

Advanced Spine & Neck Program

Advanced Physical Therapy Center's Advanced Spine & Neck Program uses the latest technologies in core and SI joint strengthening to ***Get Results!***

- Over 20 Years of Success
- Thousands of Happy Patients



Advanced Physical Therapy Center

The therapist you choose does make a difference



Advanced Spine & Neck Program

At Advanced Physical Therapy Center, we are hands-on with our patients. We use a variety of therapies to achieve the most efficient and functional of outcomes, and they include; trunk and postural stabilization exercises, individualized body mechanics assessment training, manual therapy to optimize function in the spinal joints and surrounding soft-tissue, Muscle Energy technique, joint stabilization, soft-tissue mobilization, and manual and mechanical traction.

Conditions we can help:

- Chronic lumbar pain
- Degenerative disc disease
- Cervical & lumbar sprains & strains
- Bulging & herniated discs
- Post-surgical rehab
- Pinched nerves
- Sacroiliac dysfunction & pain
- Whiplash injuries
- Sciatica
- Complex spinal problems

Advanced Physical Therapy Center was recognized by Blue Care Network as a **Low Back Pain Center of Excellence**. This designation tells members and physicians that APTC has the infrastructure and processes to deliver effective outcomes with fewer complications.

With the Advanced Spine and Neck Program, 95% of patients, who were surveyed, said they felt improvements in pain reduction and mobility.

Inclusion Criteria

A patient who is suffering from subacute back pain without radicular symptoms.

Typical Results

Week One

The patient's symptoms of pain managed.

Week Two

The patient is independent in a stretching program and begins core exercises.

Week Three

The patient is independent in a mild lumbar strengthening program without exacerbation of symptoms.

Week Four

The patient is independent in a mild lumbar strengthening program without exacerbation of symptoms.

Week Five

The patient is able to combine the aerobic and strengthening programs without symptoms prior to discharge from physical therapy.

"Before coming to Advanced Physical Therapy Center, I was unable to move much at all. Now, I feel like I have a brand new back that allows me to resume a normal life. Thanks, APTC!" – Sara H., Patient

"My lower back is in the best shape it has been in years." – Douglas S., Patient

Treatment based on functional outcomes of accountable care.



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.

**Advanced Physical Therapy Center***The therapist you choose does make a difference*☐ **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 Blanc10809 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