ATHLETICO
PHYSICAL THERAPY

WISCONSIN HAND THERAPY LOCATIONS

We know you have a choice in therapy providers, thank you for choosing Athletico.

OT/Hand Therapy Prescription

Patient Name:_____ **DOI DOS:** _____

Diagnosis: _____ **Surgery Performed:** _____

Frequency: ☐2x/Week ☐3x/Week ☐4x/Week ☐5x/Week

Duration: ☐ 2 Weeks ☐ 4 Weeks ☐ 6 Weeks ___Weeks

- ☐ Evaluate and Treat per Therapist Discrection
- ☐ Edema Control
  - ☐ Coban
  - ☐ Isotoner
  - ☐ Ace Wrap
  - ☐ Digisleeve
- ☐ Equipment/Supplies
  - _Putty
  - _Theraband
  - _Aircast Armband
  - _Hand Helper
  - _Elbow Pad
  - _Pulleys
- ☐ Modalities
  - ☐ Ultrasound
  - ☐ Electrical Stimulation
  - ☐ TENS
  - ☐ Paraffin
  - ☐ Iontophoresis/Direct Current with Dexamethasone
  - ☐ Phonophoresis
  - ☐ Hot/Cold Pack
  - ☐ Biofeedback
  - ☐ Whirlpool/Fluidotherapy
- ☐ Scar Care/Management
  - ☐ Wound Care
- ☐ Industrial Rehabilitation Services
  - ☐ Functional Capacity Eval
  - ☐ Work Conditioning
- ☐ Exercise
  - ☐ AROM
  - ☐ AAROM
  - ☐ PROM
  - ☐ Home Exercise Program
  - ☐ Evaluate and Treat per Therapist Discrection
- ☐ Strengthening Program
  - ☐ Evaluate and Treat per Therapist Discrection
- ☐ Splint _____
- ☐ Protocol: _____

Date: _____ **Signature:** _____

IN MAKING THIS REFERRAL, THE PHYSICIAN/REFERRING PROVIDER CERTIFIES THAT PRESCRIBED REHABILITATION IS A MEDICAL NECESSITY.

KENOSHA CENTRAL
5708 75th St., 53142
P: 262-697-9135 • F: 262-697-9175
Clinician: Shamshir K., OTR/L

PADDOCK LAKE
25250 75th St., 53168
P: 262-843-4200 • F: 262-843-4578
Clinician: Shamshir K., OTR/L

WAUWATOSA-MAYFAIR
3077 N. Mayfair Rd., Ste. 105, 53222
P: 414-455-5797 • F: 414-448-6327
Clinician: Hunter G., OTR/L

ATHLETICO177170__12__12__24

To schedule Work Comp Patients or Services, including FCEs and Work Conditioning, Call **888-8-WORK4U** (888-896-7548) or **Email WORK4U@athletico.com**

Scan here to find a location near you