



**PHYSICAL THERAPY PRESCRIPTION**

Patient Name: \_\_\_\_\_ Patient D.O.B: \_\_\_\_\_

Diagnosis (ICD-10 Code): \_\_\_\_\_

Goals of Rehabilitation to include:

- |   |                                       |
|---|---------------------------------------|
| _____ Improved Range of Motion                  | _____ Improved Posture / Biomechanics |
| _____ Improved Gait                             | _____ Improved Functional Ability     |
| _____ Increased Strength                        | _____ Improved Motor Planning         |
| _____ Improved Midline Orientation              | _____ Improved Balance                |
| _____ Establish / Upgrade Home Exercise Program |                                       |

Frequency: \_\_\_\_\_ 1-2x/week \_\_\_\_\_ Duration: \_\_\_\_\_ 1 Year \_\_\_\_\_

Comments/Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

**WARNING: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE & REMEDIES CODE) A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.**