SCHRAMM PHYSICAL THERAPY, INC.

Craig W. Schramm MSPT • License # 20041
451 Riverside Drive • Stuart, FL 34994
Phone 772-286-2287 • Fax 772-223-0437

PHYSICIAN'S ORDER AND PLAN OF CARE Date:_____

PATIENT NAME _____

DIAGNOSIS ICD 9 CODE _____

TYPE AND DATE OF SURGERY _____

AREA TO BE TREATED _____

PRECAUTIONS/SPECIAL INSTRUCTIONS _____

DATE OF INJURY/ACCIDENT_____

☐ **EVALUATE & TREAT**

☐ **EXERCISE ROUTINES**
☐ Strengthening
☐ ROM
☐ Trunk Mobility
☐ Cervical Mobility
☐ Neuromuscular Re-education
☐ Postural Training
☐ Activities of Daily Living
☐ Kinetic Activity
☐ Functional Activities
☐ Gait Training

☐ **MOBILIZATION TECHNIQUES**
☐ Joint Mobilization
☐ Soft Tissue Mobilization
☐ Massage/Myofascial Release

MODALITIES
☐ Heat/Cold
☐ Ultrasound
☐ Electrical Stimulation
☐ Iontophoresis
☐ Phonophoresis
☐ Paraffin
☐ Spinal Decompression

SPECIAL PROCEDURES
☐ Manual Muscle Testing
☐ Range of Motion Evaluation
☐ Spine Six Program
☐ MedX

TREATMENT GQALS:
☐ Relieve pain
☐ Increase Range of Motion
☐ Increase Strength
☐ Increase Understanding
☐ Decrease Edema
☐ Increase Mobility
☐ Improve Function/Gait
☐ Wound Care

REHAB POTENTIAL: ☐ Poor ☐ Fair ☐ Good ☐ Excellent ☐ Other_____

DURATION AND FREQUENCY OF TREATMENT
☐ Daily ☐ 1 x Weekly ☐ 2x Weekly ☐ 3x Weekly ☐ Other _____

Treat this patient as indicated for ☐ weeks.
I certify the above services are required by this Patient and are medically necessary.

NPI: ☐

Date Last Seen By Physician _____ Physician _____