



EQUILIBRIUM
PHYSICAL THERAPY

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Prescription Form

Patient: _____

Diagnosis: _____

Precautions / Contraindications: _____

Comments: _____

PHYSICAL THERAPY Evaluate and Treat _____ / Week _____ Weeks.

REHAB:

- | | | |
|---|--|---|
| <input type="checkbox"/> Soft Tissue Mobilization | <input type="checkbox"/> Stretching | <input type="checkbox"/> Strengthening |
| <input type="checkbox"/> Range of Motion | <input type="checkbox"/> Proprioception and Balance Training | <input type="checkbox"/> Taping |
| <input type="checkbox"/> Joint Mobilization | <input type="checkbox"/> Spinal Stabilization Program | <input type="checkbox"/> Neural Gliding |

SPECIALTY PROGRAMS:

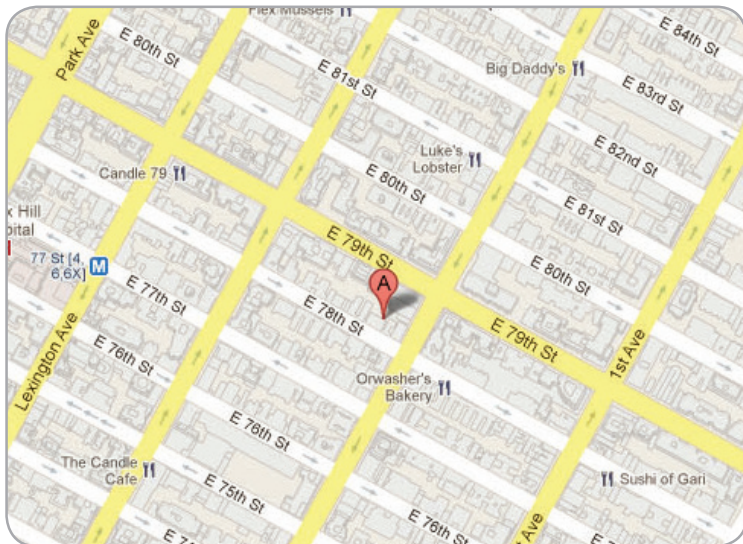
- Vestibular Evaluation with Infrared Video Nystagmography
 - VOR Adaptation Exercises
 - Functional Habituation Exercises
 - Static/Dynamic Balance and Gaze Stability Training
- Orthotic Casting and Fabrication
- Alter G AntiGravity Treadmill (<http://www.alter-g.com>)
- Smart Step Biofeedback (Gait Analysis)
- Medical Massage Therapy
- Video Motion Analysis of _____
- Vibration Therapy (WBV)

MODALITIES:

- Ultrasound
- Electric Stim
- Ice/Heat

Physician Signature: _____ Date: _____

DRIVING DIRECTIONS:



SPECIALTIES

- 1) Vestibular Evaluation and Rehabilitation
- 2) Orthotic Fabrication
- 3) Orthopedic Manual Therapy
- 4) Sports Rehabilitation
- 5) Post Surgical Rehabilitation

CLINIC BIO:

Equilibrium Physical Therapy is founded upon our passion for individualized care and attention during rehabilitation. We never overbook, we have private treatment rooms, and we practice one on one for the entire physical therapy session.