# **VISIT NOTE**

DATE OF VISIT	LOCATION OF VISIT
02/24/2025	In-Office

DURATION OF VISIT	CURRENT ONCOLOGIST
45 minutes	Amanda Wilson, MD

# PATIENT DEMOGRAPHIC INFORMATION

PATIENT NAME	DATE OF BIRTH
Ashley May	2000-06-12

# PRESENTING PROBLEM

Patient presents with persistent post-surgical lumbar pain syndrome following lumbar surgery 8 months ago. Reports difficulty with activities of daily living, including dressing, bathing, and meal preparation. Limited mobility and ongoing lumbar muscle spasms contribute to decreased independence at home.

### **VISIT CONTENT**

Patient reports pain level of 6/10, exacerbated by prolonged standing and certain movements. Previous aquatic therapy provided some relief but did not fully restore functional independence. Physical examination reveals restricted lumbar range of motion, muscle tightness, and difficulty performing basic functional tasks such as reaching and bending.

#### MEDICAL PLAN

Recommend structured sessions to help with daily tasks like getting dressed, cooking, and moving around safely. Focus on improving mobility and independence at home with guided support.

Continue NSAIDs for pain management as needed.

Update home exercise program to include more functional movements tailored to daily living.

## DIAGNOSTIC IMPRESSIONS

Post-surgical lumbar pain syndrome (M96.1)

Lumbar muscle spasm (M62.830)

Difficulty in activities of daily living (R29.6)

### PHYSICIAN'S OBSERVATIONS

Patient remains motivated to regain functional independence but expresses frustration with continued limitations. Demonstrates willingness to engage in structured training to improve daily living activities. No signs of depression or significant psychological distress.

appropriate affect and good understanding of treatment plan. No signs of depression or catastrophizing behavior.

## PATIENT RESPONSE

Patient is enthusiastic about trying aquatic therapy and committed to attending all scheduled sessions. Expressed relief at having new treatment options to explore.

#### RETURN TO CLINIC

In 4 weeks for re-evaluation of progress with functional training. Assess improvements in mobility and ability to perform daily activities independently. Modify treatment plan as necessary.

#### PLAN FOR NEXT VISIT

Review the effectiveness of the training program.

Assess improvements in mobility and independence with activities of daily living.

Determine the need for continued rehabilitation or additional interventions.