



Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Precautions/ Contraindications: \_\_\_\_\_

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www.starhoustonphysicaltherapy.com

Star Therapy Services is featured on  
**PTandMe.com**

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

## TREATMENT PROCEDURES

### Evaluate & Treat

#### Treatment

- Passive Range of Motion
- Active Assisted Range of Motion
- Active Range of Motion
- Strengthening
- Home Exercise Program
- Joint Mobilization
- Myofascial Release
- Functional Training
- Gait Training
- Proprioceptive Training
- Postural Re-Education
- Body Mechanics Training
- Cervical/Lumbar Traction

#### Modalities

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Other \_\_\_\_\_

Treatment Frequency:  Daily  4x/Wk  3x/Wk  2x/Wk  1x/Wk  
 Treatment Duration:  1Wk  2Wks  3Wks  4Wks  \_\_\_\_\_  
 Therapist's Discretion

Additional Comments: \_\_\_\_\_

*I certify the above services are required by this patient on an outpatient basis.*

Physician Name: \_\_\_\_\_

\_\_\_\_\_  
Physician Signature Date NPI

### PT OT

#### Specialty Programs

- Back School
- Pre-Op Program
- Home TENS Unit
- Home Traction Unit
- Custom Splints
- Fall Prevention
- Cancer Related Fatigue
- Balance & Fall Prevention
- Work Conditioning

#### Goals

- Increase ROM
- Increase Strength
- Improve Function
- Increase Mobility
- Decrease Pain
- Decrease Edema
- Functional Training
- Increase Understanding



THE R A P Y S E R V I C E S

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