



WestStar

PHYSICAL THERAPY NETWORK

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Initial Evaluation

Evaluation Date:05/24/2011
Generated Date:07/25/2011

Name: SPOON, SUNNI
Gender: M
Referring Doctor: SUNDSTROM, GEOFF
Diagnosis: 847.2 Sprains Strains Lumbar

Date of Birth: 05/03/1967
Account Number: _____
First Seen: 05/15/2011

Subjective:

Current Condition:

Details:

Chief Complaint:

Onset Date: 05/31/2011

Type of Injury: 6

Specific Injury:

TreatmentsDetail:

Pain History:

Pain Area:

Area:

Pain Description:

Area:

Functional Status:

Functional Activity:

Activity:

Medical History:

Medical History:

Surgeries:

Diagnostic Tests:

Medications:

Work Details:

Status: Currently Not Working

Occupation:

Job Requirement:

Objective:

LUMBAR REGION

- ROM Extension Degrees
- ROM Right Side Bend Degrees
- ROM Flexion Degrees
- SPECIAL Joint Mobilization PositiveNegative
- SPECIAL Flexion/extension Bias 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: MONICA MILLER, DPT

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