

Direct Therapy Restorative Recommendation

Resident Name _____ Rm# _____

Effective Date _____

Current Therapy Situation:

OT	remains active	recently discharged	N/A
PT	remains active	recently discharged	N/A
SLP	remains active	recently discharged	N/A

To best meet his / her needs, the following restorative measures are recommended

___ A.A.R.O.M to: _____

___ A.R.O.M. to: _____

___ P.R.O.M. to: _____

___ Splint Program _____

___ Walk and Dine Program _____

___ Ambulation Program _____

___ Transfer Training _____

___ Bed Mobility Program _____

___ Bathing Program _____

___ Grooming Program _____

___ Dressing Program _____

___ Other _____

Therapist _____ Date _____