

# Hands-on-Care



Specializing in Shoulder, Elbow, Wrist and Hand Therapy

## Hand Therapy Prescription

Name:		Date:
Diagnosis & Surgery:		Codes: _____
Date Of Injury:		Date of Surgery:
Work Status: Normal Duty <input type="checkbox"/> / Restricted: Time <input type="checkbox"/> Effort <input type="checkbox"/> / Off Work <input type="checkbox"/>		
Prescription: <input type="checkbox"/> Evaluate and Treat as Needed, <input type="checkbox"/> PRN		
<b>Goals:</b> <input type="checkbox"/> Increase Range Of Motion <input type="checkbox"/> Increase Strength <input type="checkbox"/> Promote Wound Healing <input type="checkbox"/> Protect Repair / Fracture <input type="checkbox"/> Control Pain <input type="checkbox"/> Desensitization	<b>Modalities / Equipment:</b> <input type="checkbox"/> TENS / E-Stimulation <input type="checkbox"/> Muscle Stimulation (NMES) <input type="checkbox"/> CPM <input type="checkbox"/> Whirlpool, Debridement & Wound Care <input type="checkbox"/> Fluidotherapy	<b>Splinting:</b> <input type="checkbox"/> Static <input type="checkbox"/> Dynamic <input type="checkbox"/> Flexor Tendon Protocol <input type="checkbox"/> Extensor Tendon Protocol <input type="checkbox"/> Orthotic Fitting <input type="checkbox"/> JAS
<b>DME:</b> <input type="checkbox"/> Scar Pad <input type="checkbox"/> Compression Glove <input type="checkbox"/> Neoprene Splint <input type="checkbox"/> Counterforce Brace <input type="checkbox"/> Leuko Tape <input type="checkbox"/> Spider Tech Tape	<input type="checkbox"/> Thermal (Cold or Heat) <input type="checkbox"/> Ultrasound <input type="checkbox"/> Iontophoresis: <input type="checkbox"/> Dexamethasone 4% <input type="checkbox"/> Lidocaine 4% <input type="checkbox"/> Phonophoresis: <input type="checkbox"/> Hydrocortisone 10% <input type="checkbox"/> Cold Laser	<input type="checkbox"/> Impairment Rating <input type="checkbox"/> Functional Capacity Evaluation <input type="checkbox"/> Work Conditioning <input type="checkbox"/> Work Hardening
<b>Exercise Equipment:</b> <input type="checkbox"/> Theraputty <input type="checkbox"/> Theraband / Theratubing <input type="checkbox"/> Pulleys <input type="checkbox"/> Gripper <input type="checkbox"/> TENS <input type="checkbox"/> Joint Protection <input type="checkbox"/> Energy Conservation		
<b>Precautions/ Other Instructions/ Diagram:</b>   		

*I certify that this hand therapy is medically necessary according to normal standards of care. Unless otherwise specified, valid for one month*

**Frequency:** Therapist Discretion ; \_\_\_\_\_ times/week    **Duration:** \_\_\_\_\_ Weeks    **Visits:** \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Physician

Phone: \_\_\_\_\_

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www.HandsOnCareTherapy.com	

*Knowledge*

*Experience*

*Results*

<b>Diagnosis</b>	<b>ICD-9</b>	<b>Diagnosis</b>	<b>ICD-9</b>
Trapezius Muscle Strain	840.8	Wrist Sprain	842.0
Shoulder Sprain/ Strain	840.9	Wrist Tendonitis	727.05
Shoulder Impingement	726.2	Fracture Distal Radius	813.42
Capsulitis	726.0	Fracture Scaphoid	814.01
AC separation	831.04	Carpal Fracture	814.0
Shoulder Dislocation	831.0	Carpal Tunnel Syndrome	354.0
Shoulder Instability	718.81	Dorsal Ganglion	727.41
Rotator Cuff Tear	840.4	DeQuervain's	727.04
Shoulder Tendonitis	726.1	Hand Fracture	815.0
Shoulder Fracture Closed	812	Finger Fracture	816.0
Bursitis Shoulder	726.10	Laceration Hand	882.0
Calcific Tendonitis shoulder	726.11	Hand/Finger Sprain	842.1
Thorasic Outlet Syndrome	353.0	Trigger Finger	727.03
Upper Arm Fracture	812.2	Amputation finger	886.0
Biceps tendon rupture shoulder	727.62	Crush Injury Hand	927.30
Elbow Fracture	812.40	Fracture Metacarpal	815.03
Forearm Fracture	813.80	Fracture Middle/ distal phalynx	816.01
Fracture Radial Head	813.05	Hand Wound Laceration	882.2
Fracture Olecranon	813.01	Finger Laceration	883.0
Ulnar Neuropathy Lesion	354.2	Joint Pain hand	719.44
Medial Epicondylitis	726.31	Mallet Finger	736.1
Lateral Epicondylitis	726.32	Tendon Rupture Extensor	727.63
Elbow, Forearm sprain / Strain	841.9	Tendon Rupture Flexor	727.64
Olecranon Bursitis	726.33	Rheumatoid arthritis	714.0
Repetitive use arm/forearm/strain	841.9	Osteoarthritis	715.04
Contracture of joint hand carpus MC	718.44	CRPS / Causalgia	354.4



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