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TO: _____

FROM: BAYVIEW REHAB

FAX: 4162225551

TEL: 4162227401

COMMENT: CONFIDENTIAL



BAYVIEW REHABILITATION

DISCHARGE SUMMARY

Patient: Hadiantar Abdulrahab

Date of Birth: 1952/03/25

Discharge Date: 2020/11/05

Diagnosis: Ⓛ Shoulder pain

Reason for Discharge:

- ☒ Full Recovery ☐ Partial Recovery ☐ Scheduled for Surgery
☐ Transfer of Care ☐ Further Investigation needed
☐ Other:

Treatment Provided:

- ☒ Modalities ☒ Strength Training ☐ Manual Therapy
☐ Balance Retraining ☐ Traction ☐ McKenzie Method®
☐ Gait Retraining ☐ Low Back Program ☐ Acupuncture
☐ Core strengthening ☐ Postural Education ☒ ROM Exercise
☐ Other:

Outcome Measure	Assessment Score	Discharge Score
Numeric Pain Scale	7	2
Quick DASH		
LEFS		
Neck Disability Index		
Roland Morris		
PSFS		

Comments:

Client had improved well and able to do home exe program.

Thank you for allowing us to provide your patient with the quality care they deserve.

- ☒ Jemma Callender-Stoute, PT ☐ Harold Marefatpour, PT ☐ Adam Saporta, PT
☒ Negar Nayeri Nia, PT ☐ Joanna Lau, PT