



# SA HAND THERAPY

EXCELLENCE IN HAND  
and UPPER LIMB CARE

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## REFERRAL

Patient's Name: \_\_\_\_\_

Patient's Phone Number: \_\_\_\_\_

Referrer Name: \_\_\_\_\_

Patient's Details:     Private     EPC     MVA     DVA  
                          RTWSA     3rd Party     NDIS Self Managed     NDIS Plan Managed

Diagnosis / Referral Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contraindications / Precautions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is Treatment Urgent?:    Yes     No

### EVALUATION

- Hand/Upper Limb Evaluation
- Sensory Evaluation
- Upper Limb FCE
- Job Analysis/Worksite Assessment

### TREATMENT

- Upper Limb Treatment Techniques
- Exercise Program/Prescription
- Scar/Lymphoedema Management
- Sensory Re-education/Desensitisation
- Pain Management/Education
- Strengthening

### SPLINTING/ORTHOSIS

- Immobilisation/Static
- Mobilisation/Dynamic

Signature: \_\_\_\_\_

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

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