



Arm and Hand Rehab

6692 Merchandise Way, Suite C
Diamond Springs, CA 95619

Ph: (530) 621-1149

Fax: (530)626-3049

For forms and directions:

www.armandhandrehab.com

Specialized in Upper Extremity Rehab

Patient Name: _____

Diagnosis: _____

Date of Injury: _____ Date of Surgery: _____

Precautions: _____



Evaluate and Treat per Therapist Discretion/Standard Protocol
or _____ x per week for _____ weeks

- | | |
|---|--|
| <input type="checkbox"/> Edema Control | <input type="checkbox"/> Contrast Baths |
| <input type="checkbox"/> Desensitization | <input type="checkbox"/> Electric Stim/IFC; CES; TENS |
| <input type="checkbox"/> Therapeutic Exercises | <input type="checkbox"/> Paraffin |
| <input type="checkbox"/> Dressings & Wound Care | <input type="checkbox"/> Ice Massage |
| <input type="checkbox"/> Adaptive Equipment/ADL's | <input type="checkbox"/> Neuromuscular Electric Stim |
| <input type="checkbox"/> Range of Motion (Active/Passive) | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Scar Management | <input type="checkbox"/> Biofeedback/Taping |
| <input type="checkbox"/> Cervical Traction | <input type="checkbox"/> Transcutaneous Electric Stim/Home |
| <input type="checkbox"/> Strengthening/Conditioning | <input type="checkbox"/> Home Equipment Setup |
| <input type="checkbox"/> Soft Tissue Massage/MFR | <input type="checkbox"/> Joint Mobilization/Manual Techniques |
| <input type="checkbox"/> Splinting/Custom Orthotics | <input type="checkbox"/> Infrared |
| <input type="checkbox"/> Vibration | <input type="checkbox"/> Iontophoresis/Dexamethazone:
Potassium Iodine:
Acetic Acid: |

Physician Signature: _____ UPIN: _____

Date: _____ Physician Phone/Fax: _____