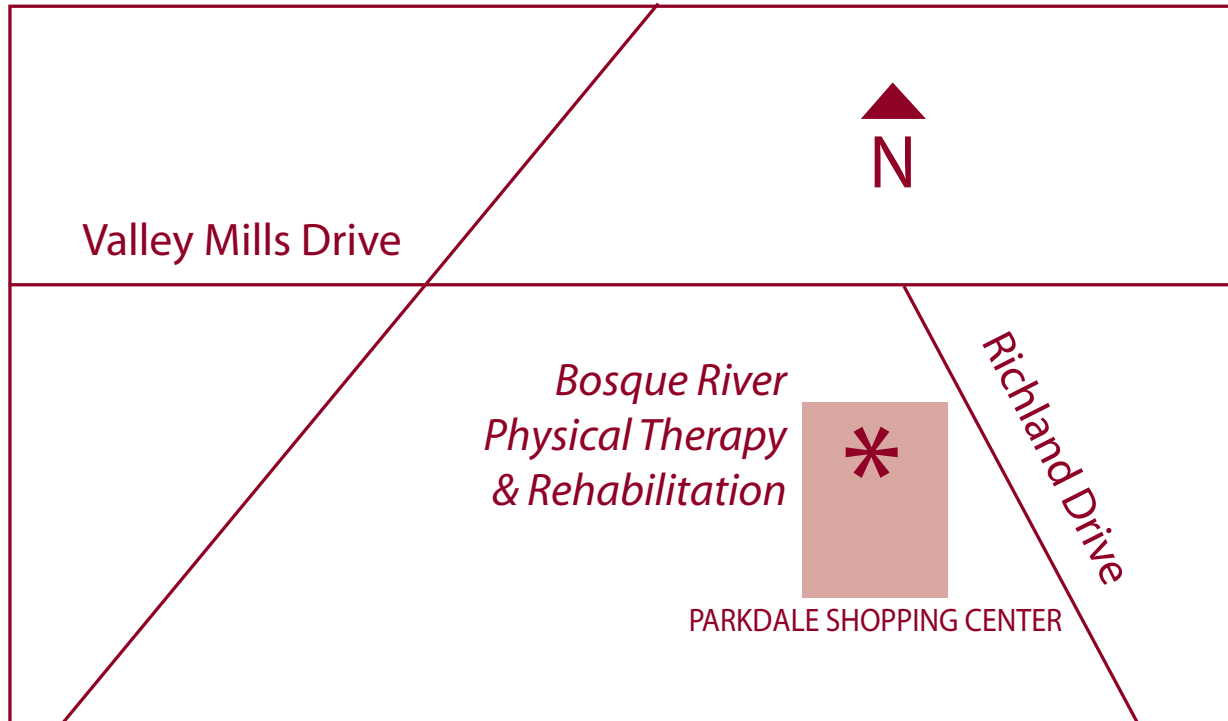
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PTandMe.com

*An informational site for patients interested
in or considering physical, occupational, and/or hand therapy.*
