

PHYSICAL THERAPY PRESCRIPTION



UC Irvine Health

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HAND / WRIST PHYSICAL THERAPY

Side: Right Left Bilateral

Diagnosis: _____

- ROM
 - AROM, PROM
- Isometrics
 - Thumb / Finger / Wrist Isometrics
 - Abduction / Opposition
- Strengthening
 - Foam roll / Rubber band / Theraputty
 - Pinch strengthening / Prehension
- Grip strengthening (tennis ball squeeze)
- Goal: spring repetitions to fatigue without pain
- Functional ADL's
- Ice before and after rehab exercises

Frequency & Duration: 1-2 2-3 x/week for _____ weeks _____ Home Program

Physician's Signature: _____ **M.D.**