

ROWE PHYSICAL THERAPY AND ASSOCIATES

Holistic Physical Therapy for Body, Mind and Spirit

Date: _____

Physician's: _____ Certification _____ Re-certification for Physical Therapy

Patient Name: _____

Diagnosis: _____

Treatment Plan:

- | | |
|---|--|
| 1) ___ EVALUATE and TREAT
(per practitioner's finding) | 10) ___ Manual Cervical Traction |
| 2) ___ Therapeutic Exercise | 11) ___ Neuromuscular Re-education |
| 3) ___ Therapeutic Activities | 12) ___ Postural & Positional Correction |
| 4) ___ Myofascial Release | 13) ___ Gait Training |
| 5) ___ Craniosacral Therapy | 14) ___ Relaxation Training |
| 6) ___ Visceral Manipulation | 15) ___ Home Exercise Program |
| 7) ___ Lymph Drainage Therapy | 16) ___ Pt. Education for Self-Help |
| 8) ___ Joint Mobilization | 17) ___ Neurodevelopment Technique |
| 9) ___ Soft Tissue Mobilization | 18) ___ Sensory Integration |

Expected Frequency: _____ x/week Duration: _____ weeks

Rehabilitation Potential: ___ Excellent ___ Good ___ Fair ___ Poor

Physician's Comments: _____

Physician's Signature: _____ UPIN: _____

**THIS CERTIFICATION FORM AND PHYSICIAN'S SIGNATURE
INDICATES THE MEDICAL NECESSITY OF TREATMENT.
THANK YOU!**

Main Office:
1400 Centre Street
Suite 104
Newton, MA 02459
(617) 244-4462
Fax (617) 244-4435

Satellite Office:
The Wellness Center at 14 Cedar
14 Cedar Street
Hopkinton, MA 01748
(508) 435-8182
(617) 244-4462 (scheduling)

Email: HealingHands@RowePT.com • Website: www.RowePT.com