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CORNER OF SIP AND BERGEN AVENUES. FREE PARKING ON SIP AVENUE

PHYSICAL THERAPY PRESCRIPTION

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_

Physical Therapy Evaluation and Treatment: \_\_\_ times per week for \_\_\_ weeks  
(if unspecified, treatment will be 3x per week for 4 weeks)

Evaluate and treat as per PT's recommendation: \_\_\_\_\_

\_\_\_ Modalities : \_\_\_ Cold/Hot Packs \_\_\_ Electric Stimulation \_\_\_ Ultrasound

\_\_\_ Manual Therapy

\_\_\_ Therapeutic Exercises: \_\_\_ AROM \_\_\_ AAROM \_\_\_ PROM \_\_\_ Isometrics  
\_\_\_ General Conditioning Exercises (GCEs) - Endurance and Mobility Training  
\_\_\_ Progressive Resistive Exercises (PREs) - Weight and Resistance Training

\_\_\_ Functional Activities (Transfers, mobility, functional training, work conditioning, etc).

\_\_\_ Gait Training (if not specified, patient will be assessed for ambulation potential)

\_\_\_ FWB \_\_\_ PWB \_\_\_ TTWB \_\_\_ WBAT \_\_\_ NWB  
\_\_\_ Level Surfaces \_\_\_ All surfaces \_\_\_ Stair Negotiation

\_\_\_ Neuromuscular Therapy: \_\_\_ PNF \_\_\_ Balance \_\_\_ Postural Re-education  
\_\_\_ Neuromuscular Re-education (coordination, proprioception, etc.)

\_\_\_ Education: \_\_\_ Home Exercise Program \_\_\_ Back/Neck School \_\_\_ Joint Protection  
\_\_\_ Energy Conservation/Work simplification

Other: \_\_\_\_\_  
\_\_\_\_\_

Precautions/Contraindications/Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

This prescription acts as a certification of medical necessity for Physical Therapy Services.

Referring physician: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_