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— ARIZONA CENTER FOR —  
**Hand to Shoulder Surgery**

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Hand to Shoulder Surgery & Reconstructive Microsurgery • [www.achssurgeons.com](http://www.achssurgeons.com)  
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<b>Patient Name:</b>	
<b>Diagnosis:</b>	<b>DOI:</b>
<b>Procedure:</b>	<b>DOS:</b>

<input type="checkbox"/> Evaluation and Treatment <b>RANGE OF MOTION</b> <input type="checkbox"/> AROM <input type="checkbox"/> AAROM <input type="checkbox"/> PROM <input type="checkbox"/> Blocking __DIP__PIP <input type="checkbox"/> Tendon Gliding <input type="checkbox"/> Specific:  <b>STRENGTHENING</b> <input type="checkbox"/> Isometric <input type="checkbox"/> Progressive Resistive  <b>SENSORY</b> <input type="checkbox"/> Eval & Tx  <b>ADL'S</b> <input type="checkbox"/> Eval & Tx  <b>PRE-FAB SPLINTING</b> <input type="checkbox"/> Wrist <input type="checkbox"/> Heelbo <input type="checkbox"/> Thumb Spica <input type="checkbox"/> Tennis Elbow <input type="checkbox"/> CMC <input type="checkbox"/> Edema Glove <input type="checkbox"/> Stack Splint <input type="checkbox"/> 3 Point  <b>HOME EXERCISE PROGRAM</b> <input type="checkbox"/> ROM <input type="checkbox"/> Edema Control <input type="checkbox"/> Strengthening <input type="checkbox"/> CPM <input type="checkbox"/> TENS <input type="checkbox"/> Other:	<b>CUSTIN SPLINTING</b> <input type="checkbox"/> FINGER Single Digit: THUMB 2 3 4 5 Immobilize       DIP       PIP Mallet           1 Splint   2 Splint Tip Protector _____ Dynamic _____ Flexion ___ Extension  ***** <input type="checkbox"/> <b>HAND BASED</b> CMC _____ Gutter _____ Radial _____ Ulnar Intrinsic Plus _____ Thumb Spica ___ IP Free ___ IP Include Dynamic _____ Flexion ___ Extension Other:  ***** <input type="checkbox"/> <b>WRIST SPLINT</b> ___ Neutral ___ Flexion ___ Extension Gutter _____ Radial _____ Ulnar Thumb Spica ___ IP Free ___ IP Include Functional Position _____ Dynamic _____ Flexion ___ Extension Include Thumb 2 3 4 5 Other:  ***** <input type="checkbox"/> <b>LONG ARM</b> Elbow 90 Degrees or ___ Degrees Forearm- ___ Neu ___ PRO ___ SUP Wrist Neutral or ___ Degrees Hinge _____ Locked ___ Unlocked _____ Restricted ROM ROM Arc ___ Degrees to ___ Degrees Other:	<b>MODALITIES</b> <input type="checkbox"/> ALL MODALITIES <input type="checkbox"/> Hot Packs <input type="checkbox"/> Cold Packs <input type="checkbox"/> Parafin <input type="checkbox"/> Ultrasound <input type="checkbox"/> Phonophoresis <input type="checkbox"/> Iontophoresis <input type="checkbox"/> TENS <input type="checkbox"/> CPM <input type="checkbox"/> Massage <input type="checkbox"/> E STIM <input type="checkbox"/> JOBST <input type="checkbox"/> Whirlpool  <input type="checkbox"/> Wound Care:  <hr/> <input type="checkbox"/> Edema Control Coban   Digisleeve   Edema Glove  <input type="checkbox"/> Other:
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**PRECAUTIONS/INSTRUCTIONS:**  
**FREQUENCY/DURATION** \_\_\_\_\_ x wk for \_\_\_\_\_ Weeks     Desert Hand 602-231-8511  Other OT:  
 MD Signature \_\_\_\_\_ DATE/TIME \_\_\_\_\_