

**EL PASO HAND & ARM REHABILITATION CENTER, INC.**

11395 JAMES WATT DR. A-7

EL PASO, TEXAS 79936

(915) 598-1920

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PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_  
\_\_\_\_\_

REFERRING PHYSICIAN: \_\_\_\_\_

SURGICAL PROCEDURE(S) PERFORMED: \_\_\_ YES \_\_\_ NO D.O.S. \_\_\_\_\_

SURGICAL PROCEDURE(S) PERFORMED: \_\_\_\_\_

SPECIAL PRECAUTIONS (INSTRUCTIONS) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ EVALUATE AND TREAT

\_\_\_\_\_ FOLLOW PROTOCOL

**MODALITIES**

- \_\_\_\_\_ Fluidotherapy
- \_\_\_\_\_ Ultrasound/Phonophoresis
- \_\_\_\_\_ Iontophoresis-W/Supplies
- \_\_\_\_\_ Electrical Stimulation (FES)
- \_\_\_\_\_ E-Stim & Ultrasound
- \_\_\_\_\_ Vasopneumatic Devices  
(Jobst Extremity Pump)
- \_\_\_\_\_ TENS Application (Trial Usage)
- \_\_\_\_\_ TENS Rental \_\_\_\_\_ TENS Purchase
- \_\_\_\_\_ Desensitization
- \_\_\_\_\_ Contrast Baths
- \_\_\_\_\_ Dressing Change & Wound Care
- Other \_\_\_\_\_  
\_\_\_\_\_

**Treatment Frequency and Duration**

- \_\_\_\_\_ Daily for \_\_\_\_\_ Weeks
- \_\_\_\_\_ 4X Weekly For \_\_\_\_\_ Weeks
- \_\_\_\_\_ 3X Weekly For \_\_\_\_\_ Weeks
- \_\_\_\_\_ 2X Weekly For \_\_\_\_\_ Weeks
- \_\_\_\_\_ Other \_\_\_\_\_

**PROCEDURES**

- \_\_\_\_\_ Hand Rehab
- \_\_\_\_\_ Flexor Tendon Protocol
- \_\_\_\_\_ Extensor Tendon Protocol
- \_\_\_\_\_ Thumb Rehab
- \_\_\_\_\_ Wrist/Forearm Rehab
- \_\_\_\_\_ Elbow Rehab
- \_\_\_\_\_ Shoulder Rehab
- \_\_\_\_\_ Cervical Spine Rehab
- \_\_\_\_\_ Stroke/CVA Rehab
- \_\_\_\_\_ Manual Therapy/Jt. Mobilization
- \_\_\_\_\_ Myofascial Release
- \_\_\_\_\_ Soft Tissue Mobilization
- \_\_\_\_\_ Massage (Scar & or Deep Tissue)
- \_\_\_\_\_ Neuromuscular Re-education
- \_\_\_\_\_ Training in Activities of Daily Living
- \_\_\_\_\_ Work Conditioning
- \_\_\_\_\_ Therapeutic Activities (ROM)
- \_\_\_\_\_ Therapeutic Exercises

**Splinting Specifications**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- \_\_\_\_\_ Long Arm Splint
- \_\_\_\_\_ Static Short Arm Splint
- \_\_\_\_\_ Dynamic Short Arm
- \_\_\_\_\_ Dynamic Finger Splint
- \_\_\_\_\_ Static Finger Splint
- \_\_\_\_\_ Dynamic finger/thumb

\_\_\_\_\_  
**Physician's Signature**