



Sports Injuries

Get back in the game



Our Expertly Trained Clinicians Specialize In:

- ▲ Joint Pain and Dysfunction
- ▲ Sports-Related Tightness and Muscle Banding
- ▲ Tendonitis
- ▲ Strains and Sprains
- ▲ Iliotibial Band Syndrome
- ▲ Low Back Pain and Herniated Disc
- ▲ Upper Extremity Issues
- ▲ Pre-Orthopedic Surgery Prehabilitation
- ▲ Post-Surgical Rehabilitation
- ▲ Concussion Management
- ▲ Kinesiology Taping

Sports and physical fitness are key to leading a healthy lifestyle. People may experience injuries without correct training, adequate stretching and proper conditioning and sometimes accidents just happen. Whether your patient is a competitive athlete or simply a weekend warrior, our experienced Physical Therapists are here to help.

Physical therapy can be used to help patients rebuild strength and improve movement after an injury. PT can also be used to manage pain and prevent future injuries from occurring. Our individualized rehabilitation programs focus on strengthening along with restoring range of motion and mobility. We are committed to helping patients get back to their sport or activities quickly, safely and without pain.

Injury Prevention is Key

Our therapists can also teach proper techniques for stretching, running, and more to prevent injuries and even improve athletic performance. We will create a custom exercise and sports injury prevention program to allow the individual to recover quickly and stay active.

If an injury should occur, we will evaluate the patient's injury and customize the treatment plan to the individual's specific sport or activity. Time is an important factor when a patient starts on the road to recovery. We can usually schedule an appointment within 24 hours. We look forward to helping your patients get back to enjoying the activities they love.

Please contact us if you would like more information on our services.

Grand Blanc: (810) 695-8700 Goodrich: (810) 636-8700
Flint: (810) 732-8400 Waterford: (248) 618-3050
Davison: (810) 412-5100 Clarkston: (248) 620-4260
Clio: (810) 687-8700 Hartland: (810) 632-8700
Fenton: (810) 354-7522

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 |
|--|--|---|

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

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

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- 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

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

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- 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 _____	NPI# _____	Date _____
Physician Signature		