



rehabilitation prescription/treatment plan

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WORKER'S COMPENSATION TREATMENT PLAN NO-FAULT TREATMENT PLAN PRIVATE OTHER

Patient's Name: DOB: Home Phone:
DIAGNOSIS: DOI: Work Phone:
Precautions/Comments: DOS:
Employer: Claim #:
Insurance Co.: Adjuster: Phone:

evaluations: Evaluate and Treat (with re-evaluation every 30 days) Ergonomic/Job Site Analysis
Isokinetic Strength Testing Functional Baseline Testing Work Capacity Testing

frequency and duration: times per week for weeks. Total Treatments:

physical rehabilitation

- Therapeutic Exercises/PRE
Spinal Stabilization Exercises
Cervical Thoracic Lumbar
William's Flexion Exercises
McKenzie Protocol
Codman's
Neuromuscular Re-education
General Body Conditioning
Gait Training
Home Exercise Program
Aquatic Therapy
Hand Therapy
Work Conditioning

procedures

- ROM
Active Passive
Joint Mobilization
Soft Tissue Mobilization
Myofascial Release
Connective Tissue Massage
Splinting
Orthotics
Specify

modalities

- Ultrasound
Electric Muscle Stim.
Hot Pack/Cold Pack
Traction
Cervical Pelvic
Iontophoresis
Phonophoresis
TENS
Whirlpool
Paraffin
Fluidotherapy

measurable goals and objectives

decrease

- Pain
Edema
Dysfunction
Body Weight

increase

- ROM / Mobility
Strength / Stability
Functional Capacity
Aerobic Condition / Endurance

educate

- Home Exercise Program
Back School
Sport Body Mechanics
Postural Education
Sport / Body Mechanics

Begin Date Projected Termination Date

Time Schedule of Measurable Objectives:

Blank lines for scheduling objectives.

Therapist's Signature Date:

Physician's Signature Date:

Physician's Print