Hand to Shoulder Rehab, Inc.

Lindsay Pimentel Hand to Shoulder Rehab
7005 N Maple Ave # 104 Fresno 93720 Tel (559) 325-3503 Fax (559) 325-3504

AND CERVICAL SPINE

Patient Name_____Date_____ICD10_____

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

www.lphsr.com

❑ Ergo Analysis
❑ FCE
❑ Work Hardening

Comments:_____

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Signature_____

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