KEVIN MCKEE, OT, CHT, OWNER/DIRECTOR
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WWW.BRICKHAND.COM

BRICK HAND & REHABILITATIVE SERVICES
Occupational & Physical Therapy

Date: ______________________________

Patient Name: ______________________________

Diagnosis: ______________________________

Surgery: ______________________________

Surgery Date: ____________________ Date Injured: ____________________

Next Dr. Appointment: ______________________________

Precautions: ______________________________

Treatment Frequency/Week: ______________ # Weeks: ______________

## HAND / OCCUPATIONAL / PHYSICAL THERAPY

- ❒ Evaluate & Treat
- ❒ Functional Capacity Evaluation
- ❒ Sensory Evaluation
- ❒ Edema Control
- ❒ Scar Management
- ❒ Joint/ Tissue Mobilization
- ❒ Desensitization
- ❒ Gait/ Balance Training
- ❒ Self Care/ ADL's
- ❒ Exercises: ____________________
- ❒ Whirlpool
- ❒ Fluidotherapy
- ❒ Paraffin
- ❒ Ultrasound/ Phonophoresis
- ❒ Iontophoresis
- ❒ TENS
- ❒ Neuromuscular Electrical Stimulation
- ❒ Traction
  - ❒ Cervical
  - ❒ Pelvic

❒ AROM ❒ AAROM ❒ PROM ❒ Strengthening ❒ Stabilization
❒ BTE ❒ McKenzie ❒ Home Program ❒ Stretch
❒ Work Conditioning

❒ Other ______________________________

______________________________

## PROGRAMS POST-OP / NON-SURGICAL

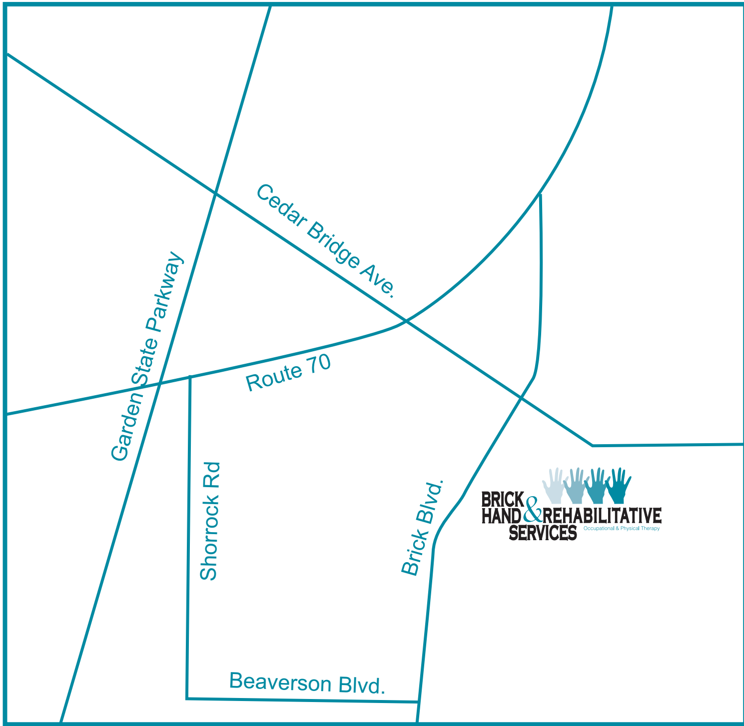
- ❒ Dupuytren's Contracture
- ❒ Carpal Tunnel Syndrome
- ❒ Wrist Fracture
- ❒ Return to Work
- ❒ Cancer Reconditioning
- ❒ Arthritis
- ❒ Jobst Garment
- ❒ Custom Fracture Brace/ UE
- ❒ Scar Gel/ Elastomer Mold
- ❒ Wound/Burn Care
- ❒ Pain Management
- ❒ Sports Cast Protection Foam Pad

❒ Splinting ______________________________

*I certify that this treatment and equipment is medically necessary as indicated over the next 30 days or other specified period.*

______________________________ ______________________________
*Physician Signature* *Date*

**DO NOT EMAIL PRESCRIPTION** The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.



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