

Fairview Hand Center

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|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Burnsville | <input type="checkbox"/> Elk River | <input type="checkbox"/> Minneapolis/Fulton |
| <input type="checkbox"/> Eden Prairie | <input type="checkbox"/> FSOC-Blaine | |
| <input type="checkbox"/> Edina | <input type="checkbox"/> Maple Grove | |

Central Scheduling: 612-672-7100

HAND THERAPY ORDER


Patient Name _____

DOB _____ MR# _____ or apply ID label above

BRING THIS ORDER TO YOUR FIRST APPOINTMENT

Diagnosis: _____ DOI: _____

Surgical Procedure: _____ DOS: _____

EVALUATE AND TREAT:
Specific Orders:

- | |
|--|
| <input type="checkbox"/> Edema Control |
| <input type="checkbox"/> Therapeutic Exercise |
| <input type="checkbox"/> AROM _____ |
| <input type="checkbox"/> AAROM _____ |
| <input type="checkbox"/> PROM _____ |
| <input type="checkbox"/> Tendon glide <input type="checkbox"/> Nerve glide |
| <input type="checkbox"/> Strengthening |
| <input type="checkbox"/> Isometric _____ |
| <input type="checkbox"/> Isotonic _____ |
| <input type="checkbox"/> Modalities |
| <input type="checkbox"/> Iontophoresis with dexamethasone |
| <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Other _____ |
| _____ |
| <input type="checkbox"/> Other _____ |
| _____ |

- | | | | |
|---|---|---|----------------------------------|
| <input type="checkbox"/> Splinting | <input type="checkbox"/> Static | <input type="checkbox"/> Static Progressive | <input type="checkbox"/> Dynamic |
| | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Both |
| | (List specific position of joints to be included) | | |
| <input type="checkbox"/> Finger Based | _____ | | |
| <input type="checkbox"/> Hand Based | _____ | | |
| <input type="checkbox"/> Forearm Based | _____ | | |
| <input type="checkbox"/> Long Arm Based | _____ | | |
| <input type="checkbox"/> Other | _____ | | |
| <input type="checkbox"/> Wearing Schedule | <input type="checkbox"/> Protection | <input type="checkbox"/> Remove for shower | |
| | <input type="checkbox"/> Night Time | <input type="checkbox"/> Remove for light activity/
exercise | |
| | <input type="checkbox"/> PRN | <input type="checkbox"/> Do Not Remove | |

 Significant History/Precautions: _____

 Visits _____ or Frequency: PRN 1x 2x 3x / wk Other _____
 Return to MD by: _____ Duration: PRN 1 2 3 4 5 6 wk Other _____

MD Signature _____	Date _____	Time _____	Received by: _____	Date _____	Time _____
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HAND THERAPY ORDER

Fairview Hand Therapy Locations

Blaine

Fairview Hand Center - Blaine
10961 Club W. Pkwy. N.E.
Suite 200
Blaine, MN 55449
763-528-2992

Eden Prairie

Fairview Hand Center - Eden Prairie
775 Prairie Center Dr.
Suite 250
Eden Prairie, MN 55344
952-944-5314

Elk River

Fairview Hand Center - Elk River
800 Freeport Ave. N.
Suite 200
Elk River, MN 55330
612-313-4410

Minneapolis/Fulton

Institute for Athletic Medicine Hand - Minneapolis/Fulton Clinics and Surgery Center
909 Fulton St. S.E.
Fourth Floor
Minneapolis, MN 55455
612-676-4483

Burnsville

Fairview Hand Center - Burnsville
14101 Fairview Dr., Suite 300
Fairview Ridges Specialty Care Center
Burnsville, MN 55337-2537
952-892-2650

Edina

Fairview Hand Center - Edina
6545 France Ave. S.
Suite 450
Edina, MN 55435
952-924-1520

Maple Grove

Fairview Hand Center - Maple Grove
14500 99th Ave. N., Suite 1-210
Maple Grove, MN 55369
763-898-1770

