

Aquatic Therapy

The special properties of aquatic therapy allow those who are unable to exercise on land to engage in physical activity. The use of water is specifically recommended for restoration, maintenance and increasing function in patients with acute, transient or chronic disabilities, syndromes or diseases such as arthritis, strokes, obesity, and Parkinson's Disease.

Beneficial for Patients Recovering from:

- Sports and work related injuries
- Lower extremity fractures
- Rheumatic disorders including rheumatoid arthritis, osteoarthritis, and fibromyalgia
- Lumbar strain, sciatic and degenerative disc disease
- Post-operative lumbar laminectomy patients
- Podiatric disorders and osteotomy surgery
- Shoulder, knee and ankle reconstructive surgery



Now available at two of our locations – Davison and Clarkston.



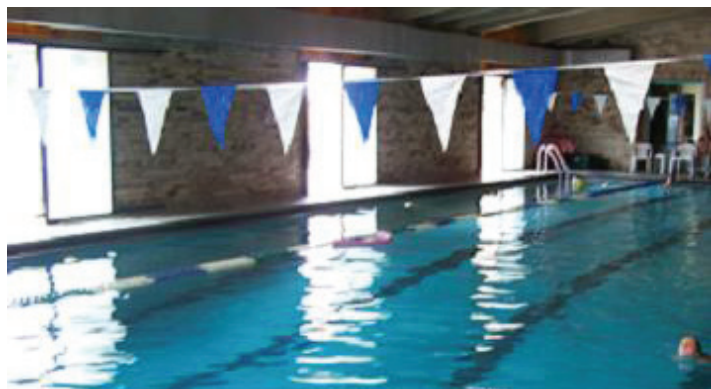
Grand Blanc	810-695-8700.....	10809 S. Saginaw Street
Clio	810-687-8700.....	303 S. Mill Street
Flint	810-732-8400.....	G-2241 S. Linden Rd, Suite A
Hartland	810-632-8700.....	11182 Highland Road

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

www.AdvancedPhysicalTherapy.com

Aquatic therapy has been used for centuries.

There are numerous benefits and uses for aquatic therapy. In physical therapy, it can be used alone or in conjunction with other treatment modalities. Aquatic therapy fosters self-healing as the comfortable water decreases pain, muscle guarding, tension and anxiety. Aquatic therapy is also recommended for those in need of gait training, because the support of the water can decrease the patient's dependence on assistive devices.



Swimming pool at Davison Athletic Club - DAVISON



Swimming pool at Deer Lake Athletic Club - CLARKSTON

Buoyancy

While in water, the human body feels much lighter than it would on land. The water gives much needed support when the patient's muscles and joints are not able to support much weight. This allows them to complete the exercises much easier than they normally would.

Resistance

Patients exercising in water use many more muscles than they would by exercising on land. The water resistance helps to improve the patient's strength and balance.

Hydrostatic Pressure

When patients are almost completely submerged in the water, their blood starts circulating much better throughout their body. This, normally, reduces swelling in the lower extremities of the body. It also helps to relieve any joint stress or pains that the patient may be suffering.

Temperature

Aquatic therapy is, typically, performed in heated pools. The heated water helps the aching muscles and joints to relax. It also improves blood circulation.

Using aquatic therapy as a high-velocity exercise can help build muscle, endurance, strength, cardiovascular health and coordination, without the risk of joint trauma.

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IMPORTANT

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

**Advanced Physical Therapy Center***The therapist you choose does make a difference***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**.

Grand Blanc10809 S. Saginaw St.
Grand Blanc, MI 48439**Clio**303 S. Mill St.
Clio, MI 48420**Flint**G-2241 S. Linden Rd.
Suite A
Flint, MI 48532**Hartland**11182 Highland Rd.
Hartland, MI 48353**Davison**2138 Fairway Dr.
Davison, MI 48423**Goodrich**7477 S. State Rd.
Suite B
Goodrich, MI 48438**Clarkston**6167 White Lake Rd.
Suite 1
Clarkston, MI 48346