

# Home Hand Therapy Program

## Splinting (see splint handouts):

	Splint Type	(R)	(L)	Wear
STATIC				
DYNAMIC				

**Flexion Glove / Strap:** Wear \_\_\_\_\_ mins \_\_\_\_\_ times/day

**Theraputty strengthening exercises (see handout):** Complete \_\_\_\_\_ times/day

**Range of motion exercises** (Provided by OT/Physio):

\_\_\_\_\_

**Oedema (swelling) management:** (circle)

- Glove / Lycra / Neoprene stalls Wear \_\_\_\_\_ hours/day

**Scar management:** (circle)

- Silicone ( Cica care / Mepiform / Otoform ) Wear \_\_\_\_\_ hours/day
- Massage \_\_\_\_\_ mins \_\_\_\_\_ times/day

**Desensitisation** (using kit provided) \_\_\_\_\_ mins \_\_\_\_\_ times/day

**Functional use of your hand:** (circle) No/Yes (R) \_\_\_\_\_ (L) \_\_\_\_\_

**Driving information / restrictions** \_\_\_\_\_

**Return to work / other** \_\_\_\_\_

Please bring all items that your Therapist has provided you to every appointment.

Therapist's name: \_\_\_\_\_

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