Main Office
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PROVIDENT PHYSICAL THERAPY & REHABILITATION
Exceptional Care. Outstanding Results.

Center of Excellence for Orthopedic Physical Therapy and Athletic Performance
275 Wolf Hill Road
Huntington Station, 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 PLAN OF CARE

❑ **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 ❑ FWB
- ❑ WBAT ❑ 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.....97161
- ❑ PT Evaluation.....97166
- ❑ PT Evaluation.....97163
- ❑ OT Evaluation.....97165
- ❑ OT Evaluation.....97166
- ❑ OT Evaluation.....97167
- ❑ 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

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