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
- Lumbar Sprain/Strain
- Patellofemoral Disorders
- Plantar Fasciitis
- Rotator Cuff Tendinosis/itis
- Scar Tissue
- Shin Splints
- Trigger Finger
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 then 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
IMPORTANT
Bring this prescription and any HMO referral, Auto or Worker’s Comp authorizations on your first day.

Date____________________Patient Phone Number_________________________________________________________
Name________________________________________________________________________________________________
Diagnosis_____________________________________________________________________________________________
Precautions___________________________________________________________________________________________

Physical / Occupational / Hand Therapy

❑ Evaluate and Treat per Care Plan
❑ Home Exercise Program
❑ Self Care Education
❑ Therapeutic Exercise
❑ Passive ROM
❑ Active-assisted ROM
❑ Active ROM
❑ Progressive Resistive Exercise
❑ Sports Rehab
❑ Neuromuscular Re-Education
❑ Vestibular Rehab
❑ LSVT Big Therapy
❑ Gait and Balance Training
❑ WB Status:________________________
❑ Advanced Stabilization
❑ Med X Testing/Rehab
❑ Pediatric Transformers Program
❑ Sportsmetrics
❑ Manual Techniques
❑ Graston Technique
❑ Joint Mobilization
❑ Myofascial Release
❑ Soft Tissue Massage
❑ Ultrasound/Phonophoresis
❑ Iontophoresis
❑ Light/Laser Therapy
❑ Electrical Stimulation
❑ Cervical Traction
❑ Pelvic Traction
❑ TENS
❑ Biofeedback
❑ Contrast Bath/Whirlpool
❑ Bionsess
❑ Women’s Health
❑ Paraffin Bath
❑ Fluidotherapy
❑ Pinch/Grip strengthening
❑ Scar massage
❑ Desensitization
❑ Orthotic Fabrication:______________
❑ Tendon Repair Protocol___________
❑ Therapeutic Activities
❑ ADL Activities____________________
❑ TMJ Rehabilitation
❑ Lymphedema Treatment
❑ Functional Capacity Evaluation
❑ Work Reconditioning/Hardening
❑ Return to Work Assessment
❑ Disability Testing
❑ Ergonomic Assessment

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.

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 Blanc (810) 695-8700  Fax (810) 695-7946
Clio (810) 687-8700  Fax (810) 687-8724
Flint (810) 732-8400  Fax (810) 732-8746
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

Advanced Physical Therapy Center
The therapist you choose makes a difference