AWARE PHYSICAL THERAPY

Big-city care, close to home

# PHYSICAL THERAPY PRESCRIPTION

**Robert A. Zoubek, MPT**
**Owner, Therapist**

**Kevin J. Cleary, MPT**
**Owner, Therapist**

Providing a range of services and treatments:

- Sports Medicine
- Gait Abnormalities
- Back and Neck Pain
- TMJ Treatment
- Hand Therapy
- Work & Auto Injuries
- Pre/Postoperative Care
- Preventive Care Programs / Personal Training/ Track II Fitness Program
- Chronic Pain Management
- Orthopedic Injuries
- Arm & Leg Pain
- Carpal Tunnel Syndrome
- Headaches
- Women's Healthcare

With your convenience in mind:

- One-in-one evaluations
- Appointments seen within 24 Hours
- On-Time Scheduling
- Early Morning, Evening & Same Day Appointments
- Handicapped-Accessible
- Major Credit Cards Accepted
- Most Insurance Accepted & Filed
- Payment Plans Available

**PATIENT NAME: _____DOB: _____**

**HOME PHONE: _____ CELL PHONE: _____**

**DIAGNOSIS: _____ INSURANCE: _____**

## THERAPEUTIC PROCEDURES

__PT EDUCATION
__GAIT TRAINING
__STM/TFM
__NEUROMUSCULAR RE-ED
__FUNCTIONAL ACTIVITIES
__AROM / PROM
__STRENGTHENING
__MANUAL THERAPY
__PROPRIOCEPTIVE TRAINING
__POSTURE / BODY MECHANICS
__JOINT MOBILIZATIONS
__BALANCE TRAINING
__ORTHOSES FIT / TRAINING

### MODALITIES

__MOIST HEAT
__COLD
__ULTRASOUND / PHONO
__E-STIM
__IONTOPHORESIS
__PARAFFIN
__TENS
__MECHANICAL TRACTION

### SUPPLIES

__THERABAND
__THERAPUTTY
__MCKENZIE ROLL
__OTHER

## SPECIAL PROGRAMS

__MCKENZIE EVAL AND TREAT
__LUMBAR / CERVICAL STAB
__VESTIBULAR REHAB
__WORK CONDITIONING
__FALL PREVENTION

**FREQUENCY: _____DURATION: _____**

**PHYSICIAN SIGNATURE: _____ DATE: _____**

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