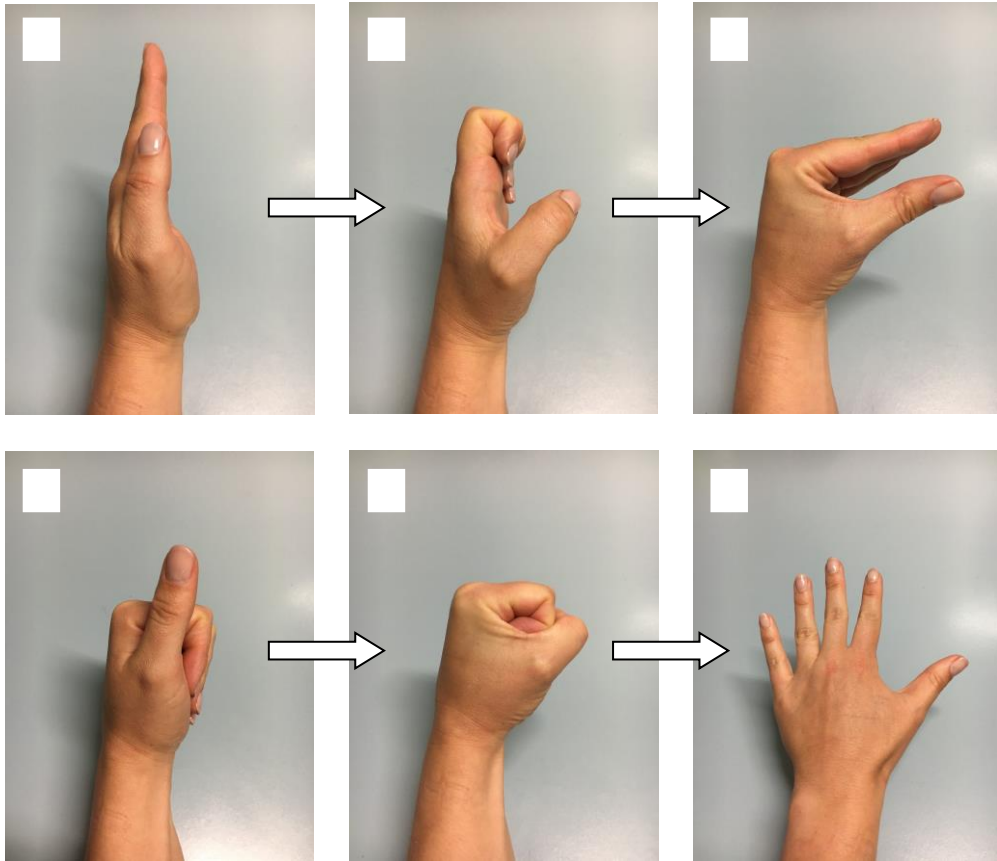


Finger Exercises

Reps: _____ Times per day: _____

Tendon Gliding Exercises:



My Occupational Therapist is: _____ Prn: (02)