



# SAN LUIS SPORTS THERAPY

## • H A N D T H E R A P Y R E F E R R A L •

805 Aerovista #104, San Luis Obispo, CA 93401  
PH: 805.543.7771 • FAX: 805.543.7761

350 Posada Lane #103, Templeton, CA 93465  
PH: 805.434.2050 • FAX: 805.434.0065

4869 S. Bradley Road #114, Orcutt, CA 93455  
PH: 805.938.5320 • FAX: 805.938.5390

PATIENT'S NAME: \_\_\_\_\_ PATIENT'S PHONE: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

PRECAUTIONS: \_\_\_\_\_

### REHABILITATION

**Evaluate and Treat**

Modalities (Elect Stim, Ultrasound, Iontophoresis)

Therapeutic Exercise (Active, Passive, A/AROM)

Thermal Modalities (paraffin, heat, ice, Fluido)

Order adaptive equipment, home units, TENS, etc.

**Preferred Protocols:** (circle one: Klein, Modified: Kleinert, Durand, Therapist Discretion)

Other: \_\_\_\_\_

Myofascial Release

Home Program

Scar Mobilization / Desensitization

# **Strands per Repair:** \_\_\_\_\_

### SPLINTING

**CUSTOM SPLINTING:** (circle as desired)

Static / Dynamic / Static-Progressive

Digit / Hand / Wrist / Forearm based

**Therapist Discretion**

**Position** (in degrees)

MCPs \_\_\_\_\_ Wrist \_\_\_\_\_

PIPs \_\_\_\_\_ Elbow \_\_\_\_\_

DIPs \_\_\_\_\_

Comments / Parameters: \_\_\_\_\_

Frequency: \_\_\_\_\_ times per week for \_\_\_\_\_ weeks. Signature: \_\_\_\_\_ Date: \_\_\_\_\_