

**PT / OT THERAPY REFERRAL: Adult / Child**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date of Injury / Surgery: \_\_\_\_\_

Precautions: \_\_\_\_\_

Number of treatments per week: 1 2 3 4 5

Number of weeks: 1 2 3 4 5 6 7 8

**TREATMENT**

Therapist to evaluate and choose appropriate procedures and modalities to increase ROM, strength, function, and/or relieve pain

Pediatrics/Children: Therapist to evaluate and choose appropriate procedures for fine-motor, bilateral and visual-motor, self-help, balance, strength, & functional skill acquisition.

- |   |  |
|---|--|
| <input type="checkbox"/> Sport Related Tx & Education | <input type="checkbox"/> Work Related Tx & Education |
| <input type="checkbox"/> AROM / AAROM /PROM           | <input type="checkbox"/> Strengthening               |
| <input type="checkbox"/> Edema/ Wound                 | <input type="checkbox"/> Nerve gliding               |
| <input type="checkbox"/> Soft tissue mobilization     | <input type="checkbox"/> Adaptive equipment training |
| <input type="checkbox"/> Desensitization              | <input type="checkbox"/> Joint protection education  |
| <input type="checkbox"/> Joint Mobilization           | <input type="checkbox"/> Home exercise program       |

**MODALITIES**

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Moist heat | <input type="checkbox"/> Trigger Point Dry Needling  |
| <input type="checkbox"/> Ice        | <input type="checkbox"/> Electrical stimulation  |
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Iontophoresis with dexamethasone (20 mls. of 4 mg/ml concentration) |

**SPLINTING**

- |  |  |
|--|--|
| <input type="checkbox"/> Hand-based thumb spica    | <input type="checkbox"/> OA/RA support splints |
| <input type="checkbox"/> Forearm-based thumb spica | <input type="checkbox"/> Trigger finger        |
| <input type="checkbox"/> Resting hand              | <input type="checkbox"/> Wrist immobilizer     |
| <input type="checkbox"/> Mallet finger             | <input type="checkbox"/> Tennis elbow brace    |
|  | <input type="checkbox"/> _____                 |

Comments: \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_