

Biodex Balance System SD

Biodex Fall Risk Assessment & Conditioning Program

The Balance System SD can identify a potential problem in just two minutes. The Biodex Fall Risk protocol of balance exercise will improve an individual's ability to remain upright under challenging conditions. If a patient is found to be at risk of falling, we have an array of interventions and exercises that can help restore balance and reduce the risk. Intervention is supported by patient education and exercise plans.

Biodex Fall Risk Assessment & Conditioning Program can help to:

- Determine if your patient is at risk for falls
- Identify the factors that puts the patient at risk
- Modify the risk factors
- Improve mobility
- Maintain independence



Program Overview:

Three areas proven important in assessing your patients' risk of falling will be addressed in this program.

Strength is a critical factor for a rapid response to a balance disturbance. Testing will identify weakness and, if necessary, exercise will significantly improve lower body strength.

As you know, normal balance is controlled by a complex combination of visual, muscular and neurologic systems. Together, these factors keep us from falling when we encounter an unexpected disturbance. Testing and appropriate exercise will improve an individual's ability to remain upright under challenging conditions.

Older adults typically display a slower walking speed. Steps are also shorter and vary in length. These are all factors related to falls. Independence is directly related to walking speed. Testing and, if necessary, exercise helps your patient learn how to walk more safely and confidently.

Program Details:

A structured program that consists of eight visits over a four-week period. The patient is evaluated for specific risk factors known to contribute to falling and decreased mobility.

VISIT 1: Evaluation

Review results and recommendation of exercises, including a home exercise program

VISIT 2-11: Interventions

- In-Clinic Exercise
- Home Exercise

VISIT 12: Re-evaluation

Fact:

In the United States one in three people aged 65 years and older fall each year with the rates steadily increasing as age increases.

As a physician, you know falls are one of the greatest causes of serious health problems for older adults. 25% of patients over the age of 65 with hip fractures die within six months, 25% will lose significant function, and 50% experience a decrease in mobility. Modifying the factors that lead to falls will increase mobility and confidence, both critical to maintaining a more independent life style.

Studies show that balance training, gait, strength and flexibility training not only improve mobility, but also help reduce the risk of falling.



Grand Blanc.....810-695-8700..... 10809 S. Saginaw Street

www.AdvancedPhysicalTherapy.com

IMPORTANT

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

PRESCRIPTION



Part of the **Phoenix** family!

- 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
- Waterford** (248) 618-3050
Fax (248) 618-3284
- Fenton** (810) 354-7522
Fax (810) 355-4873

Date _____ Patient Phone Number _____

Name _____

Diagnosis _____

Precautions _____

Physical / Occupational / Hand Therapy

- EVALUATE AND TREAT PER CARE PLAN**
- HOME EXERCISE PROGRAM**
- SELF-CARE EDUCATION**

- THERAPEUTIC EXERCISE**
 - Passive ROM**
 - Active-Assisted ROM**
 - Progressive Resistive Exercise**

- MANUAL MOBILIZATION**
- NEUROMUSCULAR RE-EDUCATION**
- THERAPEUTIC ACTIVITIES**

EXERCISE:

- AlterG Anti-Gravity Treadmill
- Aquatic Therapy
- Cervical/Lumbar Strengthening
- Core Strengthening
- Gait and Balance Training
 - WB Status: _____
- MedX Testing/Rehab
- Sports Rehab

MODALITIES:

- Biofeedback
- Traction
 - Cervical
 - Pelvic
- Contrast Bath/Whirlpool
- Electrical Stimulation
- Game Ready
 - Pneumatic Compression
- Hivamat Deep
 - Oscillation Therapy
- Iontophoresis
- Light/Laser Therapy
- TENS
- Ultrasound/Phonophoresis
- WellWave Acoustic
 - Compression Therapy

HAND THERAPY:

- ADL Activities: _____
- Orthotic Fabrication: _____
- Paraffin Bath/Fluidotherapy
- Pinch/Grip Strengthening
- Scar Massage/Desensitization
- Tendon Repair Protocol: _____

PROGRAMS

- Advanced Spine & Neck Rehab
- Bone Health Program
- Confusion Program
- Functional Capacity Evaluation
 - Work Reconditioning/Hardening
 - Return-to-Work Assessment
 - Disability Screening
- Lymphedema Treatment
- Parkinson's LSVT Big Program
- Pelvic Floor Therapy
 - Women's Health Program
- Sportsmetrics
- Vestibular Rehab
- TMJ Disorder Rehab

Other: _____

3 x Weekly 2 x Weekly Daily **Number of visits** _____

for _____ weeks _____ months

I certify 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.

Rx

Physician Signature

NPI#

Date