



THE SPINE CENTER

Neurological Institute
710 West 168th Street, 5th Floor
New York, NY 10032

Telephone: (212) 305-9625 Fax: (212) 342-1540

Name: _____ Date: _____

Diagnosis: _____ ICD-9 Code: _____

Physical Therapy: Evaluate and Treat



- Manual Therapy
- Therapeutic Exercise:
 - Resistive Exercise: _____
 - Range of Motion: _____
 - Flexibility
 - Progressive Lumbar Stabilization
 - Progressive Cervical Stabilization
- Group Therapeutic Procedure/Exercise Class
- Therapeutic Activities
- Neuromuscular Re-education
 - Positioning and Body Mechanics
 - Posture
- Gait training
 - Weight Bearing Status: _____
- Self Care/Home Training
 - ADLs
 - Community/Work Re-integration
 - Mechanical traction
- Electrical Stimulation
- Moist Heat Cryotherapy Ultrasound
- Other: _____

2-3x/week x 4 weeks 6 weeks 8 weeks 10 weeks 12 weeks

The above plan of care is consistent with my determination of
medical necessity and prescription for physical therapy.

Physician Signature _____

Date _____