

GAME READY®

Innovative ACCEL™ Technology sets a new standard in recovery

(Active Compression and Cryotherapy)

Game Ready has the power to relieve pain, reduce swelling, stimulate natural tissue healing, and measurably improve physical therapy milestones.



Game Ready® wraps are available for:

- Shoulder
- Elbow
- Hand/Wrist
- Hip/Groin
- Knee
- Back
- Half Leg
- Ankle



ADVANCED
Physical Therapy Center

Part of the Phoenix family!

Works Faster, Penetrates Deeper, and Lasts Longer

Game Ready's active compression squeezes greater benefits out of cold therapy alone. Using patented spacesuit technology, Game Ready's circumferential wraps envelope the injury or surgery site. Pneumatic compression works to conform the wrap to the contours of the body, assuring better surface contact and thus more effective cooling. Head to head infrared thermal imagery shows that Game Ready provides faster, deeper, and longer-lasting cold than other cryotherapy products.

Proven Therapeutic Benefits Go Beyond Treating Symptoms to Enhance Recovery

For recovery care, Game Ready® sets a new standard in clinically proven performance and positive patient outcomes. Whether your patients have suffered an acute musculoskeletal injury or are rehabbing from orthopedic surgery, Game Ready helps patients return to normal activity quicker and gives a better recovery experience.

Prescribed and Used by Thousands of Clinicians, Appreciated by Thousands of Satisfied Patients

Game Ready is so effective, it can be found in the most prestigious orthopedic centers, physical therapy clinics, and athletic training facilities. In fact, the treatment system is relied on by Olympic athletes, special military forces, and countless teams from virtually every professional sport around the world. Better still, people who have used Game Ready overwhelmingly say that it helped speed and improve their recovery.

GAME READY MODALITIES & BENEFITS

Active Compression with Active Cold Therapy

- Improves post-operative range of motion and key, measurable physical therapy milestones.
- Increases patient satisfaction with recovery process.
- Improves surface contact for faster, deeper, longer-lasting cooling.
- Decreases pain, muscle spasms, edema, and swelling.

Cold (General)

- Reduces metabolic activity and cellular demand for oxygen, reducing secondary tissue damage.

Compression (General)

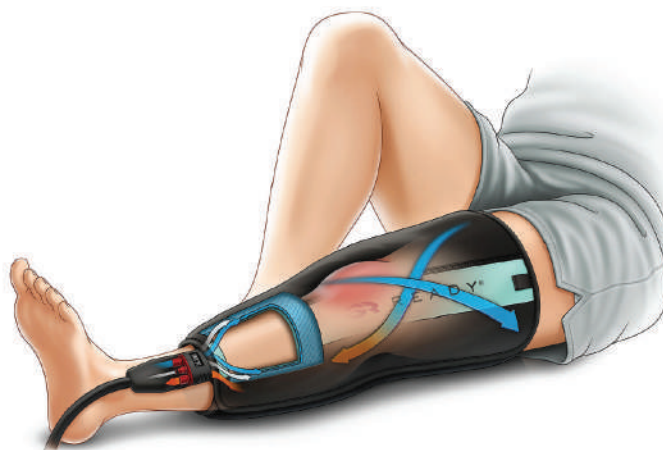
- Aids the prevention of edema formation and removal of swelling.

Active Cold

- Draws heat away from the injury site for more efficient temperature reduction.

Active Compression

- Mimics natural muscle contractions, "pumping" edema out of the injured area.
- Optimizes lymphatic drainage.
- Increases blood flow and oxygen delivery.
- Stimulates tissue repair, encouraging acceleration of the healing process.



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

Clio 810-687-8700 303 S. Mill Street

Flint 810-732-8400 G-2241 S. Linden Rd, Suite A

Hartland 810-632-8700 11182 Highland Road

Fenton 810-354-7522 2500 North Road, Suite 102

www.AdvancedPhysicalTherapy.com

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

Waterford 248-618-3050 6650 Highland Road

IMPORTANT

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

PRESCRIPTION



Date _____ Patient Phone Number _____

Name _____

Diagnosis _____

Precautions _____

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

Physical / Occupational / Hand Therapy

- | | | |
|--|--|---|
| <input type="checkbox"/> EVALUATE AND TREAT PER CARE PLAN
<input type="checkbox"/> HOME EXERCISE PROGRAM
<input type="checkbox"/> SELF-CARE EDUCATION | <input type="checkbox"/> THERAPEUTIC EXERCISE
<input type="checkbox"/> Passive ROM
<input type="checkbox"/> Active-Assisted ROM
<input type="checkbox"/> Progressive Resistive Exercise | <input type="checkbox"/> MANUAL MOBILIZATION
<input type="checkbox"/> NEUROMUSCULAR RE-EDUCATION
<input type="checkbox"/> 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: _____

- MANUAL TECHNIQUES:**
- CranioSacral Therapy
 - Functional Dry Needling
 - Graston Technique
 - Joint Mobilization
 - Myofascial Decompression
 - Myofascial Release
 - Soft-Tissue Massage

- PROGRAMS**
- Advanced Spine & Neck Rehab
 - Bone Health Program
 - Confussion 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.

R_x _____ Physician Signature NPI# _____ Date _____