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### Hand Rehabilitation Prescription

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Hand:    Right            Left            Bilateral

Diagnosis: \_\_\_\_\_

Protocol:

\_\_\_\_\_ Eccentric strengthening

\_\_\_\_\_ ROM/stretching of fingers/hand

\_\_\_\_\_ Grip strengthening

\_\_\_\_\_ Modalities as needed

\_\_\_\_\_ Custom splint - \_\_\_\_\_

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Modalities:

\_\_\_\_\_ Ultrasound

\_\_\_\_\_ E-stim

\_\_\_\_\_ Russian stim

\_\_\_\_\_ Modalities PRN

Frequency: \_\_\_\_\_ times/week X \_\_\_\_\_ weeks

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