

# SPORTSCARE

## PHYSICAL THERAPY



**Gresham**  
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 Beaverton, OR 97006  
**Armworks Hand Therapy**  
**Jerry St. Amand, OTR/L, CHT**  
 15390 NW Cornell Rd, Ste. 230  
 Beaverton, OR 97006

Patient Name \_\_\_\_\_ Phone # \_\_\_\_\_

Diagnosis/ICD – 10 Code \_\_\_\_\_

Special Orders or Precautions \_\_\_\_\_

Weight Bearing Status:  Non-Weight Bearing  Toe Touch  Partial Weight Bearing  Full Weight Bearing

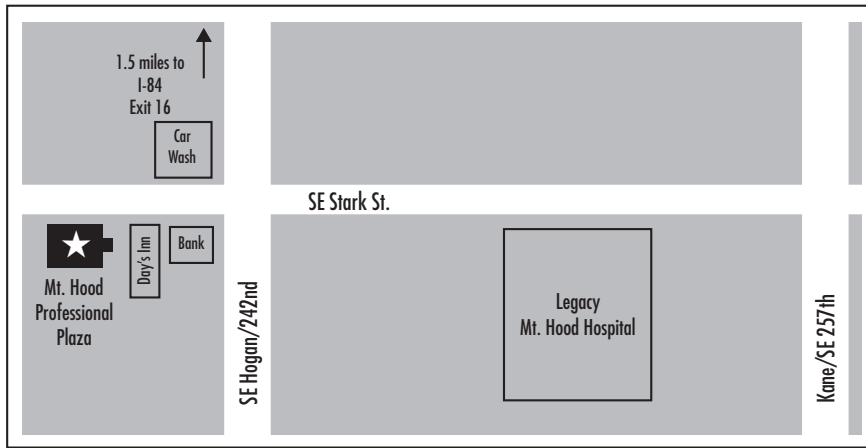
<input type="checkbox"/> <b>Evaluate and Treat</b>  <u>Treatment Guidelines</u>  <input type="checkbox"/> <b>PROM</b> Start Date: _____  <input type="checkbox"/> <b>AAROM</b> Start Date: _____  <input type="checkbox"/> <b>AROM</b> Start Date: _____  <input type="checkbox"/> <b>Strength</b> Start Date: _____	Hand Therapy	Specialty Programs
	<input type="checkbox"/> <b>Desensitization</b> <input type="checkbox"/> <b>Coordination</b> <input type="checkbox"/> <b>Scar Mobilization</b> <input type="checkbox"/> <b>Custom Splinting</b> _____ _____ _____	Worker Rehab

Frequency  Daily  3x Wk  2x Wk  1x Wk  Other \_\_\_\_\_

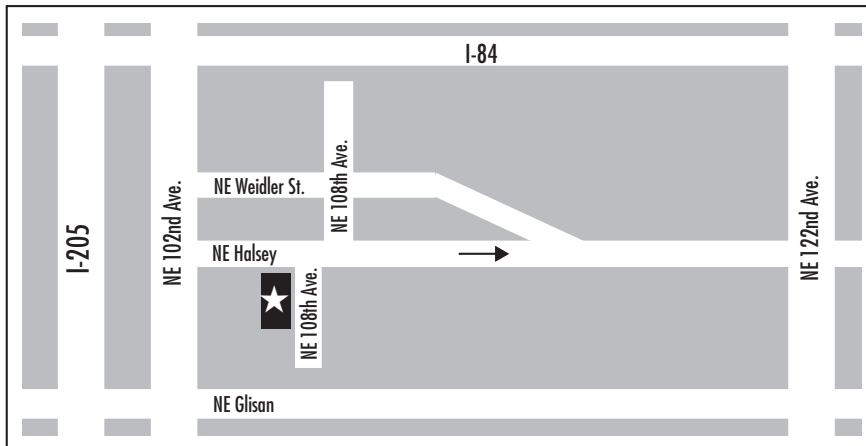
Duration  1 Week  2 Weeks  3 Weeks  4 Weeks  Other \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

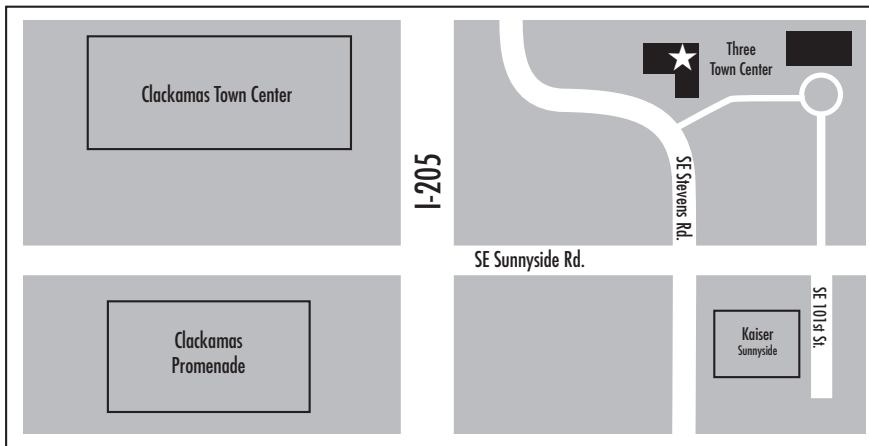
Physician Name \_\_\_\_\_ Phone # \_\_\_\_\_



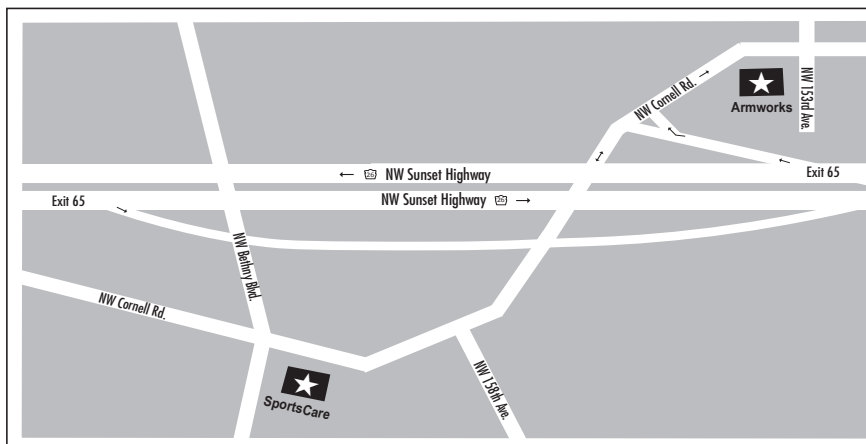
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