



2211 Fort Street
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2300 Biddle Ave, Suite 100
Wyandotte, MI 48192

T: 734-357-0505 F: 734-357-0506

Rehabilitation Order

Patient Name: _____

Diagnosis: _____

Precautions _____

Frequency: Daily 2x/week 3x/week Duration _____ weeks

____ **Physical Therapy**

____ Evaluation and Treatment

____ Range of Motion

____ Strengthening

____ Gait training

____ Transfer training

____ Joint Mobilization

____ Soft tissue mobilization

____ Muscle Re-education

____ **Occupational Therapy**

____ Evaluation and Treatment

____ ADL/Functional Activities

____ Splints

____ Range of motion

____ Strengthening

____ Joint Protection

____ Joint Mobilization

____ Transfer training

____ Home evaluation

____ **Speech/Language Therapy**

____ Evaluation and Treatment

____ HLLP Skills

____ Functional Communication Skills

____ Functional Swallowing Skills

____ **Return to Work Services**

____ Functional Capacity Evaluation

____ Job site/Ergonomic Evaluation

____ Work Hardening

____ Work Re-Conditioning

____ **Other services**

____ Neuropsychology/Psychology

____ Evaluate and Treat

____ Psychotherapy

____ Aquatic Therapy

____ Hand Therapy PT _____ OT _____

____ Pelvic Floor Rehab/Incontinence

____ Social work/Case Management

Physician/NP/PA _____ Date _____



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