

Graston Technique

Learn how an instrument in the right hands can help your patients ***Enjoy Life Again.***

The Graston Technique is clinically proven to achieve quicker and better outcomes in treating:

- Achilles Tendinosis/itis
- Carpal Tunnel Syndrome
- Cervical Sprain/Strain
- Lateral & Medical Epicondylitis/itis
- Lumbar Sprain/Strain
- Patellofemoral Disorders
- Plantar Fasciitis
- Rotator Cuff Tendinosis/itis
- Scar Tissue
- Shin Splints
- Trigger Finger



Advanced Physical Therapy Center

The therapist you choose does make a difference



Changing the way soft tissue injuries are treated

Graston Technique® is an innovative, patented form of instrument-assisted soft tissue mobilization that enables clinicians to effectively break down scar tissue and fascial restrictions. The technique utilizes specially designed stainless steel instruments to specifically detect and effectively treat areas exhibiting soft tissue fibrosis or chronic inflammation.

Benefits

For the Clinician

- Provides improved diagnostic treatment
- Detects major and minor fibrotic changes
- Reduces manual stress; provides hand and joint conservation
- Increases patient satisfaction by achieving notably better outcomes

For the Patient

- Decreases overall treatment time
- Fosters faster rehabilitation/recovery
- Resolves chronic conditions thought to be permanent

Historically, the Graston Technique has had positive outcomes in 75-90% of all conditions treated. It is equally effective in restoring function to acute and chronic injuries, and pre- and postsurgical patients.

Here's what our patients have to say about the Graston Technique...

*"Graston Technique is **VERY EFFECTIVE** in reducing knots and deep tissue trigger points not reachable with hands."*

Stacey L., Patient

*"The Graston Technique seemed to be **MORE HELPFUL IN RELIEVING PAIN** in my legs and feet than the traditional massage. I could also feel more trigger points being touched."*

Sharon B., Patient

*"I cannot say enough about Graston tools. They have been almost like **A MIRACLE TO ME** with the physical therapy. I was having a lot of difficulty with walking and weight bearing until my therapist tried these tools. The results of these tools with therapy increased my mobility, standing and walking over 10 feet in the first week! I would **DEFINITELY RECOMMEND** the use of the Graston tools whenever appropriate."*

Darlene P., Patient



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

- | | | |
|---|---|---|
| <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