



WestStar

PHYSICAL THERAPY NETWORK

10330 Hole Ave #1
Riverside, CA 92505
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Initial Evaluation

Evaluation Date: 09/07/2011
Generated Date: 10/25/2011

Name: ACUNA, ROBERTO
Gender: M
Referring Doctor: BERGEY, DARREN L
Diagnosis: 847.2 Sprains Strains Lumbar

Date of Birth: 07/16/1976
Account Number: 117130
First Seen: 03/15/2011

Subjective:

Current Condition:

Details:

Chief Complaint:

Onset Date: 05/04/2010

Type of Injury: 6

Specific Injury:

Treatments Detail:

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

SPECIAL Asis, Psis, Iliac Crest PositiveNegative
SPECIAL Slr 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

Long Term Goals

Treatment Plan

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

Evaluation Performed By:

Therapist: JAHNET MCGREAL, RPT

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