



Hand Therapy Specialists, Inc.

Comprehensive Treatment For The Upper Extremity

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(503) 595-0570 Fax (503) 595-0573
- Vancouver • 9407 NE Vancouver Mall Drive • Vancouver, WA 98662
(360) 823-0828 Fax (360) 823-0829

Name: _____ Date: _____

Diagnosis: _____

Precautions/Comments: _____

Frequency: _____x/week For _____ weeks

Evaluate & Treat

Modalities

____ Modality of choice

____ Heat

____ Ice

____ Iontophoresis
with Dexamethasone

____ Iontophoresis
with non-prescriptive compounds

____ Ultrasound

____ _____

____ _____

Work

____ Physical Capacity Eval (PCE)

____ Work Capacity Eval (WCE)

____ Musculo-skeletal Eval

____ Job Site Eval (JSE)

____ Ergonomic Consultation

____ Work Simulation

Treatment

____ AROM

____ AAROM

____ PROM

____ Desensitization

____ Edema control

____ Functional activity

____ Home Exercise Program

____ Tissue mobilization

____ Strengthening

____ Wound care

Splinting

____ Static _____

____ Static/Progressive _____

____ Dynamic _____

Physician Signature