Steven DeSousa, PT, DPT, MA, OCS
Board Certified in Orthopedic Physical Therapy
Certified in Hand and Upper Extremity Rehabilitation

Herbert N. Tandy, PTA

EAST NORTHPORT
Physical Therapy
Exceptional credentials. Outstanding results.

OUTPATIENT THERAPY CENTERS
❑ 554 Larkfield Rd., Ste. 207, East Northport, NY 11731
Phone: **(631) 266-4501** • Fax: (631) 266-4502
❑ 275 Wolf Hill Rd., Huntington Sta., NY 11746
on the campus of St. Anthony's High School
Phone: **(631) 266-4501 ext. 224**

Patient's Name:_____ Date:_____

Diagnosis:_____ Surgery:_____

PHYSICAL/OCCUPATIONAL THERAPY PRESCRIPTION

❑ **PHYSICAL THERAPY** ❑ **OCCUPATIONAL THERAPY**

Modalities
- ❑ Hot/Cold Pack.....97010
- ❑ E-Stim unattended...G2083/97014
- ❑ Paraffin bath.....97018
- ❑ Whirlpool.....97022
- ❑ Diathermy.....97024
- ❑ Iontophoresis.....97033
- ❑ Ultrasound.....97035

Weight Bearing Status
- ❑ NWB
- ❑ WBAT
- ❑ FWB
- ❑ PWB _____%
  _____lb.

Therapeutic Intervention
- ❑ Therapeutic exercise.....97110
- ❑ Neuromuscular Re-Ed.....97112
- ❑ Aquatic therapy.....97113
- ❑ Gait Training.....97116
- ❑ Orthotics fitting/training.....97504
- ❑ Prosthetic Training.....97520
- ❑ Therapeutic/Dynamic Activities 1/1.....97530
- ❑ Cognitive Retraining.....97532
- ❑ Self Care/Home Management Training 1/1.....97535
- ❑ W/C Management.....97542

Procedures
- ❑ PT Evaluation.....97001
- ❑ OT Evaluation.....97003
- ❑ Traction, mechanical.....97012
- ❑ Vasopneumatic Devices.....97016
- ❑ E-Stim attended.....97032
- ❑ Traction, manual.....97140
- ❑ Massage.....97124
- ❑ Myofascial Release.....97140
- ❑ Joint Mobilization.....97140
- ❑ Physical Performance Testing.....97750

Protocols
- ❑ CPM Set Up
- ❑ ACL/Arthroscopy
- ❑ Fall Prevention/Balance Training
- ❑ Low Back Rehabilitation/ Stabilization
- ❑ Sport Specific Training
- ❑ Vestibular Rehabilitation
- ❑ Work Reconditioning
- ❑ Cardiopulmonary Rehabilitation
- ❑ Rotator Cuff Repair/SLAP Repair

Frequency _____x/week for _____weeks

Intended Goal of Therapy: _____

Precaution and / or Special Instructions:_____

ATHLETIC TRAINING SERVICES

❑ Athletic Training Evaluation.....97005 ❑ Athletic Training Re-evaluation.....97006

INDUSTRIAL REHABILITATION SERVICES

❑ FCE - Functional Capacity Evaluation.....97750 ❑ Pre-work Screening ❑ Functional Job Analysis

HAND THERAPY AND SPLINTING REFERRAL

Type of Splint
- ❑ Static
- ❑ Serial Static
- ❑ Static Progressive
- ❑ Dynamic

Surface
- ❑ Dorsal
- ❑ Volar
- ❑ Radial
- ❑ Ulnar

Specific Splint Options
- ❑ Radial Gutter Splint.....L3932
- ❑ Ulnar Gutter Splint.....L3932
- ❑ Thumb CMC Splint.....L3800
- ❑ Short Opponens Splint.....L3800
- ❑ Long Opponens Splint.....L3805
- ❑ DBS (Flexor Tendon Splint).....L3805
- ❑ Sugar Tong Splint.....L3982
- ❑ Long Arm Splint.....L3986
- ❑ Carpal Tunnel Neutral Wrist Splint.....L3986
- ❑ PIP Cylinder Splint.....L3900

Specific Splint Description: _____

_____

_____

Statement of Medical Necessity

The above information substantiates the need for Physical Therapy/Rehabilitative Services in accordance with New York State Law. This treatment is necessary for recovery of function, reduction of pain and inflammation.

Referring Physician's Signature_____MD