

THERAPY PRESCRIPTION



fukujilumpt.com

- Kailua Clinic
Ph: 261-4321 ♦ Fax: 261-4320
Kaneohe Clinic
Ph: 235-5398 ♦ Fax: 235-6359
Windward Occupational Rehab Center (W.O.R.C.)
Ph: 234-5353 ♦ Fax: 234-5858
Honolulu Clinic
Ph: 521-4922 ♦ Fax: 521-4921

- PRIVATE
NO FAULT TREATMENT PLAN
WORKERS COMPENSATION TREATMENT PLAN

Patient's Name Date of Birth

Patient's Contact Number Date of Injury/Surgery

ICD Code Diagnosis

ICD Code Diagnosis

Precautions

EVALUATE & TREAT

- PHYSICAL THERAPY CLINIC MOBILE

x per week for weeks. Total

- AQUATIC PHYSICAL THERAPY - W.O.R.C.

x per week for weeks. Total

- MASSAGE THERAPY by a Licensed Massage Therapist
For Workers Comp/No Fault Insurance Patients

x per week for weeks. Total

- WORK HARDENING & CONDITIONING - W.O.R.C.

x per week for weeks. Total

- FUNCTIONAL CAPACITY EVALUATION (F.C.E.) - W.O.R.C.

Manual Therapy

Joint Manipulation
Joint Mobilization
Myofascial Release
Strain-Counterstrain
Soft Tissue Mobilization
Graston / IASTM
(Instrument Assisted
Soft Tissue Mobilization)

Therapeutic Exercises

Strengthening
ROM/Flexibility
Postural Education / Ergonomics
Home Exercise Program

Neuromuscular Re-Ed

Gait Training
Coordination / Proprioception
CVA / Stroke Recovery

Modalities

Mechanical Traction
Electrical Stimulation
Ultrasound

Other

Physician's Signature Date:

Physician's Name (printed) Phone: Fax:

FOR OFFICE USE ONLY

Treatment plan start date end date estimated cost \$

Company Employer

Adjuster Ph Fax

Claim No. Approved Denied