

# 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



**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](http://www.AdvancedPhysicalTherapy.com)

# 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.



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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](http://www.advancedphysicaltherapy.com) under **NEW PATIENTS**.