



# The Therapy Center of Cedar Point

www.mynctherapy.com

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(252) 393-7928 fax

Download forms from website and complete prior to 1<sup>st</sup> visit.

## Physical Therapy Prescription

\_\_\_\_\_  
Patient's Name:

\_\_\_\_\_  
Diagnosis/Code

Frequency:    1       2       3       4       5       per week

Duration:     1-2 weeks     2-4 weeks     4-6 weeks

**Evaluate and Treat:**

### Modalities

- Ice/Heat
- Iontophoresis
- Ultrasound
- Phonophoresis
- Soft Tissue Mobilization
- TENS/Electrical Stimulation
- Mechanical TX
  - Cervical
  - Lumbar

### Therapeutic Exercise

- Passive
- Active
- Resistive
- Balance Retraining
- Gait Training
- Mobilization/Manipulation
- Biofeedback
- Myofascial Release
- Aquatic Therapy

### Women's Health

- Post-Partum
- Urinary Incontinence
- Pelvic Pain

### Vestibular Rehabilitation

- Positional
- VOR Training

Precautions/Contraindications: \_\_\_\_\_  
\_\_\_\_\_

Next MD visit: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ MD    Date: \_\_\_\_\_

(Legible signature / Signature with stamp)