Aquatic Therapy

The special properties of aquatic therapy allow those who are unable to exercise on land to engage in physical activity. The use of water is specifically recommended for restoration, maintenance and increasing function in patients with acute, transient or chronic disabilities, syndromes or diseases such as arthritis, strokes, obesity, and Parkinson’s Disease.

Beneficial for Patients Recovering from:

- Sports and work related injuries
- Lower extremity fractures
- Rheumatic disorders including rheumatoid arthritis, osteoarthritis, and fibromyalgia
- Lumbar strain, sciatic and degenerative disc disease
- Post-operative lumbar laminectomy patients
- Podiatric disorders and osteotomy surgery
- Shoulder, knee and ankle reconstructive surgery

Now available at two of our locations – Davison and Clarkston.
Aquatic therapy has been used for centuries.

There are numerous benefits and uses for aquatic therapy. In physical therapy, it can be used alone or in conjunction with other treatment modalities. Aquatic therapy fosters self-healing as the comfortable water decreases pain, muscle guarding, tension and anxiety. Aquatic therapy is also recommended for those in need of gait training, because the support of the water can decrease the patient’s dependence on assistive devices.

Buoyancy
While in water, the human body feels much lighter than it would on land. The water gives much needed support when the patient’s muscles and joints are not able to support much weight. This allows them to complete the exercises much easier than they normally would.

Resistance
Patients exercising in water use many more muscles than they would by exercising on land. The water resistance helps to improve the patient’s strength and balance.

Hydrostatic Pressure
When patients are almost completely submerged in the water, their blood starts circulating much better throughout their body. This, normally, reduces swelling in the lower extremities of the body. It also helps to relieve any joint stress or pains that the patient may be suffering.

Temperature
Aquatic therapy is, typically, performed in heated pools. The heated water helps the aching muscles and joints to relax. It also improves blood circulation.

Using aquatic therapy as a high-velocity exercise can help build muscle, endurance, strength, cardiovascular health and coordination, without the risk of joint trauma.

Now available at two of our locations – Davison and Clarkston.

<table>
<thead>
<tr>
<th>Location</th>
<th>Phone</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grand Blanc</td>
<td>810-695-8700</td>
<td>10809 S. Saginaw Street</td>
</tr>
<tr>
<td>Clio</td>
<td>810-687-8700</td>
<td>303 S. Mill Street</td>
</tr>
<tr>
<td>Flint</td>
<td>810-732-8400</td>
<td>G-2241 S. Linden Rd, Suite A</td>
</tr>
<tr>
<td>Hartland</td>
<td>810-632-8700</td>
<td>11182 Highland Road</td>
</tr>
<tr>
<td>Davison</td>
<td>810-412-5100</td>
<td>2138 Fairway Drive</td>
</tr>
<tr>
<td>Goodrich</td>
<td>810-636-8700</td>
<td>7477 S. State Rd, Suite B</td>
</tr>
<tr>
<td>Clarkston</td>
<td>248-620-4260</td>
<td>6167 White Lake Road, Suite 1</td>
</tr>
</tbody>
</table>
**IMPORTANT**
Bring this prescription and any HMO referral, Auto or Worker’s Comp authorizations on your first day.

**Prescription**

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**MEDICARE CERTIFICATION/RECERTIFICATION**

**PRESCRIPTION**

**MEDICARE CERTIFICATION/RECERTIFICATION**


Date____________________

Patient Phone Number_________________________________________________________

Name________________________________________________________________________________________________

Diagnosis_____________________________________________________________________________________________

Precautions___________________________________________________________________________________________

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**Physical / Occupational / Hand Therapy**

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

Rx

Physician Signature                                                            Date

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**Physician Signature**

**Date**

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**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](http://www.advancedphysicaltherapy.com) under **NEW PATIENTS**.

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**Grand Blanc**

10809 S. Saginaw St.
Grand Blanc, MI 48439

**Clio**

303 S. Mill St.
Clio, MI 48420

**Flint**

G-2241 S. Linden Rd.
Flint, MI 48532

**Hartland**

11182 Highland Rd.
Hartland, MI 48353

**Davison**

2138 Fairway Dr.
Davison, MI 48423

**Goodrich**

7477 S. State Rd.
Goodrich, MI 48438

**Clarkston**

6167 White Lake Rd.
Suite 1
Clarkston, MI 48346