

Vestibular Therapy Prescription

Patient Name: _____ DOB: _____

Physician Name: _____ Follow up date: _____

Diagnosis: _____ ICD 10: _____

Precautions/ Special Notes: _____

Vestibular Diagnosis and ICD -10 Codes

- | | | |
|--|--|--|
| <input type="checkbox"/> R42 Dizziness and giddiness | <input type="checkbox"/> H81.23 Vestibular neuronitis, bilateral | <input type="checkbox"/> H83.2X2 Labyrinthine dysfunction, left ear |
| <input type="checkbox"/> H 81.01 Meniere's Disease Right Ear | <input type="checkbox"/> H81.41 Vertigo of central origin, right ear | <input type="checkbox"/> H83.2X3 Labyrinthine dysfunction, bilateral |
| <input type="checkbox"/> H81.02 Meniere's disease, left ear | <input type="checkbox"/> H81.42 Vertigo of central origin, left ear | <input type="checkbox"/> H83.2X3 Labyrinthine dysfunction, bilateral |
| <input type="checkbox"/> H81.03 Meniere's disease, bilateral | <input type="checkbox"/> H81.43 Vertigo of central origin, bilateral | <input type="checkbox"/> H83.2X9 Labyrinthine dysfunction, unspecified ear |
| <input type="checkbox"/> H81.09 Meniere's disease, unspecified ear | <input type="checkbox"/> H81.49 Vertigo of central origin, unspecified ear | <input type="checkbox"/> S06.0X0A Concussion without loss of consciousness initial encounter |
| <input type="checkbox"/> H81.10 Benign paroxysmal vertigo, unspecified ear | <input type="checkbox"/> H81.90 Unspecified disorder of vestibular function, unspecified ear | <input type="checkbox"/> S06.0X0D Concussion without loss of consciousness subsequent encounter |
| <input type="checkbox"/> H81.11 Benign paroxysmal vertigo, right ear | <input type="checkbox"/> H81.91 Unspecified disorder of vestibular function, right ear | <input type="checkbox"/> S06.0X1D Concussion with loss of consciousness of 30 minutes or less subsequent encounter |
| <input type="checkbox"/> H81.12 Benign paroxysmal vertigo, left ear | <input type="checkbox"/> H81.92 Unspecified disorder of vestibular function, left ear | <input type="checkbox"/> S06.0X1A Concussion with loss of consciousness of 30 minutes or less initial encounter |
| <input type="checkbox"/> H81.13 Benign paroxysmal vertigo, bilateral | <input type="checkbox"/> H81.93 Unspecified disorder of vestibular function, bilateral | <input type="checkbox"/> S06.0X1S Concussion with loss of consciousness of 30 minutes or less sequela |
| <input type="checkbox"/> H81.20 Vestibular neuronitis, unspecified ear | <input type="checkbox"/> H83.09 Labyrinthitis, unspecified ear | |
| <input type="checkbox"/> H81.21 Vestibular neuronitis, right ear | <input type="checkbox"/> H83.2X1 Labyrinthine dysfunction, right ear | |
| <input type="checkbox"/> H81.22 Vestibular neuronitis, left ear | | |

Goals of Treatment

- | | | |
|---|--|---|
| <input type="checkbox"/> Reduce Dizziness | <input type="checkbox"/> Improve Equilibrium | <input type="checkbox"/> Improve range of Motion |
| <input type="checkbox"/> Reduce Vertigo | <input type="checkbox"/> Return to School / Work | <input type="checkbox"/> Improve neck strength |
| <input type="checkbox"/> Improve Balance | <input type="checkbox"/> Return to play/sports | <input type="checkbox"/> Address Postural Dysfunction |

Physical Therapy Treatment

- | | | |
|---|--|---|
| <input type="checkbox"/> Adaptation Exercises | <input type="checkbox"/> Habituation Exercises | <input type="checkbox"/> Balance Training |
| <input type="checkbox"/> Substitution Exercises | <input type="checkbox"/> Functional Training | <input type="checkbox"/> Gait training |

Frequency of Treatment (Standard treatment plan)

- ☐ 2-3 times a week for ☐ 4 weeks ☐ 6 weeks ☐ 8 weeks ☐ 12 weeks

I certify that physical therapy is medically necessary for this patient's plan of care.

Physician Signature

Date