



WASHINGTON HAND THERAPY

YOUR NEIGHBORHOOD HAND THERAPY CLINICS

Patient Name: _____ DOB: _____

Diagnosis/ICD-10: _____ Patient Phone: _____

Date of Injury: _____ Date of Surgery: _____

Clinic preference: _____

- Evaluate and treat per therapist discretion

OBJECTIVES

- | | |
|--|---|
| <input type="checkbox"/> Decrease Pain | <input type="checkbox"/> Desensitization |
| <input type="checkbox"/> Decrease Edema | <input type="checkbox"/> ADL Re-Training |
| <input type="checkbox"/> Increase Strength | <input type="checkbox"/> Ergonomic Re-Education |
| <input type="checkbox"/> Wound/Scar Management | <input type="checkbox"/> Joint Protection |

Modalities

- Ultrasound
- IASTM/Graston Technique
- TENS/FES
- Electrical Stimulation
- BTE Work Simulator
- Continuous Passive Motion
- Myofascial Release/Massage

Exercises

- Active/Passive ROM
- Resistive/Strengthening
- Joint Mobilization
- Return to Work

Splinting

- Static Splint
- Dynamic Splint
- Other: _____

Treatment Frequency: _____ times for _____ weeks

Physician Signature: _____ Date: _____

Physician Name (Print): _____ Recheck Date: _____

Physician Phone: _____ Physician Fax: _____

LOCATIONS

BELLEVUE

11711 NE 12th Street
Suite 3A
Bellevue, WA 98005
P: 425-233-8607
F: 425-449-5937

KIRKLAND

12910 Totem Lake Blvd. NE
Suite 130
Kirkland, WA 98034
P: 425-823-8055
F: 425-658-5302

NORTHGATE

10564 5th Ave. NE
Suite 302
Seattle, WA 98125
P: 206-486-3337
F: 206-502-1027

RENTON

4300 Talbot Road South
Suite 201
Renton, WA 98055
P: 425-243-6923
F: 425.529.9498

WOODINVILLE

17924 140th Ave. NE
Suite 200
Woodinville, WA 98072
P: 425-658-0110
F: 425-658-5310