

Burien

Certified Hand Therapists

West Seattle

**HIGHLINE
HAND THERAPY**

275 SW 160th Street Suite 201
Burien, WA 98166

(206) 244-4263 (HAND)
Fax: (206) 244-8703



Therapist Owned

www.highlinehandtherapy.com

**SOUTHWEST HAND
THERAPY SERVICES**

4621 35th Avenue SW Suite A
Seattle, WA 98126

(206) 935-1215
Fax: (206) 935-0207

COMPREHENSIVE UPPER EXTREMITY REHABILITATION REFERRAL

Name: _____

Diagnosis: _____

ICD-10# _____

Duration: _____ times a week for _____ weeks OR _____ visits

Precautions/Comments: _____

Hand Wrist Elbow Shoulder Entire Upper Extremity

Evaluate and Treat Appropriately

Edema Control

ROM Exercise

Passive

Active

Resistive/Strengthening

Joint Mobilization

Soft Tissue Techniques

Pain Control

Iontophoresis with Dexamethasone

Wound Care

Scar Management

Desensitization

Functional Capacities Evaluation

Ergonomic Evaluation/Education

Muscle/Sensory Reeducation

Joint Protection Techniques

Orthosis Static Dynamic

Elbow Wrist Fingers Thumb

Position: _____

REFERRING PROVIDER

Date