

ALTER

Anti-Gravity Treadmill®

The next step in physical therapy rehabilitation

Unlike any other piece of training equipment available, the AlterG Anti-Gravity Treadmill® can take your patients further, faster than you ever thought possible after surgery, injury or other mobility impairment.

Success Beyond the Treadmill

- Physical therapy following an injury or surgery on a lower extremity (hip, knee, ankle or foot)
- Rehab after total joint replacement
- Gait training and strengthening for neurological patients
- Strengthening and conditioning in a fall-safe environment for older patients
- Weight-loss programs



Advanced Physical Therapy Center

The therapist you choose does make a difference

Health & Wellness

The AlterG Difference:

With its unique unweighting capabilities, the Anti-Gravity Treadmill® allows you to move your rehabilitation and training forward by:

- Reduce gravity's impact by selecting any weight between 20% and 100% of your body weight by 1% increments
- Rehabilitate lower extremity injuries with less pain and less impact
- Improve mobility, strength and safety for those with neurological conditions
- Provide a safe way to lose weight and exercise more intensively while unweighted
- Train without pain and reduce the stress to joints and muscles
- Recover effectively and with less pain after training or competition
- Allowing you to walk or run with no pain while maintaining a normal gait



Do More for Seniors

Mobility Meets Stability

The Anti-Gravity Treadmill® gets mobility impaired patients back on their feet and on the road to achieving a better quality of life. Using advanced unweighting technology to provide unsurpassed support, safety and stability, this senior rehabilitation treadmill is ideal for geriatric patients recovering from neurologic and orthopedic-related injuries. The Anti-Gravity Treadmill also provides patients a way to safely improve their functional mobility and overall health. The Anti-Gravity Treadmill® helps seniors attain greater mobility by:

- Providing support and reducing fall risk, which increases confidence to start walking and take more steps in comfort
- Enabling you to walk or even jog further, faster and with more stability than you may have previously thought possible
- Improving health and wellness and helping you achieve more independence in your day-to-day life

For Quality of Life

The Anti-Gravity Treadmill helps your patients achieve greater independence, which results in more quality time with their family and time to enjoy the things they love. It enables rehabilitation therapists to give seniors the care needed to live life to the fullest.



Grand Blanc.....810-695-8700..... 10809 S. Saginaw Street
Clio 810-687-8700303 S. Mill Street
Flint 810-732-8400.....G-2241 S. Linden Rd, Suite A
Hartland 810-632-8700.....11182 Highland Road

Davison 810-412-51002138 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**.