

## Manual Therapy Prescription

Patient: Nina Allen  
Date of Birth: 1969-10-24  
Patient Address: 4950 Hackberry Lane #1, Sacramento, CA, 95841  
Patient Phone: 714-213-9329

### EVALUATE AND TREAT

#### **Physical Therapy / Occupational Therapy**

1. This is a prescription for complete decongestive therapy to include manual lymph drainage of the arms, chest, abdomen, pelvis and legs, wrapping as needed, skin care and kinesiotape as needed.
2. Please use deep techniques to reduce the fibrotic structure in the tissue, breaking down fibrosis and scar to improve flow.
3. This patient may not have the same amount of fluid in the tissue as someone with lymphedema.
4. Please decompress all lymph nodes and assure flow.
5. Teach self MLD and deep tissue techniques.
6. Consider for a sequential pneumatic compression pump.

Please make recommendations for compression garments for the arms, chest, legs and fax to me at 310-747-5908. Compression should be around 25 mm Hg, no more than 30mmHg.

#### **ICD-10:**

Pain in the right leg M79.604  
Pain in the left leg M79.605  
Lipedema R 60.9  
Lymphedema secondary to lipedema I89.0  
Chronic pain G 89.4  
Hypermobility Syndrome M35.7

**CPT:** 97002 or 97004 x1  
(97535, 97140, 97110)x25

**Electronically signed by Karen L. Herbst, MD, PhD** Friday, August 13th, 2021

Karen L. Herbst, MD, PC

Board-Certified Endocrinology

Total Lipedema Care

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