

THERAPY PRESCRIPTION



FUKUJI & LUM
PHYSICAL THERAPY

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- PRIVATE _____
- NO FAULT TREATMENT PLAN
- WORKERS COMPENSATION TREATMENT PLAN

- Honolulu Clinic** (Kuakini Physicians Tower)
- Honolulu-Downtown Pool** (Laniakea YWCA)
- Kailua Clinic** (Kailua Medical Arts Bldg.)
- Kaneohe Clinic & Pool** (Kokokahi YWCA)
- Kaneohe - Work Comp/No Fault** **Windward Occupational Rehab Center (W.O.R.C.)** (Kokokahi YWCA)
- Kapolei Pool** (Kroc Center Hawaii)

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

_____ x per week for _____ weeks. Total _____

AQUATIC PHYSICAL THERAPY – Kaneohe, Downtown HNL, & Kapolei

_____ 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

_____ x per week for _____ weeks. Total _____

FUNCTIONAL CAPACITY EVALUATION (F.C.E.)

Manual Therapy

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

Modalities

Mechanical Traction
Electrical Stimulation
Ultrasound

Other _____

Therapeutic Exercises

Strengthening
ROM/Flexibility
Postural Education / Ergonomics
Home Exercise Program

Neuromuscular Re-Ed

Gait Training
Balance Training
Coordination / Proprioception
CVA / Stroke Recovery

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 _____