**YOUR PHYSICAL THERAPY PLAN OF CARE**

**Your physical therapist will perform an evaluation which will include a medical history**

**and a history of the problem for which you are currently seeking treatment.**

**Based on the information provided by the evaluation, the therapist will devise a treatment program tailored to your specific rehabilitation needs.**

**Your program may include any of the following treatments:**

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| 97110 | **Therapeutic Exercise** to increase strength, endurance, range of motion and/or flexibility. | |
| 97112 | **Neuromuscular Re-education** to improve posture, alignment, balance, co-ordination, proprioception, kinesthetic awareness and/ or joint stability. | |
| 97116 | **Gait Training** to improve balance, safety, gait pattern for walking, gait pattern for running, and/or use of an assistive device | |
| 97140 | **Manual Therapy** to improve joint alignment, joint/soft tissue integrity and/or segmental joint mobility.  **Manual therapy** to decrease pain, joint/tissue edema, and/or spasm. | |
| 97530 | **Therapeutic Activities** to improve functional activities such as reaching, carrying, lifting, pushing, pulling, kneeling, bending, sitting, squatting, walking, running and/or stairs. | |
| 97010 | **Heat therapy or cold therapy** to decrease pain and/or edema or to increase muscle relaxation and/or circulation | |
| 97035 | **Ultrasound** to decrease pain and/or edema or to increase circulation | |
| 97014 | **E-Stimulation** to decrease pain and/or edema or to increase muscle relaxation, muscle facilitation and/or circulation. | |
|  | **Patient Education** in posture, ergonomics and body mechanics and to increase the patient’s knowledge of their condition for proper self management and safety and to increase independence in functional activities. | |
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