

Graston Technique

Learn how an instrument in the right hands can help your patients ***Enjoy Life Again.***

The Graston Technique is clinically proven to achieve quicker and better outcomes in treating:

- Achilles Tendinosis/itis
- Carpal Tunnel Syndrome
- Cervical Sprain/Strain
- Lateral & Medical Epicondylitis/itis
- Lumbar Sprain/Strain
- Patellofemoral Disorders
- Plantar Fasciitis
- Rotator Cuff Tendinosis/itis
- Scar Tissue
- Shin Splints
- Trigger Finger



Part of the **Phoenix** family!

Changing the way soft tissue injuries are treated

Graston Technique® is an innovative, patented form of instrument-assisted soft tissue mobilization that enables clinicians to effectively break down scar tissue and fascial restrictions. The technique utilizes specially designed stainless steel instruments to specifically detect and effectively treat areas exhibiting soft tissue fibrosis or chronic inflammation.

Benefits

For the Clinician

- Provides improved diagnostic treatment
- Detects major and minor fibrotic changes
- Reduces manual stress; provides hand and joint conservation
- Increases patient satisfaction by achieving notably better outcomes

For the Patient

- Decreases overall treatment time
- Fosters faster rehabilitation/recovery
- Resolves chronic conditions thought to be permanent

Historically, the Graston Technique has had positive outcomes in 75-90% of all conditions treated. It is equally effective in restoring function to acute and chronic injuries, and pre- and postsurgical patients.



Here's what our patients have to say about the Graston Technique...

*"Graston Technique is **VERY EFFECTIVE** in reducing knots and deep tissue trigger points not reachable with hands."*

Stacey L., Patient

*"The Graston Technique seemed to be **MORE HELPFUL IN RELIEVING PAIN** in my legs and feet than the traditional massage. I could also feel more trigger points being touched."*

Sharon B., Patient

*"I cannot say enough about Graston tools. They have been almost like **A MIRACLE TO ME** with the physical therapy. I was having a lot of difficulty with walking and weight bearing until my therapist tried these tools. The results of these tools with therapy increased my mobility, standing and walking over 10 feet in the first week!*

*I would **DEFINITELY RECOMMEND** the use of the Graston tools whenever appropriate."*

Darlene P., Patient



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

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

www.AdvancedPhysicalTherapy.com

IMPORTANT

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



PRESCRIPTION

- 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**
- THERAPEUTIC EXERCISE**
- MANUAL MOBILIZATION**
- HOME EXERCISE PROGRAM**
- Passive ROM**
- NEUROMUSCULAR RE-EDUCATION**
- SELF-CARE EDUCATION**
- Active-Assisted ROM**
- THERAPEUTIC ACTIVITIES**
- Progressive Resistive Exercise**

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

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

- 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
 - Concussion 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 _____

Physician Signature

NPI#

Date