



PATIENT'S NAME: ..... PATIENT'S PHONE: .....

DIAGNOSIS: ..... DOB: .....

PRECAUTIONS: .....

### rehabilitation

**Evaluate & Treat**

- Modalities (Elect Sim, Iontophoresis)
- Therapeutic Exercise (Active, Passive, A/AROM)
- Thermal Modalities (Paraffin, heat, ice, Fluido)
- Order adaptive equipment, home units, TENS, etc.

Myofascial Release

- Home Program
- Scar Mobilization/Desensitization

**# of Strands per Repair:** .....

**Preferred Protocols:**

- Therapist Discretion/Other: .....

### splinting

**Custom Splinting:** (circle as desired)

- Static / Dynamic / Static-Progressive
- Digit / Hand / Wrist / Forearm based
- Therapist Discretion**

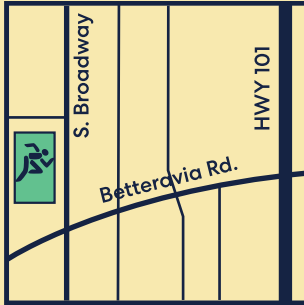
**Position:** (in degrees)

- |            |             |
|------------|-------------|
| MCPs ..... | Wrist ..... |
| PIPs ..... | Elbow ..... |
| DIPs ..... |             |

Comments / Parameters: .....

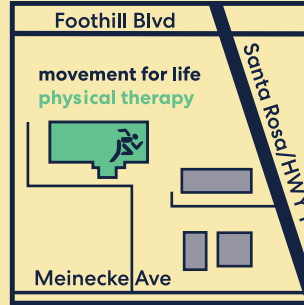
Frequency: ..... times per week for ..... weeks. Signature: ..... Date: .....

# the experts in movement



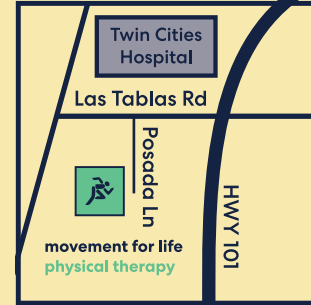
## santa maria

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## slo-meinecke

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## templeton

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Download & print new patient forms at [www.movementforlife.com](http://www.movementforlife.com)

