



## PHYSICAL THERAPY ASSESSMENT FORM

Date: November 14, 2021

NAME:

AGE: 24

DOMINANCE: right

### Present Symptoms:

#### Aggravated by:

**Eased by:** Rest, has been icing it with a cold pack. Applies A535 but not sure if it helps

#### Pain Rating:

**Currently at rest:** 3/10, with movement goes up to 6/10, feels like a burning/throbbing pain

**A.M:**

**P.M:** The pain worsens over the day. Gets more painful as the day progresses and more sore 5-6/10 by the end of the day

### Current History:

#### Patient Goals:

Past Rx:

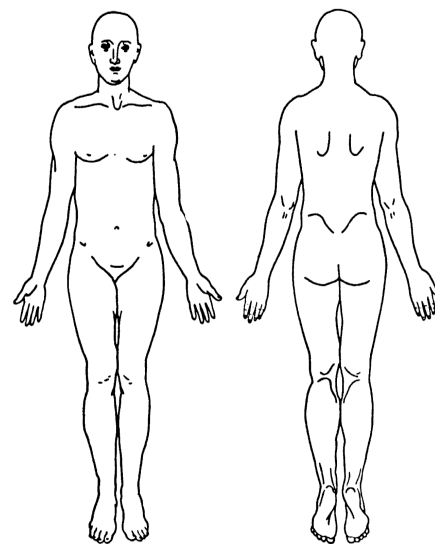
Past Hx:

**Diagnostic Tests:** None to date

**Medications:**

### Past Medical History:

### Social History:



### Special Questions:

☐ Weight Loss

☐ Steroids/Anti-coagulants

☐ Vertebral Artery signs

☐ Cough/Sneeze

☐ Cord/Cauda Equina signs

☐ Other:

Comments: Negative

### Objective Examination

#### Range of Motion:

#### RIMs

#### Special Tests:

**Palpation:** TOP right lateral epicondyle

### Analysis: