

Concussion Management Program

Advanced Physical Therapy Center's Concussion Management Program offers a simple baseline test, concussion assessment and training program using the Biodex Balance System SD and the ImPACT Program.

We can help with those difficult return-to-play decisions with our objective testing and data-driven support.

BIODEX



Advanced Physical Therapy Center

The therapist you choose does make a difference



Program Overview:

The Biodex Balance System SD is a sophisticated measuring and training device for static and dynamic balance testing and training. It is used by leading hospitals, rehabilitation centers and national sports teams throughout the U.S. The Biodex Balance System SD is designed to systematically test the sensory selection process by compromising available somatosensory, visual, and vestibular senses while measuring an athlete's ability to minimize postural sway. Biodex has software that includes the option of conducting a modified version of a Balance Error Scoring System (BESS) test of postural stability, popular for concussion management.

Coupled with the Biodex Balance System SD, our trained clinicians can administer a concussion assessment using the ImPACT program, which is the most-widely used and most scientifically validated computerized concussion evaluation systems. ImPACT provides clinicians with neurocognitive assessment tools and services that have been medically accepted as state-of-the-art best practices.

These tests and assessments take only minutes, yet in the event of a concussion can save valuable recovery time. Should a concussion occur, information is stored for each athlete with the ability to generate HIPAA-compliant reports. Using the initial testing, a comparison report is created for the patient's physician to help determine the readiness of returning to sports and other activities. Our concussion management program will help to accurately monitor a patient's condition and determine where a patient is in the recovery process, giving the physician more information in managing the patient's recovery

Fact:

The Centers for Disease Control (CDC) estimate up to 3 million sports-related concussions are happening in the U.S. with school-aged children making up the majority of cases. One-third of those are children under the age of 14. It is also the most common sports-related brain injury among 15 to 24 year olds. The rates of reoccurrence are just as alarming for those involved in contact sports.



The ImPACT Test is:

- One important piece of the overall concussion evaluation and management process.
- A sophisticated test of cognitive abilities.
- The most scientifically researched concussion management tool.
- A tool that can help health care professionals track recovery of cognitive processes following concussion.
- A tool to help communicate post-concussion status to athletes, coaches, parents, and clinicians.
- A tool that helps health care professionals and educators make decisions about academic needs following concussion.



Grand Blanc.....810-695-8700..... 10809 S. Saginaw Street
Clio810-687-8700.....303 S. Mill Street
Flint.....810-732-8400.....G-2241 S. Linden Rd, Suite A
Hartland.....810-632-8700.....11182 Highland Road

Davison.....810-412-5100.....2138 Fairway Drive
Goodrich.....810-636-8700..... 7477 S. State Rd, Suite B
Clarkston.....248-620-4260..... 6167 White Lake Road, Suite 1
www.AdvancedPhysicalTherapy.com

IMPORTANT

Bring this prescription and any HMO referral, Auto or Worker's Comp authorizations on your first day.



