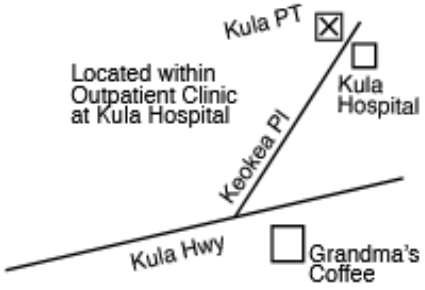
2662 Wai Wai Place, Suite 102
Kihei, Hawaii 96753
Ph. (808) 875-6690 • Fax (808) 875-6691
www.kiheiphysicaltherapy.com

KPT

Treatment Plan and Prescription

100 Keokea Place
Kula, HI 96790
(808) 875-6690 • Fax (866) 646-1468
www.kiheiphysicaltherapy.com



Patient Name | Phone | Date

Diagnosis | ICD-9 Code | D.O.B.

Case Manager / Adjuster | D.O.I.

Physician | Work Comp | No Fault

Insurance Carrier | Claim #

Other Specific Instructions / Precautions:

❑ **Evaluate and Initiate Treatment as indicated (including re-evaluations)**

Modalities / Procedures

- ❑ Spinal stabilization / Body mechanics / Posture
- ❑ Gait / Balance training ~ crutches / cane
- ❑ ROM ~ passive, active assistive, active
- ❑ Ultrasound / Iontophoresis/Phonophoresis
- ❑ Electrical Stimulation
- ❑ Women's Health ~ pre/post partum, urinary incontenence
- ❑ Traction ~ mechanical, manual, home set-up
- ❑ Manual Therapy ~ joint mobilization, myofascial, massage
- ❑ Therapeutic Exercise ~ Isometric, Isotonic, Eccentric
- ❑ Work hardening / conditioning

Frequency (times / week) **Duration (weeks)** **Total Visits**

I certify the services furnished under this plan of treatment are reasonable and necessary.

Physician's signature_____ **Date** _____

The above treatment plan is ❑ Approved ❑ Denied Adjuster's Name

Adjuster's Signature | Date

Therapist's Signature | Date

Orthopedics . Seniors . Work & Auto Injuries . Back & Neck Injuries . Athletes . Post-Surgical . Pilates . Women's Health