



MISSION  
PHYSICAL REHABILITATION

www.MissionPhysicalRehabilitation.com

**CIBOLO (NEW!)**

232 Brite Road  
Suite 113  
T: 210-566-1269  
F: 210-566-1265

**LIVE OAK**

*(Aquatic Therapy)*  
12413 Judson Rd., #260  
T: 210-656-7953  
F: 210-656-7957

**NEW BRAUNFELS**

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

**WESTOVER HILLS**

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

**EAST SOUTHCROSS**

*(Aquatic Therapy)*  
3875 E. Southcross  
Suite B  
T: 210-337-7953  
F: 210-337-7966

**MEDICAL CENTER**

*(Aquatic Therapy)*  
2140 Babcock Rd.  
Suite 130  
T: 210-614-7953  
F: 210-614-4190

**NOGALITOS**

3110 Nogalitos  
Suite 201  
T: 210-534-7953  
F: 210-534-6695

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.



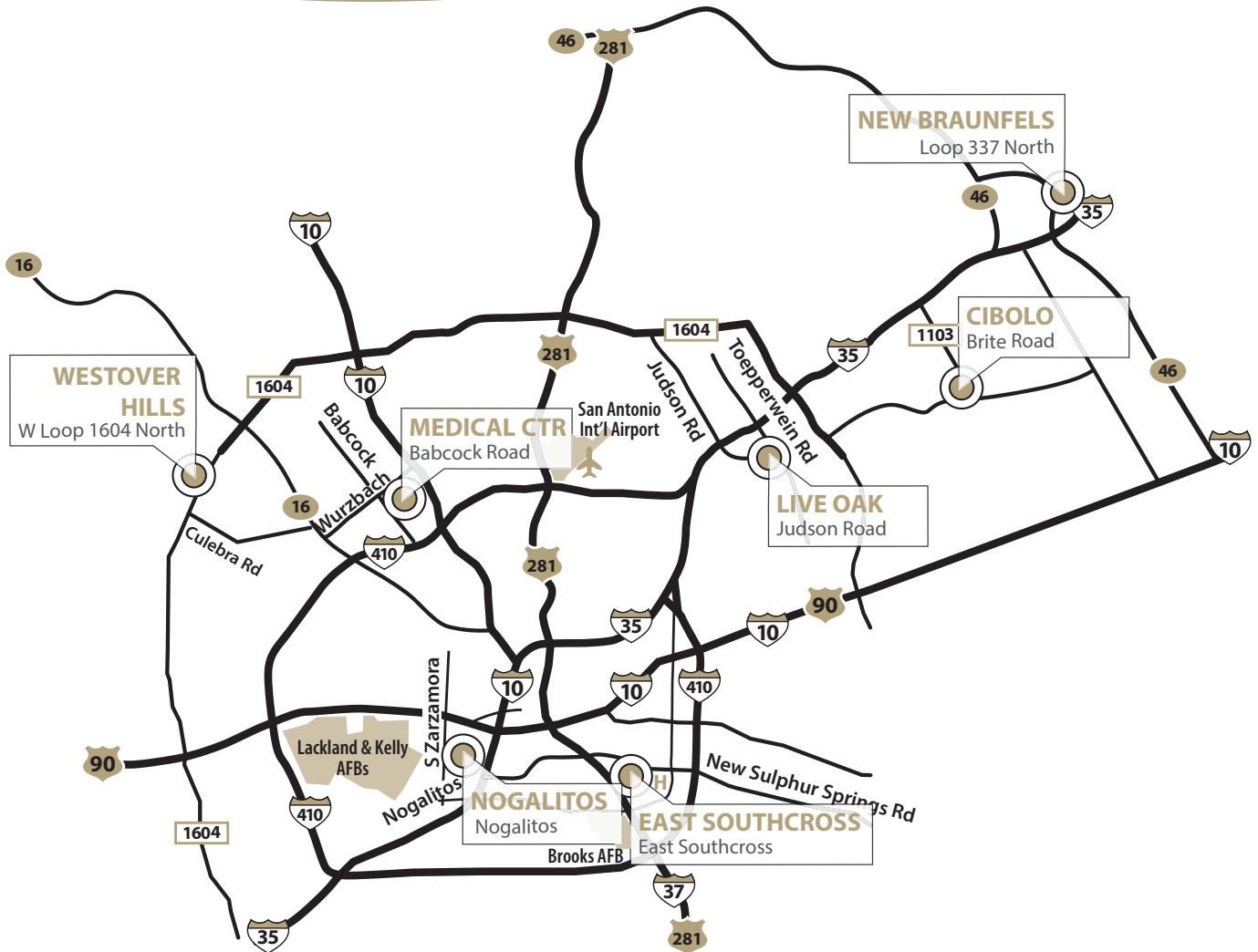
# MISSION

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MissionPhysicalRehabilitation.com

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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