



Targeted, non-invasive pain relief.

Acoustic Compression Therapy (ACT)[™] -
A sound approach to treating acute and chronic
musculoskeletal pain.

Advantages of Acoustic Compression Therapy

- Alleviation of musculoskeletal pain
- Improves mobility
- Increases circulation
- Non-invasive
- Reduces inflammation and need for medication
- Short treatment cycles



Advanced Physical Therapy Center

The therapist you choose does make a difference

Focusing in on your pain

The acoustic waves generated by the WellWave painlessly pass through the body and converge at a point deep within the soft tissue to produce an intense, extremely short duration compression event. The focused acoustic compression is translated to tissue to provide a massage with pin-point accuracy to the affected area.

Patient guided pain relief

Diagnosis of referred pain and the recognition of the originating pain triggering points can be accomplished using the WellWave. Abnormal musculoskeletal tissue can be “flared” with focused ACT in order to define the areas that require treatment. This process of defining the origins of pain is guided by the patient through verbal feedback to the healthcare professional providing the treatment.

Common conditions treated with WellWave:

- Shoulder pain
- Golfer’s/tennis elbow
- Repetitive stress injuries
- Heel and foot pain
- Trigger points
- Back and neck pain
- Adhesions
- Hip, leg and knee pain
- Chronic pain in transitional areas between tendons and muscles

Studies show that not only is this therapy effective, it’s also safe for patients. Researchers have found that between 65-95% of patients see a reduction in pain after WellWave.

What to expect during an Acoustic Compression Therapy treatment

- The clinician will identify the treatment site or sites. They may mark these sites.
- They will then apply a thin coat of coupling gel. This gel helps to translate the acoustic sound waves generated by the therapy head to the body.
- The clinician will start the treatment at a very low output setting and increase the power to a level that helps the patient define the treatment area. The output level and acoustic wave frequency rate may vary from location to location based on the depth and type of tissue being treated.
- As the clinician moves the therapy source around the treatment area, patient may feel a deep, dull ache that is familiar as being like the feeling the condition produces. The clinician will ask the patient to report when they feel the ache and will adjust the output of the device to the appropriate level for the treatment. They may also ask the patient to confirm that the therapy source is still creating the ache and may adjust the location of the treatment based on their feedback. If at anytime the treatment becomes uncomfortable, patient should mention this to the clinician and they will adjust the output level.
- After the treatment is completed, the coupling gel will be removed and the patient can return to their normal activities. They may experience some minor aches or discomfort after treatment. It is not unusual for patients to notice flushed or reddened skin around the treatment site.



Grand Blanc.....810-695-8700..... 10809 S. Saginaw Street
Clio 810-687-8700.....303 S. Mill Street
Flint 810-732-8400.....G-2241 S. Linden Rd, Suite A
Hartland 810-632-8700.....11182 Highland Road

Davison810-412-5100.....2138 Fairway Drive
Goodrich..... 810-636-8700..... 7477 S. State Rd, Suite B
Clarkston248-620-4260..... 6167 White Lake Road, Suite 1
www.AdvancedPhysicalTherapy.com

IMPORTANT

Bring this prescription and any HMO referral, Auto or Worker's Comp authorizations on your first day.



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PRESCRIPTION

MEDICARE CERTIFICATION/RECERTIFICATION

Grand Blanc (810) 695-8700
Fax (810) 695-7946
Clio (810) 687-8700
Fax (810) 687-8724
Flint (810) 732-8400
Fax (810) 732-4075
Hartland (810) 632-8700
Fax (810) 632-5850
Goodrich (810) 636-8700
Fax (810) 636-8702
Davison (810) 412-5100
Fax (810) 412-5106
Clarkston (248) 620-4260
Fax (248) 620-4239

