Overbrook School for the Blind
6333 Malvern Avenue
Philadelphia, PA 19151

Physical Therapy Prescription
2022/2023 School Year

_____ _____
Student Name Date of Birth

I have evaluated the above student and recommend that the student receive PHYSICAL THERAPY to support the educational programing in the AMOUNTS SPECIFIED IN THE STUDENT'S IEP

Diagnosis:

Surgical History Relevant to PT/School:

***CONTRAINDICATIONS:** Please check all that apply

_____ NO Gait Trainer/Walker
_____ NO Floor sitting
_____ NO Positioning Chair
_____ NO Crawling/Kneeling
_____ NO Stander
_____ NO Transfers
_____ NO Prone/Supine lying
_____ Other _____

Reason for Restriction:

*** WEIGHT BEARING and RESTRICTIONS:**

_____ LE Full Weight Braring PERMITTED
_____UE Full Weight Bearing PERMITTED
_____ LE Weight Bearing as Tolerated PERMITTED
_____ UE Weight Bearing as Tollerated PERMITTED
_____ LE **NO** - Weight Bearing PERMITTED/NWB
_____ UE **NO** - Weight Bearing PERMITTED/NWB

Reason for Restriction:

*** RANGE of MOTION EXERCISE RESTRICTIONS, Include Reason:**

Physician Signature:_____ Date: _____

Physician Printed Name _____ Phone Number:

Office Address: Fax Number:

Return to: Jo Ann McNamee, Therapy/O&M Department Phone: 215-877-0313 x218 Fax: 215-689-3979 6333 Malvern Avenue, Philadelphia, PA 19151