



Mass Bay spine & sport
Physical therapy, Inc.

Brendan Carman, MPT, ATC
Patricia Simms, PT
Melissa Bodzinski, DPT, ATC
Brian O'Neil, PT, CSCS, OCS
Maura Ryan, DPT, CSCS
Sarah Lawson, DPT

PHYSICAL THERAPY PRESCRIPTION

Patient Name: _____ Date: _____

Referring Diagnosis: _____

Frequency: _____ times a week X _____ weeks

- Evaluate and treat as indicated
- Therapeutic Exercise Massage/STM
- HEP Manual Techniques
- Ultrasound Joint Mobilization
- E-stim/Tens Balance Training
- Heat/Cryotherapy Gait Training
- ADL Training Functional Mobility
- Other: _____

Evaluation within 24 hours

Precautions or additional Instructions:

Referring Physician Signature *Date*

Please Print *UPIN #*

506 Plain Street, Suite 101
Marshfield, MA 02050
Phone: 781-319-0024
Fax: 781-319-0088
massbayspineandsport.com