Date _____ Patient Phone Number _____

Name _____

Diagnosis _____

Precautions _____

Physical / Occupational / Hand Therapy

- | | | |
|---|---|---|
| <input type="checkbox"/> Evaluate and Treat per Care Plan | <input type="checkbox"/> Sportsmetrics | <input type="checkbox"/> Paraffin Bath |
| <input type="checkbox"/> Home Exercise Program | <input type="checkbox"/> Manual Techniques | <input type="checkbox"/> Fluidotherapy |
| <input type="checkbox"/> Self Care Education | <input type="checkbox"/> Graston Technique | <input type="checkbox"/> Pinch/Grip strengthening |
| <input type="checkbox"/> Therapeutic Exercise | <input type="checkbox"/> Joint Mobilization | <input type="checkbox"/> Scar massage |
| <input type="checkbox"/> Passive ROM | <input type="checkbox"/> Myofascial Release | <input type="checkbox"/> Desensitization |
| <input type="checkbox"/> Active-assisted ROM | <input type="checkbox"/> Soft Tissue Massage | <input type="checkbox"/> Orthotic Fabrication: _____ |
| <input type="checkbox"/> Active ROM | <input type="checkbox"/> Ultrasound/Phonophoresis | <input type="checkbox"/> Tendon Repair Protocol _____ |
| <input type="checkbox"/> Progressive Resistive Exercise | <input type="checkbox"/> Iontophoresis | <input type="checkbox"/> Therapeutic Activities _____ |
| <input type="checkbox"/> Sports Rehab | <input type="checkbox"/> Light/Laser Therapy | <input type="checkbox"/> ADL Activities _____ |
| <input type="checkbox"/> Neuromuscular Re-Education | <input type="checkbox"/> Electrical Stimulation | <input type="checkbox"/> TMJ Rehabilitation |
| <input type="checkbox"/> Vestibular Rehab | <input type="checkbox"/> Cervical Traction | <input type="checkbox"/> Lymphedema Treatment |
| <input type="checkbox"/> LSVT Big Therapy | <input type="checkbox"/> Pelvic Traction | <input type="checkbox"/> Functional Capacity Evaluation |
| <input type="checkbox"/> Gait and Balance Training | <input type="checkbox"/> TENS | <input type="checkbox"/> Work Reconditioning/Hardening |
| WB Status: _____ | <input type="checkbox"/> Biofeedback | <input type="checkbox"/> Return to Work Assessment |
| <input type="checkbox"/> Advanced Stabilization | <input type="checkbox"/> Contrast Bath/Whirlpool | <input type="checkbox"/> Disability Testing |
| <input type="checkbox"/> Med X Testing/Rehab | <input type="checkbox"/> Bioness | <input type="checkbox"/> Ergonomic Assessment |
| <input type="checkbox"/> Pediatric Transformers Program | <input type="checkbox"/> Women's Health | |

Comments/Goals _____

3 x Weekly 2 x Weekly Daily **Number of visits** _____
for _____ **weeks** _____ **months**

I certify / recertify that I have examined the patient and physical and/or occupational therapy is necessary, and that services will be furnished while the patient is under my care, and that the plan is established and will be reviewed every ninety (90) days or more often if the patient's condition requires. I estimate that these services will be needed for 90 days.

R _____

Physician Signature

Date

PHYSICAL AND OCCUPATIONAL THERAPY APPOINTMENT INFORMATION: When you receive this prescription please call to set up your first appointment. Bring this prescription, all insurance information such as insurance cards, forms, HMO referrals, worker's compensation or auto insurance claim numbers. Check with your insurance company if you are unsure of your physical and occupational therapy benefits. Wear or bring comfortable clothing so that the area to receive treatment can be easily exposed. Hospital gowns will be provided when needed. If it is necessary to cancel and reschedule, please try to notify us 1 day in advance.

We look forward to serving your rehabilitation needs.

For further information, you may contact us by phone or to speed your registration process, fill out / print forms online at www.advancedphysicaltherapy.com under **NEW PATIENTS**.

Grand Blanc 10809 S. Saginaw St. Grand Blanc, MI 48439	Clio 303 S. Mill St. Clio, MI 48420	Flint G-2241 S. Linden Rd. Suite A Flint, MI 48532	Hartland 11182 Highland Rd. Hartland, MI 48353	Davison 2138 Fairway Dr. Davison, MI 48423	Goodrich 7477 S. State Rd. Suite B Goodrich, MI 48438	Clarkston 6167 White Lake Rd. Suite 1 Clarkston, MI 48346
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