



apexhandtherapy.com

APEX HAND THERAPY
Hand, Wrist, Elbow & Shoulder Rehab

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THERAPY PRESCRIPTION

PATIENT NAME:

DIAGNOSIS:

DATE OF INJURY:

DATE OF SURGERY:

Evaluate and Treat as Needed

Evaluate Sensation

Evaluate Muscle Strength

WOUND CARE:

TREATMENT:

FREQUENCY: 1 2 3 4 5 6 Sessions / Week

DURATION: 1 2 3 4 5 6 7 8 Weeks

Passive ROM Active ROM Strengthening Edema Management

Desensitization Sensory Re-Education Wound Care Scar Management

SPLINT: Dynamic Static

SPECIAL CONSIDERATIONS/PROTOCOLS:

PRECAUTIONS:

PHYSICIAN'S NAME:

SIGNATURE:

DATE:

NOTE: You may bring the completed & signed PDF forms available at apexhandtherapy.com or arrive at least 25 minutes before your first appointment to allow time for paperwork.