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## PHYSICAL THERAPY PRESCRIPTION

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Patient: \_\_\_\_\_ Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Precautions: \_\_\_\_\_

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Evaluate and Treat per Therapist's discretion

Manual Therapy

- Joint mobilization
- Spinal mobilization
- Soft tissue mobilization
- PROM
- Functional Dry Needling
- ASTYM/Scar Massage

Exercises

- AROM
- AAROM
- Strengthening
- Endurance/Conditioning
- Stabilization program
- Home exercise program

Modalities

- Electrotherapy
- Moist Heat
- Ice Pack
- Ultrasound

Vestibular Rehab

- Fall Prevention/Gait Training
- Work Reconditioning

Sport Specific Rehabilitation and Training

Sport: \_\_\_\_\_

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

Frequency: \_\_\_\_\_ x Per Week for \_\_\_\_\_ Weeks

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