The NESS H200® hand rehab system allows your patients to open and close their hands with less difficulty; grasp and release objects. Your patients may be able to do all this—*and more*—thanks to the NESS H200 Hand Rehabilitation System. The NESS H200 has a range of benefits for your patients—*all designed to improve the use of the hand*.

For function.
For freedom.
For life.
Bioness NESS H200®
Hand Rehabilitation System

A range of benefits for many
The NESS H200 may help your patients regain function in the hand and wrist if the condition is due to:
• Stroke
• Traumatic brain injury
• Spinal cord injury
• Certain neurological disorders

Added benefits
Beyond helping movement in the hand and wrist, the NESS H200 may also:
• Improve active hand range of motion and function
• Reeducate muscles to function without the system
• Reduce muscle spasms
• Increase local blood circulation
• Prevent muscle loss (atrophy)

Two advanced components keep it simple
With just one hand, your patient can put on, operate, and remove the NESS H200.
1. Lightweight, comfortable Orthosis is custom positioned to the forearm and hand to ensure that your patients get precisely the stimulation they need.
2. Hand held Control Unit sends electrical pulses to the muscles that control hand and wrist function. As the healthcare professional, you customize the settings for the stimulation that’s right for the patient.

“… THE H200 HAS HELPED ME TO BECOME MORE CONFIDENT… JUST LAST NIGHT I WAS ABLE TO PICK UP AN APPLE…”
JOE G., 32 YEAR STROKE SURVIVOR

Designed to Improve the Use of the Hand*
The NESS H200 is a state-of-the-art functional electrical stimulation (FES) system that uses low-level stimulation to help the hand open and close. Customizable stimulation programs may help the patient perform daily activities and also reeducate the muscles over time.

*Individual results vary.

Advanced Physical Therapy Center
The therapist you choose does make a difference

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
Davison            810-412-5100       2138 Fairway Drive
Goodrich           810-636-8700       7477 S. State Rd, Suite B
Clarkston          248-620-4260       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.

---

**PRESCRIPTION**

**MEDICARE CERTIFICATION/RECERTIFICATION**

---

**Date____________________**

**Patient Phone Number_________________________________________________________**

**Name________________________________________________________________________________**

**Diagnosis________________________________________________________________________________**

**Precautions___________________________________________________________________________________________**

---

**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

**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.

---

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.