



# WestStar

PHYSICAL THERAPY NETWORK

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## Initial Evaluation

Evaluation Date:06/27/2011  
Generated Date:07/18/2011

Name: SUNDSTROM, GEOFF  
Gender: F  
Referring Doctor: SPOON, SUNNI  
Diagnosis: 845.19 Sprains Strains Foot

Date of Birth: 01/01/1981  
Account Number: \_\_\_\_\_  
First Seen: 06/27/2011

### Subjective:

#### Work Details:

Status: Currently Not Working

Occupation:

Job Requirement:

#### Medical History:

Medical History:

Surgeries:

Diagnostic Tests:

Medications:

#### Current Condition:

Details:

Chief Complaint:

Onset Date: 06/21/2011

Type of Injury: 5

Specific Injury:

TreatmentsDetail:

#### Pain History:

Pain Area:

Area:

Pain Description:

Area:

#### Functional Status:

Functional Activity:

Activity:

Objective:

LARYNX

ROM Abduction Degrees  
SPECIAL Active Compressive Test PositiveNegative  
SPECIAL Active Knee Extension PositiveNegative

UPPER EXTREMITIES, UNSPECIFIED

SPECIAL Anterior Drawer PositiveNegative  
SPECIAL Anterior Drawer For Acl PositiveNegative  
SPECIAL Anterior Laxity - Relocation Test PositiveNegative

FOOT(FEET) AND TOE(S)

SPECIAL Braggard's Test PositiveNegative  
SPECIAL Brechterw's Test PositiveNegative

Assessment:

Plan:

- Short Term Goals
- Long Term Goals
- Treatment Plan
- Doctor's Order            0 time(s) per week, for 0 week(s).

Evaluation Performed By:

- Therapist:
- License: