Acoustic Compression Therapy (ACT)™ -
A sound approach to treating acute and chronic musculoskeletal pain.

**Advantages of Acoustic Compression Therapy**

- Alleviation of musculoskeletal pain
- Improves mobility
- Increases circulation
- Non-invasive
- Reduces inflammation and need for medication
- Short treatment cycles

Targeted, non-invasive pain relief.
Focusing in on your pain
The acoustic waves generated by the WellWave painlessly pass through the body and converge at a point deep within the soft tissue to produce an intense, extremely short duration compression event. The focused acoustic compression is translated to tissue to provide a massage with pin-point accuracy to the affected area.

Patient guided pain relief
Diagnosis of referred pain and the recognition of the originating pain triggering points can be accomplished using the WellWave. Abnormal musculoskeletal tissue can be “flared” with focused ACT in order to define the areas that require treatment. This process of defining the origins of pain is guided by the patient through verbal feedback to the healthcare professional providing the treatment.

Common conditions treated with WellWave:
- Shoulder pain
- Golfer’s/tennis elbow
- Repetitive stress injuries
- Heel and foot pain
- Trigger points
- Back and neck pain
- Adhesions
- Hip, leg and knee pain
- Chronic pain in transitional areas between tendons and muscles

Studies show that not only is this therapy effective, it’s also safe for patients. Researchers have found that between 65-95% of patients see a reduction in pain after WellWave.

What to expect during an Acoustic Compression Therapy treatment
- The clinician will identify the treatment site or sites. They may mark these sites.
- They will then apply a thin coat of coupling gel. This gel helps to translate the acoustic sound waves generated by the therapy head to the body.
- The clinician will start the treatment at a very low output setting and increase the power to a level that helps the patient define the treatment area. The output level and acoustic wave frequency rate may vary from location to location based on the depth and type of tissue being treated.
- As the clinician moves the therapy source around the treatment area, patient may feel a deep, dull ache that is familiar as being like the feeling the condition produces. The clinician will ask the patient to report when they feel the ache and will adjust the output of the device to the appropriate level for the treatment. They may also ask the patient to confirm that the therapy source is still creating the ache and may adjust the location of the treatment based on their feedback. If at anytime the treatment becomes uncomfortable, patient should mention this to the clinician and they will adjust the output level.
- After the treatment is completed, the coupling gel will be removed and the patient can return to their normal activities. They may experience some minor aches or discomfort after treatment. It is not unusual for patients to notice flushed or reddened skin around the treatment site.
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 Resistant 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
❑ Bionses
❑ 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.