

Patient's Name _____

Diagnosis _____

Restrictions/Precautions _____

Comments _____

Surgery Date _____

Treatments

☐ Evaluate and Treat ☐ PT ☐ OT* ☐ Speech*

Exercise

- ☐ AROM
- ☐ Home Exercise Program
- ☐ PROM
- ☐ Strengthening
- ☐ Stretching

Hand Rehab

- ☐ Custom Orthosis
- ☐ Desensitization
- ☐ Edema Mgmt.
- ☐ Prefab Orthosis
- ☐ Scar Mgmt.

Manual Therapy

- ☐ Dry Needling
- ☐ Graston Technique
- ☐ JT Mobs
- ☐ Manual Traction
- ☐ MET
- ☐ PNF
- ☐ STM/MFR
- ☐ Taping

Modalities

- ☐ Electrical Stim.
- ☐ Heat/Cold
- ☐ Iontophoresis
- ☐ Phonophoresis
- ☐ Traction
- ☐ Ultrasound

SLP*

- ☐ Articulation/Motor Speech
- ☐ Dysphagia
- ☐ Language
- ☐ LSVT Loud
- ☐ VF Swallow Study
- ☐ Voice

Sports Medicine

- ☐ Injury Evaluation
- ☐ Return to Sport

Additional Instructions

**At select locations refer to
ProbilityPT.com for more details.*

Pelvic Health

- ☐ Incontinence
- ☐ Pelvic Health
- ☐ Pregnancy
- ☐ Biofeedback
- ☐ Balloon rectal retraining

Other

- ☐ ADL's
- ☐ Alter G*
- ☐ DorsaVi*
- ☐ Gait Evaluation
- ☐ Gait Training
- ☐ McKenzie Protocol
- ☐ NIMES (=ES)
- ☐ Orthotics
- ☐ Pediatrics
- ☐ Pre-Driving
- ☐ TENS Application
- ☐ Traction
- ☐ Vestibular Rehab
- ☐ Work Conditioning

Plan of Care

Patients to be seen for _____ visits, or _____ x per week for up to 90 days.

By signing below, I certify/recertify that I have examined the patient and have determined that physical/occupational/speech therapy is necessary and that these services will be provided while the patient is under my care. The above plan of patient care is established and will be reviewed every 30 days.

Physician Signature _____ Date _____

Printed Physician Name _____

Return Visit Date to Physician _____



For the most up-to-date listing of locations, visit: ProbabilityPT.com

Ann Arbor

Domino's Farms

4200 Whitehall Drive
Suite 210
Ann Arbor, MI 48105
Phone: 734-712-7171
Fax: 844-525-7545

NorthArbor

1665 Plymouth Road
Ann Arbor, MI 48105
Phone: 734-214-6600
Fax: 844-558-9779

State Street

2058 S. State Street
Ann Arbor, MI 48104
Phone: 734-913-0300
Fax: 844-733-2535

Westgate

2577 Jackson Avenue
Ann Arbor, MI 48103
Phone: 734-929-6400
Fax: 844-731-1175

WestArbor

4350 Jackson Road
Suite 360
Ann Arbor, MI 48103
Phone: 734-712-9630
Fax: 844-727-7512

Brighton

Brighton

7575 Grand River
Suite 115
Brighton, MI 48114
Phone: 810-844-7544
Fax: 844-558-9784

Canton

Canton

1600 S. Canton Center Road
Suite 330
Canton, MI 48188
Phone: 734-398-7500
Fax: 844-558-9783

Clinton

Clinton

103 W. Michigan Avenue
Clinton, MI 49236
Phone: 517-456-5080
Fax: 844-558-9778

Howell

Howell

620 Byron Road
Howell, MI 48843
Phone: 517-545-6333
Fax: 844-558-9785

Plymouth

Plymouth

990 W. Ann Arbor Trail
Suite 103
Plymouth, MI 48170
Phone: 734-414-1000
Fax: 844-364-1569

Saline

Saline

984 E. Michigan Avenue
Saline, MI 48176
Phone: 734-316-2903
Fax: 877-991-4735

Ypsilanti

Carpenter

3069 Carpenter Road
Ypsilanti, MI 48197
Phone: 734-712-3563
Fax: 844-558-9781

Clark - Outpatient PT

3145 W. Clark Road
Suite 102
Ypsilanti, MI 48197
Phone: 734-528-9760
Fax: 734-528-9761

Clark - Pediatric Therapy

3145 W. Clark Road
Suite 106
Ypsilanti, MI 48197
Phone: 734-528-9760
Fax: 734-528-9761

East Ypsilanti

1159 E. Michigan
Avenue
Suite E
Ypsilanti, MI 48198
Phone: 734-712-1589
Fax: 833-589-3762