



# WestStar

PHYSICAL THERAPY NETWORK

9635 Monte Vista Ave #206  
Montclair, CA 91763  
T:(909)399-3100 F:(909)625-3439

## Initial Evaluation

Evaluation Date: 07/13/2011  
Generated Date: 08/14/2011

Name: VALENZUELA, SONIA MARINA  
Gender: F  
Referring Doctor: LEON, BILLY

Date of Birth: 09/11/1957  
Account Number: 113263  
First Seen: 07/11/2011

### Subjective:

#### Current Condition:

##### Details:

**Chief Complaint:** She denies pain but states she feels tightness throughout her wrist. She reports feeling weak in her grip

**Onset Date:** 09/23/2010

**Type of Injury:** 6

**Specific Injury:** She states she became injured at work when she fell back over a child's chair. She states she reached back to break her fall and heard/felt a "snap". She reports immediate pain and swelling

#### Treatments/Detail:

#### Pain History:

##### Pain Area:

##### Area:

##### Pain Description:

##### Area:

#### Functional Status:

##### Functional Activity:

**Activity:** Pt has increased pain and/or difficulty with: cooking, pulling, pushing, child care, repetitive gripping, washing dishes,

#### Medical History:

**Medical History:** Denies any significant medical history

**Surgeries:** 10/2010..She reports external fixation and casting

**Diagnostic Tests:** None

**Medications:** None

#### Work Details:

**Status:** Currently Not Working

**Occupation:** PRESCHOOL/TEACHER DI

**Job Requirement:** bending over, carrying, prolonged typing/mousing, pulling, pushing, repetitive gripping,

### Objective:

#### WRIST(S)

ROM Flexion Degrees  
ROM Extension Degrees  
ROM Ulnar Deviation Degrees  
ROM Radial Deviation Degrees  
ROM Supination Degrees  
ROM Pronation Degrees

### Assessment:

Diagnosis:

Plan:

Short Term Goals

Long Term Goals

Treatment Plan

Doctor's Order            2 time(s) per week, for 3 week(s).