



WestStar

PHYSICAL THERAPY NETWORK

9635 Monte Vista Ave #206
Montclair, CA 91763
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Initial Evaluation

Evaluation Date:08/17/2011
Generated Date:08/17/2011

Name: GUTIERREZ, ARMANDO
Gender: M
Referring Doctor: JOHNSON, DAVID
Diagnosis: 724.2 Lumbago - Low Back Pain

Date of Birth: 07/15/1963
Account Number: 113320
First Seen: 08/15/2011

Subjective:

Current Condition:

Details:

Chief Complaint: Intermittent pain in low back. Left greater than right side.
Onset Date: 02/09/2011
Type of Injury: 6
Specific Injury: States he became injured at work through repetitive motion.

TreatmentsDetail:

Pain History:

Pain Area:
Area:
Pain Description:
Area:

Functional Status:

Functional Activity:

Activity: Pt has increased pain and/or difficulty with:broken sleep,carrying,lifting,Prolonged standing,pushing,pulling,

Medical History:

Medical History: Pt. denies any significant medical history
Surgeries: N/A
Diagnostic Tests: X-ray, Pending MRI,
Medications: Vicodin

Work Details:

Status: Currently Not Working
Occupation: FOOD PREPARATION AND SERVING RELATED
Job Requirement: Patient reports that they perform lifting,prolonged standing,pulling,pushing,bending over,carrying

Objective:

LUMBAR REGION

ROM Left Side Bend Degrees
ROM Flexion Degrees
ROM Right Side Bend Degrees
ROM Left Rotation Degrees
ROM Right Rotation Degrees
ROM Extension Degrees
SPECIAL Mmt To Myotomes PositiveNegative
SPECIAL Joint Mobilization 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 Goalsby 33 degreesImprove _BODYPART_ mechanics
- Long Term Goals
- Treatment PlanBiofeedback,Ice,Cervical Traction,Cervical Traction,
- Doctor's Order2 time(s) per week, for 4 week(s).

Evaluation Performed By:

- Therapist:MONICA MILLER, DPT
- License: