

Chalmers Physiotherapy

208-328 Hwy 7 East Richmond Hill, Ontario L4B 3P7 Tel: 905-709-3120 Fax: 905-709-9456

	Discharge Report	•	. up7	
To: Dr. Ctrawy		Date:	Dec 10/2020	
Dr. DDD Cx-spri he	ek stran		Ramkumar Joyce 62 C	HIP
Dx: DDD Cx-spring he Date of Discharge/Last Day of Alle	endance. Dre 10/som		5812 753 712 HP DOB 29-Dec-1941 F 1 Teace OL, Richmond Hill, ON, L4D OH Home: (847) 882-1095 Dr. Chang, Chia-Ching Nancy	
Treatment Received:				
□ Ultrasound	É Exercise Program 6⊞eat/Cold ☑ Manual Therapy		☑ Traction Co-5ymin ☑ Education	
Outcome Measure(s)	Initial Assessment	Τ	Da 1º how	
✓ Numerical Pain Scale (NPRS)	£ 10 €	*	o-, /10	
nucledisability indes	. 23			
Patient's status at the time of di	s <u>charge:</u>			
ed Pain report	□ ↓ Swelling	□ Improve Balance		
	□	□ lmp	□ Improve Gait Pattern	
TENDURANCE	□ ↓ Numbness	□ Improve Posture		
□ ↑ Endurance □ ↓ Headaches	Functional Capacity	□ Oth	ner:	
Other Recommendations:				
Goals achieved, ready for disc Plateau from further progress Provide home program / self- The client was discharged by voluntarily withdrew from treating	ion. directed plan / community progra pecause he/she was non-compl	ms info iant, wa	rmation as not attending sessions or	
Thank you for your attention. Thank you for your attention. Thank you for your attention.	therapist			