

PRESCRIPTION FOR RECOVERY

School House Village • 200 Route 57, Suite 1
 Phillipsburg, NJ 08865
tel. 908.387.1277 • fax 908.387.1280

57 Route 46 East, Suite 108
 Hackettstown, NJ 07840
tel. 908.852.6600 • fax 908.852.6680

The Concourse at Beaver Brook
 1465 State Highway 31 (3rd Floor)
 Annandale, NJ (Clinton Township) 08801
tel. 908.328.3300 • fax 908.328.3268

Washington Plaza
 269 Route 31, Suite 1
 Washington, NJ 07882
tel. 908.835.8533 • fax 908.835.8522

Patient Name: _____

Diagnosis: _____

Frequency: _____ Duration: _____

Precautions/Comments: _____

☐ Evaluate & Treat

Rehab Programs

- Straight Up
Spine Rehab Program
- Industrial Athlete
Employee Recovery
- Fleet Feet
Podiatric Rehab
- OrthoStar
*Orthopaedic & Sports
Medicine*
- Tender Points
*Myofascial & Chronic
Pain Care*
- Balance &
Fall Prevention

Therapeutic Exercise

- ROM Exercise
 - Passive*
 - Active*
 - Active Assistive*
- Strengthening Exercise
- Gait Training
- Desensitization
- Work Conditioning
- Patellofemoral
Syndrome
- ACL Protocol

Modalities

- Ultrasound
- Electric Stimulation
- Iontophoresis
- Paraffin
- Whirlpool
- TENS

This patient requires the above prescribed treatment as a medical necessity for the noted diagnosis for optimal recovery.

 Referring Physician

 Date

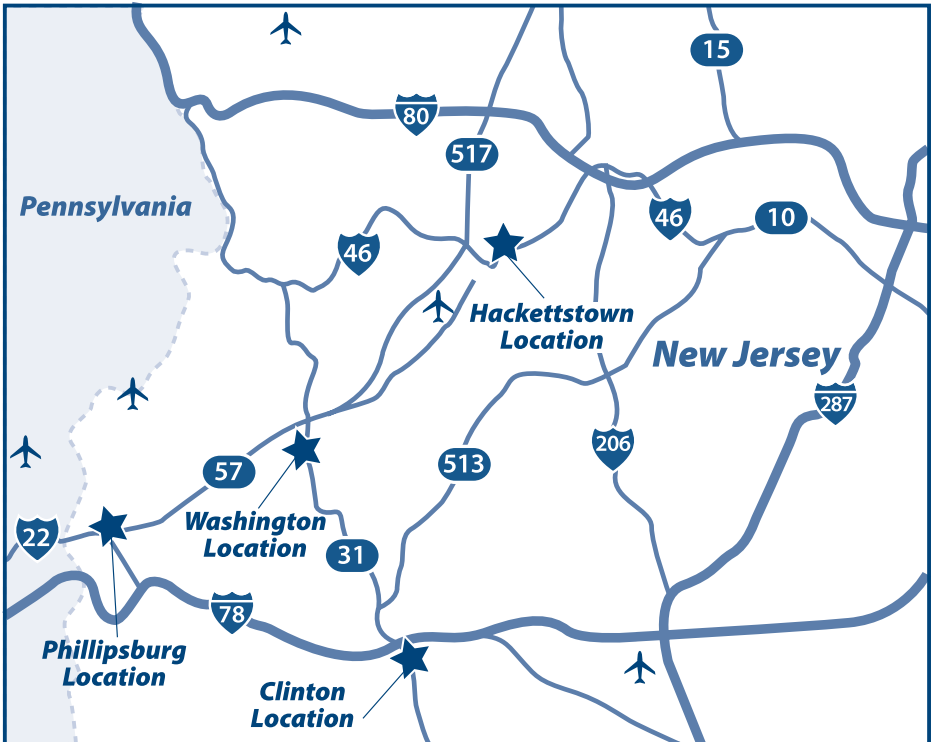
FOUR CONVENIENT LOCATIONS

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**A Progressive Approach
To Rehabilitation**