



SHOULDER ELBOW HAND
THERAPY SPECIALISTS

Patient Name _____ DOB _____
Contact No _____
Diagnosis | Operation _____
Comments _____

Urgency 1 day 1-3 days Up to 7 days

TREATMENT

EXERCISE

- Passive
- Active assisted
- Active

OTHER

- Oedema control
- Scar management
- Desensitisation
- Strengthening (From week _____)
- Neural mobilisation

SPLINTING

Full time (Weeks _____)
Night only (Weeks _____)

- Mallet splint
- Finger extension (DIP free)
- PIP DBS (____ degrees)
- Static wrist
- Thumb/Wrist extension
- Thumb spica
- Other _____
- Ulnar gutter
- Dorsal blocking
- Sugartong
- Elbow gutter
- Sarmiento brace
- Dynamic splint

Referring Doctor _____ Date _____

- 2 Charles Sturt Ave
GRANGE
SA 5022
- 196 Melbourne Street
NORTH ADELAIDE
SA 5006
- 53 Gover Street
NORTH ADELAIDE
SA 5006
- 282 Main South Rd
MORPHETT VALE
SA 5162
- Unit 2, Specialist Centre
Central Districts Hospital
25-37 Jarvis Road
ELIZABETH VALE SA 5012