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☐ **PRESCRIPTION**

☐ **MEDICARE CERTIFICATION/RECERTIFICATION**

Grand Blanc (810) 695-8700

Fax (810) 695-7946

Clio (810) 687-8700

Fax (810) 687-8724

Flint (810) 732-8400

Fax (810) 732-4075

Hartland (810) 632-8700

Fax (810) 632-5850

Goodrich (810) 636-8700

Fax (810) 636-8702

Davison (810) 412-5100

Fax (810) 412-5106

Clarkston (248) 620-4260

Fax (248) 620-4239

Date _____ Patient Phone Number _____

Name _____

Diagnosis _____

Precautions _____

Physical / Occupational / Hand Therapy

- | | | |
|---|---|---|
| <input type="checkbox"/> Evaluate and Treat per Care Plan | <input type="checkbox"/> Sportsmetrics | <input type="checkbox"/> Paraffin Bath |
| <input type="checkbox"/> Home Exercise Program | <input type="checkbox"/> Manual Techniques | <input type="checkbox"/> Fluidotherapy |
| <input type="checkbox"/> Self Care Education | <input type="checkbox"/> Graston Technique | <input type="checkbox"/> Pinch/Grip strengthening |
| <input type="checkbox"/> Therapeutic Exercise | <input type="checkbox"/> Joint Mobilization | <input type="checkbox"/> Scar massage |
| <input type="checkbox"/> Passive ROM | <input type="checkbox"/> Myofascial Release | <input type="checkbox"/> Desensitization |
| <input type="checkbox"/> Active-assisted ROM | <input type="checkbox"/> Soft Tissue Massage | <input type="checkbox"/> Orthotic Fabrication: _____ |
| <input type="checkbox"/> Active ROM | <input type="checkbox"/> Ultrasound/Phonophoresis | <input type="checkbox"/> Tendon Repair Protocol _____ |
| <input type="checkbox"/> Progressive Resistive Exercise | <input type="checkbox"/> Iontophoresis | <input type="checkbox"/> Therapeutic Activities _____ |
| <input type="checkbox"/> Sports Rehab | <input type="checkbox"/> Light/Laser Therapy | <input type="checkbox"/> ADL Activities _____ |
| <input type="checkbox"/> Neuromuscular Re-Education | <input type="checkbox"/> Electrical Stimulation | <input type="checkbox"/> TMJ Rehabilitation |
| <input type="checkbox"/> Vestibular Rehab | <input type="checkbox"/> Cervical Traction | <input type="checkbox"/> Lymphedema Treatment |
| <input type="checkbox"/> LSVT Big Therapy | <input type="checkbox"/> Pelvic Traction | <input type="checkbox"/> Functional Capacity Evaluation |
| <input type="checkbox"/> Gait and Balance Training | <input type="checkbox"/> TENS | <input type="checkbox"/> Work Reconditioning/Hardening |
| WB Status: _____ | <input type="checkbox"/> Biofeedback | <input type="checkbox"/> Return to Work Assessment |
| <input type="checkbox"/> Advanced Stabilization | <input type="checkbox"/> Contrast Bath/Whirlpool | <input type="checkbox"/> Disability Testing |
| <input type="checkbox"/> Med X Testing/Rehab | <input type="checkbox"/> Bioness | <input type="checkbox"/> Ergonomic Assessment |
| <input type="checkbox"/> Pediatric Transformers Program | <input type="checkbox"/> Women's Health | |

Comments/Goals _____

☐ 3 x Weekly ☐ 2 x Weekly ☐ Daily **Number of visits** _____
for _____ **weeks** _____ **months**

I ☐ certify / ☐ recertify that I have examined the patient and physical and/or occupational therapy is necessary, and that services will be furnished while the patient is under my care, and that the plan is established and will be reviewed every ninety (90) days or more often if the patient's condition requires. I estimate that these services will be needed for 90 days.

R _____

Physician Signature

Date

PHYSICAL AND OCCUPATIONAL THERAPY APPOINTMENT INFORMATION: When you receive this prescription please call to set up your first appointment. Bring this prescription, all insurance information such as insurance cards, forms, HMO referrals, worker's compensation or auto insurance claim numbers. Check with your insurance company if you are unsure of your physical and occupational therapy benefits. Wear or bring comfortable clothing so that the area to receive treatment can be easily exposed. Hospital gowns will be provided when needed. If it is necessary to cancel and reschedule, please try to notify us 1 day in advance.

We look forward to serving your rehabilitation needs.

For further information, you may contact us by phone or to speed your registration process, fill out / print forms online at www.advancedphysicaltherapy.com under **NEW PATIENTS**.

Grand Blanc

10809 S. Saginaw St.
Grand Blanc, MI 48439

Clio

303 S. Mill St.
Clio, MI 48420

Flint

G-2241 S. Linden Rd.
Suite A
Flint, MI 48532

Hartland

11182 Highland Rd.
Hartland, MI 48353

Davison

2138 Fairway Dr.
Davison, MI 48423

Goodrich

7477 S. State Rd.
Suite B
Goodrich, MI 48438

Clarkston

6167 White Lake Rd.
Suite 1
Clarkston, MI 48346