

Patient Name: _____ Date: _____

Diagnosis: _____

Precautions: Post-polio syndrome - do not over-fatigue _____

Recommended facility: _____ Call 713-797-5942 for appt. for TIRR/MHHS _____

PHYSICAL THERAPY: (___ visits per week for ___ weeks)

Evaluate and treat with emphasis on:

- ☐ Pain management
- ☐ Myofascial/manual techniques, as indicated
- ☐ Modalities, as indicated
- ☐ Low intensity ther ex, may include water exercise
- ☐ Relaxation ex
- ☐ Stretching, PROM
- ☐ Aquatic exercise
- ☐ Home program, to include energy conservation
- ☐ Home safety eval
- ☐ Other: _____

- ☐ Gait training with new _____
- ☐ Balance training
- ☐ Functional training

Precautions:

- ☐ Do not exercise with added resistance other than body weight or pool water
- ☐ Start patient at 50% intensity and twice as much rest as patient with no polio history. Increase/decrease from there.

OCCUPATIONAL THERAPY: (___ visits per week for ___ weeks)

Evaluate and treat with emphasis on:

- ☐ Pain management
- ☐ Myofascial/manual techniques, as indicated
- ☐ Modalities, as indicated
- ☐ Low intensity ther ex, may include water exercise
- ☐ Relaxation ex
- ☐ Stretching, PROM
- ☐ Home program, to include energy conservation
- ☐ Home safety eval
- ☐ Other: _____

- ☐ ADL with energy conservation strategies
- ☐ Splint fabrication and/or fitting
- ☐ Functional training

Precautions:

- ☐ Do not exercise with added resistance other than body weight or pool water
- ☐ Start patient at 50% intensity and twice as much rest as patient with no polio history. Increase/decrease from there.

WHEELCHAIR CLINIC (PT OR OT):

- ☐ Evaluation and prescription for mobility device
- ☐ Seating and positioning evaluation and prescription
- ☐ Pressure mapping and cushion prescription

Special seating concerns include: _____

SPEECH PATHOLOGY: (___ visits per week for ___ weeks)

Evaluate and treat with emphasis on:

- ☐ Modified barium swallow
- ☐ Energy conservation strategies
- ☐ Other: _____

- ☐ Treatment for dysphagia
- ☐ Treatment for voice disorder

NUTRITION/DIETARY:

Evaluate and treat with emphasis on:

- ☐ Weight loss
- ☐ Diabetic and/or heart healthy diets
- ☐ Other: _____

Referring physician from TIRR Post-Polio Out-Patient Clinic:

Provider Signature

Print Name

NPI/MHHS ID.

Date

Time

☐ AM
☐ PM

Contact No.

For questions, please contact Carolyn Da Silva, PT DSc, NCS at 713-794-2087.

MEMORIAL
HERMANN

Prescription for Therapy: Post-Polio
Out-Patient Clinic

OUT-PATIENT AND HOME HEALTH

16495 (3/25)



FIRST-PATIENT

SECOND-PATIENT RECORD