

Lahaina Location
40 Kupuohi Street #105
Lahaina, HI 96761
Phone: 808.661.0077
Fax: 808.661.0177



Wailuku Location
1827 Wells Street #2
Wailuku, HI 96793
Phone: 808.244.0077
Fax: 808.244.0177

Kihei Location
411 Huku Li'i Place, #101
Kihei, HI 96753
Phone: 808.879.0077
Fax: 808.879.0177

PHYSICAL THERAPY

www.imuapt.com

Treatment Plan & Prescription

Worker's Compensation Treatment Plan No Fault Treatment Plan Private Insurance Other

Name: _____ **Phone:** _____

Diagnosis: _____ **Onset/Injury Date:** _____

Precautions/Comments: _____ **Surgery Date:** _____

Case Manager/Adjustor: _____ **Claim #:** _____

Physical Therapy Evaluate & Treat **Massage Therapy** **Occupational Therapy Evaluate & Treat**

Frequency & Duration: _____ times a week for _____ weeks. **Total Treatments:** _____

Manual Techniques

- Soft Tissue Mobilization
- Joint Mobilization
- Manual Stretching / ROM
- Manual Lymphatic Drainage
- Canalith Repositioning
- Graston Technique / Myofascial Release

Therapeutic Modalities and Procedures

- Mechanical/McKenzie Diagnosis & Treatment
- Therapeutic Exercise & Activities
- Neuromuscular Re-ed/Gait/Balance Training
- Heat/Cold
- Ultrasound
- Electrical Stimulation
- C/T/L Stabilization

Medical Equipment

- Custom Orthotics- Sole Supports
- Compression Garment
Armsleeve, Glove, Gauntlet, Thigh High or Knee high (circle)
Grade 20-30 mmHg or 30-40 mmHg (circle)
- TENS Unit- (bill WC/NF)

Special Programs

- Lymphedema Treatment (Combined Decongestive Techniques)
- Oncology Rehabilitation
- Hand Therapy (OT)
- Vestibular Rehabilitation & Balance Training
- Concussion Management Program

Staff

Tiffany Prangnell PT, DPT, ATC, CLT-LANA, Cert.MDT
Robert Silva DPT
Peter Ferrer MSPT
Andrew (Colin) Fuqua DPT
Matthew Kociuba DPT
Terri Driesel PT
Caitlin Hausman PTA
Kevin Bender DPT
Brittany West PTA
Sean Jonick OT
Melissa Eisenhart LMT
Heather Causey LMT

Location(s):

Wailuku Clinic Manager/Lahaina/Kihei
Kihei Clinic Manager
Lahaina Clinic Manager
Lahaina
Kihei/Lahaina
Wailuku
Kihei/ Wailuku
Kihei/ Wailuku
Lahaina/Wailuku
Wailuku
Kihei/Wailuku
Wailuku

Start date _____ **End date** _____

Therapist Signature _____ **Date** _____

Physician Signature _____ **Date** _____