



ALEXANDRIA REHABILITATION

YOUR UPPER EXTREMITY SPECIALIST

Patient's Name: _____ Date: _____

Diagnosis: _____

Date of Injury/Surgery: _____

Precautions: _____

Frequency: _____ times per week for _____ weeks

TREATMENT

- | | |
|--|---|
| <input type="checkbox"/> EVALUATE & TREAT | <input type="checkbox"/> Scar Mobilization/Desensitization |
| <input type="checkbox"/> AROM/AAROM/PROM | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Edema Management | <input type="checkbox"/> CRPS/RSD Treatment |
| <input type="checkbox"/> Strengthening | <input type="checkbox"/> Preferred Protocol (Please Circle): |
| <input type="checkbox"/> Home Exercise Program | Klein Modified Kleinert Durand Therapist Discretion |

MODALITIES

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Heat/Ice |
| <input type="checkbox"/> Electrical Stimulation | <input type="checkbox"/> Whirlpool |
| <input type="checkbox"/> Iontophoresis with Dexamethasone
(20 mls. Of 4mg/ml concentrate) | <input type="checkbox"/> Paraffin |

SPLINTING/ORTHOSES

- | | | |
|--|----------------------------------|---|
| <input type="checkbox"/> Static | <input type="checkbox"/> Dynamic | <input type="checkbox"/> Mallet Finger / Boutonnieres |
| <input type="checkbox"/> Hand-based Thumb Spica | | <input type="checkbox"/> Trigger Finger |
| <input type="checkbox"/> Forearm-based Thumb Spica | | <input type="checkbox"/> Resting Hand |
| <input type="checkbox"/> Dorsal Blocking | | <input type="checkbox"/> Nerve Palsy |
| <input type="checkbox"/> Post-Op Dupuytren's | | <input type="checkbox"/> Wrist Immobilizer |
| <input type="checkbox"/> _____ | | <input type="checkbox"/> Tennis Elbow Brace |

Comments: _____

PHYSICIAN SIGNATURE: _____

AMOS HARTSELL, OTR/L

220 22nd Ave. E, #108 Alexandria, MN

info@alexrehab.com | www.alexrehab.com | p 320.335.2515 | f 320.335.2717