Movement Dynamics Physical Therapy, P.C.

Progress Note

DATE:	3/31/2023	INSURANCE:	None			
PATIENT:	Angel, Theodore 'Jimmy'					
PATIENT #:	42372	DATE OF BIRTH:	9/15/1975			
DIAGNOSIS:	Dx1: Acute post-traumatic headache, not intractable(G44.319), Dx2:Strain of muscle, fascia, and tendon at neck level(S16.1XXA), Dx3:Strain of muscle and tendon of back wall of thorax(S29.012A), Dx4:Strain of muscle, fascia, and tendon of lower back(S39.012A), Dx5:Strain of muscle, fascia, and tendon of RIGHT hip(S76.011A), Dx6:Paresthesia of skin(R20.2), Dx7:Radiculopathy, Lumbar(M54.16)					
PROBLEM SITE:	Spine - Cervical, Spine - Thoracic, Spine - Lumbar					
SITE DESCRIPTION:	Thornton PT					
REFERRAL:	Wallace, Bethany	VISIT DUR:	39 minutes			
DATE OF ONSET:	2/23/2023					
START TIME:	1:58 pm	END TIME:	2:37 pm			
Visit #	2					
Total Visits:	2					

Subjective

Patient presents to physical therapy today for continuation of care. Patient had the following list of complaints reported at the initial evaluation.

ПА .

Neck

Upper back

Midback

Lower back

Buttock

R hip

R knee R ankle

(B) shoulder

Dizziness/light-headed

Any changes to these complaints will be documented below.

Today, patient reports that lower back and pain down into the R LE is/are the area(s) of primary complaint.

Patient reports that this radicular symptoms he is experiences feels constant, he does note that over the weekend he did experience a muscle spasm in the middle of the back.

Patient is taking prescription pain medication nightly.

Patient reports waking 4-5 times per night due to pain.

Objective

GENERAL:

CLINICAL OBSERVATION:

Patient displays fair body mechanics during PT.

Patient has decreased postural awareness. Patient displays poor posture with forward head, rounded shoulders, and increased thoracic kyphosis.

PATIENT EDUCATION:

Patient was educated on correct posture today.

Patient was educated on correct form and muscle recruitment throughout each exercise today.

TREATMENT:

Therapeutic exercise per flow sheet

The following new exercises and/or treatments were initiated today:

Shoulder rolls

shoulder squeezes

thoracic rotation QP

QP cat/cow

TB Pull apart ER

TB Up & Over

Manual therapy: scapular mobilizations protraction/retraction, upward glide, downward glide

Assessment

Patient gave verbal consent for and verbalized understanding of all treatment provided today.

All new exercises/treatments were thoroughly demonstrated and explained today. Patient expressed understanding of the purpose of all new exercises/treatments.

Patient reports that he did experience very sensitive tissue upon palpation of the rhomboids, upper traps in particular feeling it with varying pressure applied. However, the patient could tolerate the palpation well enough to tolerate the introduction of the scapular mobilizations as well as the selfadminsitered tennis ball release over the areas that the patient commented as sensitive. The patient commented having some relief in tension following the scapular mobilizations.

Overall, the patient would continue to benefit further from thoracic mobility as well as cervical ROM exercises to promote decreased muscle tension across the midback and posterior cervical musculature.

Plan

Continue physical therapy 2 times a week to decrease pain and improve functional capabilities.

Assess tolerance to first exercise visits and progress as tolerated.

Consider: thoracic rotation head still, cervical AROM

RESTRICTIONS: none

Billing Code 97110	<u>Modifiers</u>	<u>Billing Description</u> Therapeutic Exercise		<u>Units</u> 3	Minutes 39
			happlayed Pt, DH		
				Date: 3/31/2023	

Kacper Kazibut, PT, DPT