Indian River Hand and Upper Extremity Rehabilitation

www.IndianRiverHandRehab.com

Roslyn B. Evans, OTR/L, CHT, Director
Kathleen Fennell, OTR/L, CHT
Valerie Milwood, MHS, OTR/L, CHT
Pamela Nadeau-Morin, MSPT, CHT
Melissa Talley, OTR/L, CHT
Donna Wagner, OTR/L, CHT

Kurtell Medical Center
787 37th Street, Suite E-110
Vero Beach, Florida 32960-7319
Phone: 772-562-6401
Fax: 772-562-6011

REFERRAL

❑ Certified Hand Therapist (Occupational and/or Physical Therapy)

Patient: ________________________________ Account: ____________________

Physician: ______________________________ Date Initial: _________________

Med Dx Code:

ICD10 1.)____

ICD10 2.)____

ICD10 3.)____

ICD10 4.)____

DO Injury/Onset: __________ DO Surgery: __________ Recertification Date: __________

Short Term Goals:

( ) Benign wound healing
( ) Decrease pain/edema/hypersensitivity
( ) Manage collagen deposition/scar
( ) Protect repaired tissues
( ) Improve motion/strength
( ) Increase ADL independence
( ) Maintain fracture/ surgical integrity

Long Term Goals:

( ) Tissue equilibrium
( ) Maximum function / ADL's
( ) Maximum endurance
( ) Independence w/ HEP
( ) Return to work/sports
( ) Other

Treatment:

( ) Evaluation
( ) Wound care
( ) Whirlpool
( ) Edema management
( ) High volt stim
( ) Pain management
( ) Hot/Cold packs
( ) FES / TENS

( ) Exercise P / AA / AROM
( ) Exercise (Strengthening)
( ) Joint mobilization
( ) Myofascial/Lymphatic massage
( ) Ultrasound/Phonophoresis
( ) Iontophoresis
( ) Biofeedback
( ) Scar management

( ) Home program
( ) Activities Daily Living
( ) Joint protection
( ) Neuromuscular retraining
( ) Job simulation
( ) Work modification
( ) Orthotic training
( ) Sterile Dressing

Fabricate Custom Orthotic per MD Specifications or Diagnosis:

____

Frequency: ______________________ **Duration:** ______________________

Physician's Signature ______________________________ **Date:** ________________

Therapist: ______________________________ **License#** ________________