



MICHIGAN Hand & Sports Rehab Centers

19701 Vernier, Ste. 210 Harper Woods, MI 48225 P 313.642.1337 F 313.642.1329

3100 Cross Creek Pkwy. Ste. 150 Auburn Hills, MI 48326 P 248.475.0565 F 248.475.0649

11012 13 Mile Rd. Ste. 200 Warren, MI 48093 P 586.573.8890 F 586.573.2706

Premier Medical Bldg. 44000 12 Mile Rd. Ste. 205 Novi, MI 48377 P 248.374.0077 F 248.465.0107

28001 Schoenherr Rd. Ste. 3 Warren, MI 48088 P 586.619.0460 F 586.619.0461

22731 Newman Ste. 100 B Dearborn, MI 48124 P 313.791.0616 F 313.791.0632



Oakland Regional Hosp. 22401 Foster Winter Dr. Southfield, MI 48075 P 248.423.5120 F 248.423.5125

Website: oaklandregionalhospital.com michiganhandsportsrehab.com customfacemasks.com

Patient Name _____ DOI _____

Patient Phone _____ Date _____

Dx _____

Surgical Procedure/Date _____

Remarks/Precautions _____

Please check the treatment services prescribed for the above patient:

EVALUATION

- PT Evaluate and Treat.
OT Evaluate and Treat.
Orthotics Dept.
FCE
FCE with MVE Testing
MVE Testing Only

INDUSTRIAL REHAB

- Work Conditioning
Advanced Strengthening
Work Site/Job Analysis
Job Video Analysis
Job Coach
Ergonomic Consult
Home Evaluation

Frequency _____ per week x _____ weeks.

MODALITIES

- Modalities as Indicated
Whirlpool
Fluidotherapy
Ultrasound - Phonophoresis
Moist Heat
Paraffin
Cold Pack
N.M.E.S. (E-stim)
TENS
Interferential
Kinesiotape
Iontophoresis with
Other

MANUAL THERAPY

- Myofascial Release
Soft Tissue Massage
Soft Tissue Mobilization
Joint Mobilization
Manual Traction
Manual Stretching
Edema Reduction
Scar Remodeling

ORTHOTICS/SPLINTING

- Prefab
Custom
Orthotic Lab

TREATMENTS

- AROM PROM AAROM
Strengthening
Progressive Resistive Exercises
Aerobic Exercise Program
Endurance Training
Stabilization Exercises
Close Chained Ex.
Open Chained Ex.
Balance/Coordination
ADL Training
Gait Training
Neuromuscular Re Ed
Wound Care
Desensitization
Patient Education/HEP
Pressure Garment

FURTHER INSTRUCTIONS

Blank lines for further instructions.

I certify that I have examined the patient and physical/occupational therapy is necessary and that these medically necessary services will be furnished while under my care. The plan of care has been established and will be reviewed every 30 days or more often, if the patient's condition requires. I estimate that these services will be needed for 1 2 3 4 5 6 months.

Physician Signature

- Guy Pierret, M.D.
Mehul M. Mehta, M.D.
John R. Wagner, Jr., M.D.
Steven T. Plomaritis, D.O.
Edward Aron Lang, Haass, D.O.
Edward F. Burke, D.O.
Robert S. Barbosa, D.O.
Jeffrey M. Hall, M.D.
John B. Ryan, M.D.
Carlos M. Villafane, M.D.
Richard M. Singer, M.D.
Samson P. Samuel, M.D.
Jeffrey E. Gorosh, D.O.
Ronald T. Rook, D.O.