

### OCCUPATIONAL, HAND AND UPPER EXTREMITY REHABILITATION

Name: \_\_\_\_\_  
Claim # : \_\_\_\_\_  
Date: \_\_\_\_\_

Dear Dr. \_\_\_\_\_,

This is a progress update in reference to \_\_\_\_\_ Occupational Therapy treatment for \_\_\_\_\_ in the \_\_\_\_\_.  
\_\_\_\_\_ has been under my care since \_\_\_\_\_ and was seen this date with **complaints of:**

- Pain in the \_\_\_\_\_ Sensitivity to \_\_\_\_\_.
- Swelling \_\_\_\_\_ the \_\_\_\_\_.
- Limitation in range of motion and / or difficulty moving \_\_\_\_\_ joint(s).
- Decreased strength in the affected \_\_\_\_\_.
- Managing scar adherence and scar glide to decrease pain and improve ROM.
- Difficulty and limitation in \_\_\_\_\_.

#### Treatment at this visit focused on:

- Decreased pain in the affected joint from the level \_\_\_\_\_ to \_\_\_\_\_.
- Decreased swelling and edema in the affected area using \_\_\_\_\_.
- Improving range of motion (ROM) and active movement in the \_\_\_\_\_.
- Increasing strength to a higher grade and functional level by \_\_\_\_\_ grade.

#### Tests and Measurements:

Pain Level on scale of 0 to 10. Current level of pain is \_\_\_\_\_. This is \_\_\_\_\_ than prior visits.  
ROM: \_\_\_\_\_

\_\_\_\_\_ joint(s)  
 \_\_\_\_\_ joint(s)  
 \_\_\_\_\_ joint(s)  
 \_\_\_\_\_ joint(s)

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Tinel's Sign: \_\_\_\_\_ Phalen Test: \_\_\_\_\_ Allen's Test: \_\_\_\_\_  
 Grip and Pinch Strength Test: \_\_\_\_\_ Strength: Manual Muscle Test: Grade \_\_\_\_\_

Grip: Right: \_\_\_\_\_ Left: \_\_\_\_\_

Pinch: Right: \_\_\_\_\_ Left: \_\_\_\_\_

Skilled Occupation / Hand Therapy is rendered using approved procedures under CPT® as follows in the Office Setting.

Hot/ Cold Pack	Thera. Procedure 1:1	Manual Therapy	E-Stim/TENS	Paraffin
Massage	Thera. Procedure >2	Neuromuscular Therapy	Iontophoresis	Ultrasound

#### Recommendation:

Continue therapy per injury guidelines and protocol	Functional Capacity	Fall Risk AssesSment
Add or modify treatment	Job Site Assessment	Pain Management
Custom Orthosis	Ergonomics and Workstation Assessment	Diabetes/Chronic Conditions Management
Work Conditioning	Home Safety and Accessibility Assessment	Discharge with home Exs
Work Hardening		

Date: \_\_\_\_\_

Therapist \_\_\_\_\_ NCBOT Lic # NC  
**Chet Deshmukh, MBA, OTR/L, CPC, CHDA** NCBOT Lic # NC6766  
 Program Director

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