

Prescription for Occupational Therapy

Date : _____ . _____ . _____

Patient's Name : _____

Birth Date : _____ . _____ . _____

Diagnosis :

Impairments :

Complications :

Precautions :

Prescription :

1. Kinetic O.T. ; indicate parts to be treated.
 - 1) to improve ROM, strength, endurance, coordination.
 - 2) neurophysiological approach; specify technique if desired
 - 3) others; specify objectives.

2. Tonic O.T.
 - 1) to relieve pain, anxiety, etc.
 - 2) to maintain mental and physical tone.
 - 3) others ; specify objectives.

3. Sensory integration, perceptual & cognitive re-training

4. ADL training ; including self help devices, splints, wheelchair.
 - 1) self-care
 - 2) home-making
 - 3) house-keeping
 - 4) others

5. Prosthetic training for the upper extremity amputee, including chek-up

6. Prevocational training ; specify objectives

7. Tests and evaluations
 - 1) Range of Motion
 - 2) Manual Muscle Testing
 - 3) Activities of Daily Living
 - 4) Prevocational Evaluation
 - 5) Agnosia and Apraxia
 - 6) Others

Signature _____ MD.
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