



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

Washington Hand Therapy
11711 NE 12th St Ste 3A
P: 425.223.8607
F: 425.449.5937

BURIEN

Highline Hand Therapy
275 SW 160th St Ste 201
P: 206.244.4263
F: 206.244.8703

KIRKLAND

Washington Hand Therapy
12910 Totem Lake Blvd NE Ste 130
P: 425.823.8055
F: 425.658.5302

PUYALLUP

Summit Physical and Hand Therapy
3801 5th St SE Ste 220
P: 253.445.3344
F: 253.445.4724

RENTON

Washington Hand Therapy
4300 Talbot Road South Ste 201
P: 425.243.6923
F: 425.529.9498

SEATTLE

Southwest Hand Therapy
4435 35th Ave SW Ste 106
P: 206.935.1215
F: 206.935.0207

Washington Hand Therapy
10564 5th Ave NE Ste 302
P: 206.486.3337
F: 206.502.1027

WOODINVILLE

Washington Hand Therapy
17924 140th Ave NE Ste 200
P: 425.658.0100
F: 425.658.5310