



OCCUPATIONAL/HAND THERAPY PRESCRIPTION AND TREATMENT PLAN

WORKERS COMPENSATION (APPROVED BY: DATE) NO FAULT MEDICARE OTHER

Patient's Name: DOB: Phone: Diagnosis: DOI: DOS: Precautions/Comments:

FREQUENCY/DURATION: times per week for weeks Total Treatments:

TREATMENT:

EVALUATE AND TREAT (Therapist to evaluate and choose appropriate procedures and modalities to increase ROM, strength, function, and/or relieve pain)

- AROM / PROM / AAROM Joint Mobilization Strengthening Neuromuscular Re-education Pain Management Patient Education Edema Management Connective/Soft tissue mobilization Wound Care Modalities (i.e. thermal agents, electrical stimulation, Ultrasound) Other: Scar Management Desensitization ADL simulation/training Home Exercise Program Complete Decongestive Therapy/ Lymphedema Management

MEASUREABLE GOALS TO BE MET BY:

- Increase ROM Decrease Pain Increase Grip Strength Decrease Swelling

CUSTOM ORTHOSIS/COMPRESSION GARMENT:

Type of Orthosis:

- STATIC DYNAMIC Silver Ring Splint Compression Garment

Include: Finger II, III, IV, V Thumb Wrist Forearm Elbow Shoulder

Indicate joint parameters (i.e. MCP @60°)

Wearing Schedule:

PRE-FABRICATED ORTHOSIS/BRACE/COMPRESSION GARMENT

Tennis elbow brace LMB (PIP spring) Compression garment Other

DATE ITEM(S) DISPENSED:

Begin Date: Projected Termination Date: Expected Cost: \$

SPECIAL INSTRUCTIONS:

Therapist's Signature:

Date:

Physician's Signature:

Date:

Hale Pawa Location Parking entrances are located off Young St. and Beretania St..

Waipio Location Waipio Shopping Center Building adjacent to Foodland

Maui Location Kulamalu Plaza Located in All Access Ortho Maui

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