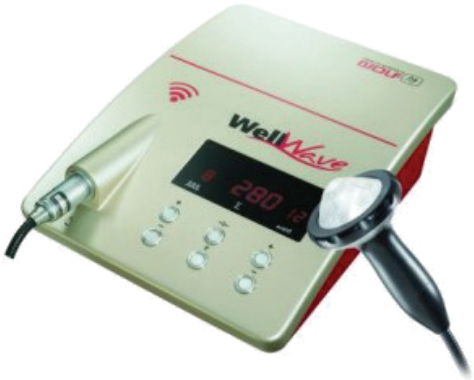
WellWave

Targeted, non-invasive pain relief.

Myofascial Acoustic Compression Therapy (MyACT)™ -
A sound approach to treating acute and chronic musculoskeletal pain.

Advantages of Acoustic Compression Therapy

- Alleviation of musculoskeletal pain
- Muscle relaxation
- Stimulation of tissue
- Improved blood supply
- Non-invasive, safe and effective
- Reduce need for pain medication
- Short treatment cycles



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The therapist you choose does make a difference

Focusing in on pain

Myofascial Acoustic Compression Therapy (MyACT) describes the use of acoustic pulses to treat acute and chronic pain conditions of the musculoskeletal system. The WellWave system uses intense, short duration, acoustic energy waves that are generated outside the body. Acoustic waves are focused so that they converge at a point deep within the soft tissue where the pain originates. These acoustic waves exert a mechanical stress on cells, which stimulates re-initiation of stagnant healing processes and the remodeling of various conditions.

The science behind WellWave

The science behind this treatment is similar to that of lithotripsy (the use of acoustic waves to break up kidney stones). WellWave relieves chronic inflammation by increasing the activity of mast cells, reducing inflammation. WellWave also helps to speed up collagen synthesis, repairing tissues. By stimulating collagen production and reversing chronic inflammation, this therapy often results in pain relief and faster healing times.

Common conditions treated with WellWave:

- Back and neck pain, including pain from bulging/herniated discs
- Golfer's and tennis elbow
- Arthritis
- Shoulder pain
- Trigger points
- Adhesions
- Repetitive stress injuries
- Heel and foot pain, including plantar fasciitis
- Hip, leg and knee pain, and safe to use with total joint replacements
- Chronic pain in transitional areas between tendons and muscles

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.

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.

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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.

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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

- ❑ **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**.