

LSVT-BIG

LSVT-BIG is an innovative physical/occupational therapy program that helps to increase strength, motor learning, and changes in brain function in individuals with Parkinson's Disease and other neurological conditions including stroke, multiple sclerosis, cerebral palsy, and Down Syndrome. Each treatment focuses on the production of large amplitude whole body functional movements.



Improvements include:

- Faster walking with bigger steps
- Improved balance
- Increased trunk rotation



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

A method was developed following rigorous research

The method was developed following rigorous research funded by the National Institutes of Health. More than 20 years worth of research documents showed improved ratings on motor function tests following treatment for Parkinson's Disease patients.

LSVT BIG therapy includes:

- 16 sessions: four consecutive days a week for four weeks
- Individual one hour sessions
- Daily homework practice
- Daily carryover exercises

Fact:

Approximately 60,000 Americans are diagnosed with Parkinson's disease each year.

- As many as one million Americans live with Parkinson's disease, which is more than the combined number of people diagnosed with multiple sclerosis, muscular dystrophy and Lou Gehrig's disease.
- Approximately 60,000 Americans are diagnosed with Parkinson's disease each year, and this number does not reflect the thousands of cases that go undetected.
- An estimated 7-10 million people worldwide are living with Parkinson's disease.
- Incidence of Parkinson's increases with age, but an estimated four percent of people with PD are diagnosed before the age of 50.
- Men are one and a half times more likely to have Parkinson's than women.

Many of the symptoms of Parkinson's disease involve motor control, the ability to control your muscles and movement. As Parkinson's disease progresses, it becomes increasingly disabling, making daily activities like bathing or dressing difficult or impossible. LSVT-BIG can teach those living with Parkinson's Disease how to avoid inactivity and ease movement while being engaged in everyday activities – leading to an improved quality of life.



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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**.