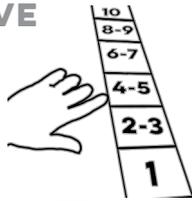




PATIENT NAME:

START DATE:

## SUBJECTIVE



## OBJECTIVE ANALYSIS



Fracture?



Neck/ shoulder neuropathy?



Tendinopathy?



Sprain?



Osteoarthritis?



Trigger finger?



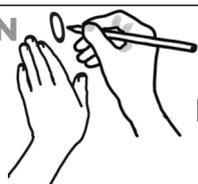
Carpal tunnel syndrome?



Inflammatory joint disease?

## TREATMENT

## PLAN



Repeat assessment on next visit

DISCHARGE DATE:

OUTCOME: