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Patient Name:				DOB:	Date:						
Diagnosis Requiring Physical Therapy: Date of Onset: Date of Surgery: What is Your Goal for This Patient?											
						Precautions/ C	ontraindicat	ions:			
						AREA TO BE TREATED				TREATMENT PROCEDURES	TREATMENT MODALITIES
□ Cervical □ Thoracic □ Lumbar □ Sacroiliac □ Hip □ Right □ Left □ Bil □ Knee □ Right □ Left □ Bil □ Ankle/Foot □ Right □ Left □ Bil □ Shoulder □ Right □ Left □ Bil □ Elbow □ Right □ Left □ Bil □ Wrist/Hand □ Right □ Left □ Bil □ Other			□ Bil □ Bil □ Bil □ Bil □ Bil	□ Evaluate and Treat Appropriately □ AROM □ AAROM □ PROM □ Isometrics □ Isotonics □ PREs □ Stretching □ Balance and Proprioception □ Back Exercises □ Extension □ Flexion □ Postural Reeducation Training □ Mobilization/Manual Techniques □ Joint □ Soft Tissue □ Gait Training □ Right □ Left □ Non Weight Bearing □ Touch Down Weight Bearing □ Partial Weight Bearing	□ As Needed □ Moist Heat □ Cryotherapy □ Ultrasound □ Electrical Stimulation □ LiteCure Class IV Laser Therapy □ Cervical Traction □ Contrast Bath □ Iontophoresis □ Dexamethasone – Rx should read 30 Dexamethasone 4mg/ml - Apply topically as described □ Acetic Acid – Rx should read 5% in Elegel for iontophoresis - 60 grams - Apply topically as described □ Other						
1	equency: _ Duration: _ ignature: _	х	Weeks	☐ Full Weight Bearing ☐ Home Exercise Program ☐ Other	□ Improve Strength/Endurance □ Improve Range of Motion □ Decrease Pain/Swelling □ Home Exercise Program □ Functional Activity Instruction □ Other						
Pri	nt Name:										
	Date										

PHYSICAL THERAPY PROCEDURES

AROM (Active Range of Motion): Patient lifts body part through range of motion against gravity.

AAROM (Active Assistive Range of Motion): Therapist assisted active range of motion.

<u>PROM</u> (Passive Range of Motion): The patients affected limb or body part is moved passively by the Physical Therapist through a range of motion. No patient effort is required to minimize mechanical stress on healing structures.

Isometrics: Muscle contraction without joint movement. May be sub-maximal or Maximal force exertion.

Isotonics: Muscle contracts through the ROM with resistance.

PRE's: Progressive Resistive Exercises—Exercises that gradually increase in resistance (weights) and in repetitions.

Stretching: The lengthening of soft tissue (muscle, tendon, ligaments, fascia) utilizing a gentle force applied by either the patient or the Physical Therapist.

<u>Balance and Proprioceptive Training</u>: The use of various devices and exercises to challenge the body's neuromuscular system improving the ability to react and adjust to an externally or internally applied perturbation. Exercises are also used to assist in improving the body's awareness of where a joint or limb is positioned in space or in relation to another body part.

<u>Back/ Neck Exercises</u>: McKenzie/ Duffy-Rath system based_Extension and/or flexion exercises to improve the level of pain caused by mechanical or chemical irritation of the nerve, spinal joint, or soft tissue associated with a Back or Neck injury. Extension and/or Flexion Exercises also serve to improve the strength and flexibility of the spine. Selection of exercise direction is dependent upon the clinical findings at the time of the initial evaluation.

<u>Postural Reeducation Training</u>: Verbal and physical instructions on how to minimize repetitive micro-traumas related to the biomechanical alignment of the body to reduce strain on muscles, Ligaments, and Joints that eventually lead to injury.

Mobilization/ Manual Techniques: Passive oscillatory or sustained movements applied to a joint or soft tissue intended to increase mobility, i.e., soft tissue mobilization or joint mobilization. The movement of the joint or soft tissue is not under voluntary control but is necessary to return full painless function. This motion cannot be achieved actively and no active movement or contraction of a muscle can reproduce it.

