

HAND/ OCCUPATIONAL/ PHYSICAL THERAPY

Michal LaBrie OTR/L, CHT Director
515 Brick Boulevard Brick, NJ 08723
Tel. 732.840.8100 Fax. 732.840.0559
www.brickhand.com



Patient Name: _____ Date of Birth: _____
Diagnosis: _____ Date of Injury: _____
Surgery: _____ Date of Surgery: _____
Precautions: _____ Protocol: _____
Next Dr. Appointment: _____ Frequency/Duration: _____

MODALITIES

- Hot/ Cold packs
- Fluidotherapy
- E-stim
- Iontophoresis
- Paraffin
- Ultrasound
- Phonophoresis

TREATMENT EVAL/ TREAT

- AROM
- AAROM
- PROM
- STRENGTHENING
- MANUAL THERAPY
- JOINT/ TISSUE MOBILIZATION
- EDEMA CONTROL
- WOUND CARE
- SCAR MANAGEMENT
- SENSORY RE-ED / DESENSITIZATION
- NEURO RE-ED
- ADL TRAINING
- FCE
- WORK CONDITIONING
- BTE
- GAIT/ BALANCE
- CERVICAL
- OTHER: _____

SPLINTING SPLINT AS NEEDED

- WRIST SUPPORT
 - ULNER GUTTER
 - RADICAL GUTTER
 - THUMB SPICA
 - SHORT OPPONENS
 - RESTING HAND
 - MALLET FINGER
 - FINGER GUTTER
 - ELBOW
 - OTHER: _____
- DYNAMIC: _____ STATIC PROGRESSIVE: _____

SPECIFIC INSTRUCTION/ COMMENTS: _____

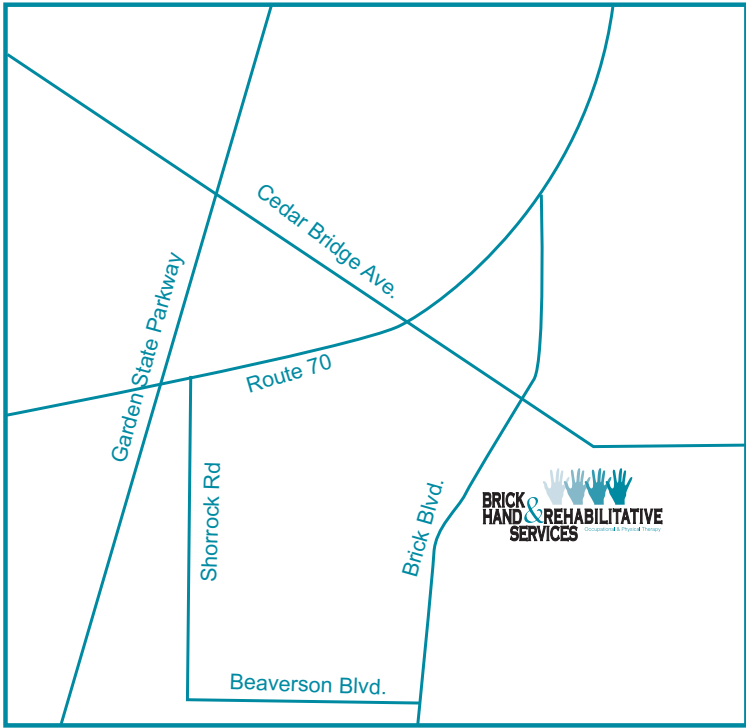
Print Physician Name

Date

Signature

NPI

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.



**BRICK
HAND & REHABILITATIVE
SERVICES** Occupational & Physical Therapy

515 Brick Boulevard
Brick, NJ 08723
T. (732) 840-8100 :: F. (732) 840-0559
WWW.BRICKHAND.COM
featured on PTandMe.com