



WestStar

PHYSICAL THERAPY NETWORK

600 S Grand Ave #104
Santa Ana, CA 92705
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Initial Evaluation

Evaluation Date:09/07/2011
Generated Date:09/07/2011

Name: CASTRO, RICHARD
Gender: M
Referring Doctor: DIETRICH, ERIC
Diagnosis: 845 Sprains And Strains Of Ankle And Foot

Date of Birth: 08/19/1951
Account Number: 105204
First Seen: 04/15/2010

Subjective:

Current Condition:

Details:

Chief Complaint: patient states he is unable to tolerate his job requirement as described. C/o pain around right 1st and 2nd toe, shooting up to mid leg, numbness of 1st and 2nd toe, increase swelling with WB activities, stiffness in the morning, and difficulty sleeping.

Onset Date: 03/04/2010

Type of Injury: 6

Specific Injury: slipped and fell at work

TreatmentsDetail:

Pain History:

Pain Area:

Area:

Pain Description:

Area:

Functional Status:

Functional Activity:

Activity: walking > 20 minutes, standing > 15 minutes, squatting, kneeling, stair climbing, walking on uneven surfaces, pushing, pulling, and lifting

Medical History:

Medical History: none reported

Surgeries: none reported

Diagnostic Tests:

Medications: unknown

Work Details:

Status: Currently Not Working

Occupation: PROTECTIVE SERVICE

Job Requirement: patient reports his job as primarily standing/walking for 5-6 hours with frequent kneeling,pulling,pushing,lifting.

Objective:

FOOT(FEET

SPECIAL Joint Mobility PositiveNegative

Assessment:

Based on the objective and subjective data in conjunction with the stated outcome measurements physical therapy interventions are indicated at this time to address the patient's impairments and subsequent functional limitations.

Plan:

Short Term Goals

Time frame: Within 2-4 weeks
Decrease pain by: (1-3 points, 4-8 points, be pain free)
Improve patient ability to perform all impaired ADL's.
Increase ROM by: (5-10 degrees 10-20 degrees 20-30 degrees)
Increase strength by: (1/2 MMT grade, at least 1 MMT grade)
Independent with their HEP

Long Term Goals

Treatment Plan

Biofeedback,
Heat,
Ice,
Isokinetics,
IF/Tens/HWave,Ther-ex,

Doctor's Order

2 time(s) per week, for 2 week(s).

Evaluation Performed By:

Therapist: MINA GHAZVINI

License: