

HAND THERAPY SERVICES of Corpus Christi

Specializing in hand and upper extremity rehabilitation

Sheila Heflin, OTR, CHT

Frequency: Da	Daily	WIT	BIW	Weekly for	weeks
	Evaluation	on		☐ Evaluate & Treat	
MODALITIES	EXE	EXERCISE		PROGRAM / SERVICES	ICES
Paraffin Bath	☐ Active	tive		☐ Hand Rehab	
☐ Whirlpool	☐ Passive	ssive		☐ Wrist Rehab	
☐ Ultrasound	□ Ao	Active-Assisted	ů.	Elbow Rehab	
☐ Electrical Stimulation		☐ Progressive Resistive	esistive	Arthritis Program	
☐ Hot / Cold Pack] []	Edema Control		☐ Work Tolerance / Reorientation	
		☐ Body Mechanics / Ergonomics	ics / Ergon	Scar Management omics	
☐ Custom Orthosis Fabrication / Splinting:	abrication	ı / Splinting			
Additional Comments:	Y:				
			:		
l certify the above treatment is medically necessary	tment is m	edically ne	cessary_		and the second s
Map on Back	Tha	Thank You For The Referral	or The F	M.D./D.O./D.D.S. Referral	Ċ
	http:/	http://www.handtherapyservicescc.com	າerapyservi	cescc.com	

Daniel R. Shea, P.T.
Deborah A. Shea, P.T.
Ria Strowbridge, P.T.
Diane Drysdale, P.T.
Diane Christensen, P.T.
Paige Christensen, P.T.
Thomas Houck, P.T., D.P.T.
Cabrielle Shaffer, P.T., D.P.T.
Joyce Hamende, P.T.A.



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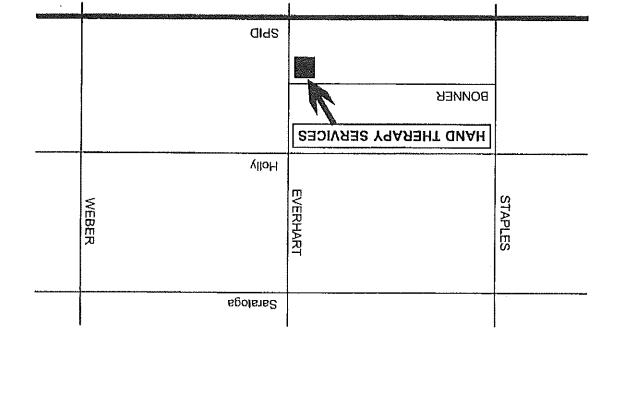
Shea Physical Therapy PC

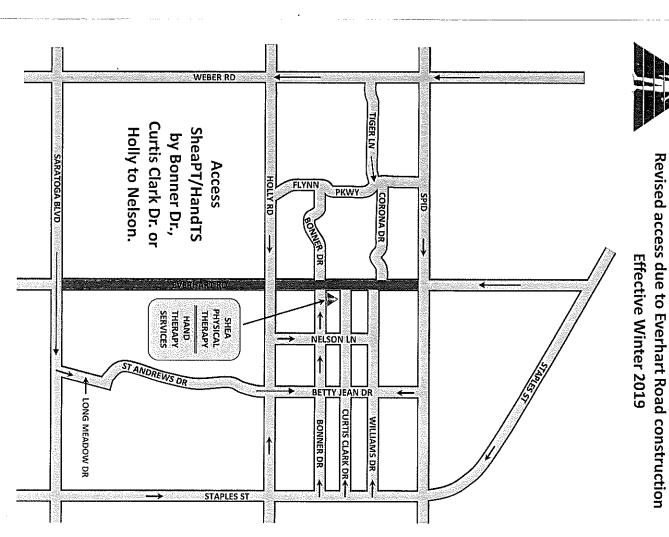
Since 1988

Shana Walker, P.T.A.

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Patient's Name		Date
Diagnosis		April (April (Ap
Specific Goals		· interior
Part(s) to be treated	Precautions	itions
Frequency: 🔲 Weekly	☐ TIW ☐ BIW	Daily forweeks
Instructions: 🔲 Evaluate & Treat	☐ Evaluation	Report by:
MODALITIES	THERAPEUTIC EXERCISE	PROGRAMS
☐ Hot Packs	☐ Active	☐ Back Rehab / Evaluation
Paraffin Bath	☐ Passive	☐ Knee Rehab
□ Ultrasound	Resistive	Ankle Rehab
Electrical Stimulation	☐ Isometric	Shoulder Rehab
☐ Tens	☐ Active-Assisted	Elbow Rehab
☐ Interferential	Progressive Resistive	Cervical Rehab
Soft Tissue Mobilization	☐ Isokinetic	☐ McConnell Taping
☐ Intermittent Traction	☐ William's Flexion	TMJ Program
☐ Static Traction	☐ McKenzie's Extension	Work Conditioning
☐ Ice Massage	☐ Craniocervical / mandibular	ular 🛚 Home Program
Cold Pack	☐ Postural	Sports Enhancement
	☐ VMO Biofeedback	Vertigo / Balance
SPECIAL PROCEDURES:	☐ Cait Training	Ergonomic Assessment
Occupational Therapy		Safety Class / Lectures
☐ Functional Capacity Assessment	ment	
☐ Wellness		
☐ Company Preplacement		
Additional Comments:		·
	·	
I certify the above treatment is medically necessary	is medically necessary	

M.D. / D.O. / P.A.





SHEA PHYSICAL THERAPY / HAND THERAPY SERVICES