

Laser Light Therapy

Precise and accurate, Laser Light Therapy offers safe and effective treatment for relief caused by a wide variety of conditions, including:

- Arthritis and Other Inflammatory Conditions
- Tissue Repair
- Headaches
- Neck & Shoulder Pain
- Pain Reduction

Bio-stimulation Treatment

- Increase of cell metabolism
- Improved blood circulation and vasodilatation
- Analgesic effect
- Anti-inflammatory and anti-edematous effects
- Speeds wound healing



Advanced Physical Therapy Center

The therapist you choose does make a difference



What is Laser Light Therapy?

Laser Light Therapy is the application of red and near infrared light over injuries or wounds. This improves soft tissue healing and relieves pain by directing bio-stimulative light energy to the body's cells.

This is done without heat and without injuring or damaging the cells in any way. There are also no side effects. The therapy is precise and accurate; and offers safe and effective treatment for a wide variety of conditions. The energy range of low level laser light lies between 1 and 500 mW (milliwatts). To put this into perspective, the energy range of surgical lasers lies between 3000 and 10000 mW.

LASER LIGHT THERAPY CAN TREAT:

- TMJ Pain Syndrome
- Headaches
- Neck & Shoulder Pain
- Medial & Lateral Epicondylitis
- Ligament Tears
- Tendon Ruptures
- Carpal Tunnel Syndrome
- Sciatica
- Low Back Strain & Spasm
- Hip Pain
- Knee Pain
- Tendonitis
- Plantar Fasciitis
- Arthritis

Case Study

According to Laser Therapeutics, when General Motors in Flint, Mich., used low-level laser therapy to treat 89 workers with chronic carpal tunnel syndrome in 1994, almost 50-percent returned to work and needed no further treatment. Some had been considered permanently disabled for up to two years prior. When GM tried laser therapy for workers with carpal tunnel syndrome in seven other plants, the company experienced an 85-percent success rate.

Laser Light Therapy is administered two or three times per week for optimal results.

The treatment is backed by extensive research and more than 500 published studies. It has been used successfully around the world for more than 20 years.

Advanced Physical Therapy Centers therapists have been trained and educated in the use of Laser Light Therapy, which is available at all seven locations.



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