



MISSION
PHYSICAL REHABILITATION

www.MissionPhysicalRehabilitation.com

SOUTHEAST
(pool therapy)
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F: 210-337-7966

NORTHEAST
(pool therapy)
12413 Judson Rd., #260
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F: 210-656-7957

SOUTHWEST
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MEDICAL CENTER
(pool therapy)
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F: 210-614-4190

WESTOVER HILLS
6511 West Loop 1604 N.
Suite 117
T: 210-201-0185
F: 210-688-9228

NEW BRAUNFELS
894 Loop 337, Suite C
T: 830-609-2000
F: 830-606-4028

Patient Name: _____ Date: _____

Telephone#: _____ DOB: _____

Diagnosis: _____

- Frequency: 5x week 4x week 3x week 2x week 1x week
- Duration: 8 weeks 6 weeks 4 weeks 3 weeks 2 weeks

Precautions: _____

Consult: Evaluate & Treat

- Goals:** Increase R.O.M Decrease Pain Establish Home Exercise Program
- Increase Strength Decrease Edema Improve Function
- Increase Endurance Return to Work Other: _____

Therapeutic Exercise/Programs

- Aquatic Therapy
- McKenzie Program
- Flexion Program
- Functional Stabilizing Program
- Physical Conditioning
- Codman Exercises
- NDT/PNF
- Pilates/Core Stabilization
- Hand Therapy Program
- Pregnancy (Pre/Post Natal)
- Passive/Active R.O.M./Strengthening
- TMJ Dysfunction & TMD
- Vestibular Rehab
- Balance Rehab

Manual Therapy

- Soft Tissue Mobilization
 - Joint Mobilization
 - Manual Stretching
 - Manual Traction
 - Muscle Energy Technique
 - Positional Release
- Industrial Rehabilitation**
- Work Conditioning (Includes Pre & Post FCE)
 - Work Hardening (Includes Pre & Post FCE)
 - Back School/ Body Mechanics Training
 - Injury Prevention Program
 - Functional Capacity Evaluation (FCE)
 - Impairment Rating

Modalities

- Ultrasound
- Electrical Stimulation
- Neuromuscular Re-Education
- Gait Training
- Iontophoresis/Phonophoresis
- TENS (Rental/Purchase)
- Hydrotherapy/Whirlpool
- McConnell Taping
- Orthotics
- Mechanical Traction, Cervical & Lumbar

Additional Instructions: _____

Follow-up appointment with Physician: _____

I certify the above treatment plan is medically necessary and approved by me.

Physician: _____

Signature: _____ Date: _____

Do not email prescription. The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.



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Mission Physical Rehabilitation is featured on

PTandMe.com

An informational site for patients interested in or considering physical, occupational, and/or hand therapy.



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