



Lindsay Pimentel Hand to Shoulder Rehab

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Patient Name _____ Date _____ ICD 9 _____

Diagnosis _____

Date of Injury _____ Date of Surgery _____ Frequency / Duration _____

Eval. and Treat

- ROM: Passive / Active
- MFR / STM / Joint Mob.
- Therex / BTE / Muscle Re-ed
- Sensory / Re-ed

Eval. and Splint/Cast

- Iontophoresis
- Ultrasound
- E-STIM / TENS
- Laser / Light Therapy

- Scar Management
- Wound Care / Whirlpool
- Edema / Lymphatic Drainage
- Traction

- Ergo Analysis**
- FCE**
- Work Hardening**

Comments: _____

Signature _____

***Most insurances accepted, including Santé (OT)**



CEDAR

MAPLE

CHESTNUT

ALLUVIAL

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HERNDON