Manual Techniques may also include:

- Deep friction massage: sustained digital pressure applied transversely soft tissue to break down scar adhesions and facilitate tissue remodeling and maturation; also produces a analgesic effect to assist in treatment accuracy when used with evaluative processes
- Mulligan Mobilizations with movements: Manual mobilizations applied to the Physiological and/or non-physiological plane of a joint used in conjunction with active patient movement of a limb to restore normal joint positioning and tracking
- Mulligan "SNAGS": The use of a manually directed force along the natural plane of a joint applied by the Physical Therapist to help correct normal joint motion
- Muscle Energy Techniques: The use of a low level patient directed force to introduce motion into a dysfunctional joint in order to restore normal, pain-free function

<u>Gait Training</u>: The analysis of human locomotion using direct visualization and video analysis to identify normal and abnormal interactions of the trunk and lower extremity during the various stages of walking, from heel strike, to mid-stance, toe off, through swing phase. Also used to instruct patients how to ambulate effectively with/without assistive device under medical constraints and contraindication prescribed by the referring physician to facilitate proper healing of injured tissues.

PHYSICAL THERAPY MODALITIES

Modalities: The use of heat, cold, electric stimulation, ultrasound, cold laser(Low-level laser) to augment the body's natural healing process minimizing the presence of swelling, inflammation, pain, and scar tissue.

<u>Heat/ Thermotherapy</u>: improves blood flow, increases cellular metabolism, decreases muscle spasm, and decreases joint stiffness. Therapists often use moist hot packs or ultrasound to effect increases in temperature.

<u>Cold/ Cryotherapy</u>: Reduces inflammation and pain by decreasing cellular metabolism, decreases blood flow, decreases swelling, and reduces muscle spasm and trigger points. Cold therapy may include the use of cold packs, ice massage, vapocoolant sprays, or whirlpool baths. Can be very effective with both acute and chronic injury.

<u>Ultrasound</u>: A method of deep heating tissues (up to 5 cm.) utilizing sound energy that does not excessively heat the overlying tissue. Ultrasound may be used at the discretion of the physical therapist to increase tissue extensibility (muscle, tendon ligament, scars), increase blood flow, decrease pain, and to improve the rate of healing at a microscopic level. Ultrasound used by a physical therapist is not diagnostic, but is used solely for the purposes listed above.

<u>Electric Stimulation</u>: The use of a low level electrical field applied to an injured area for the purpose of decreasing pain, swelling, and muscle spasm. Electrical stimulation may also be utilized to assist in the reeducation of injured muscles, helping to decrease atrophy and maintain function. Different types of electrical stimulation may be used by the therapist dependent upon the desired goal of the treatment (high-voltage, low-voltage, interferential, pre-modulated, or Russian).

<u>LiteCure Class IV laser therapy</u>: Therapeutic lasers work by supplying energy to the body in the form of non-thermal photons of light. When converted to chemical energy, it can be used by the cells to accelerate the normal rate of tissue healing. Low-level lasers are able to penetrate up to two inches below the skin surface causing an increase in cellular metabolism with no tissue damage whatsoever. Low Level Laser is being used to treat a variety of painful and inflamed conditions of the soft tissues and joints such as carpal tunnel syndrome, arthritis, back pain, sport injuries. Class IV lasers are sometimes known as "hot Lasers" and penetrate to depths much greater than a class III "cold lasers"; 2-5 inches vs. 2-5 centimeters. Class IV lasers are capable of delivering up to 150,000 times the energy of a class III laser.

Cervical Traction: Gentle longitudinal pull on the cervical spine, manual or mechanical, intermittent or continuous.

Phonophoresis: The use of Ultrasonic energy to deliver topically applied 10% hydrocortisone cream into the skin to treat underlying soft tissue inflammation.

Contrast Baths: Alternating immersion of the extremities in first cold then hot water to provide relief from pain and spasm but discourages swelling.

<u>Iontophoresis</u>: The use of an electrical impulse to deliver topically applied Dexamethasone or Acetic Acid through the skin to treat underlying soft tissue inflammation.