



# WestStar

PHYSICAL THERAPY NETWORK

600 S Grand Ave #104  
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## Initial Evaluation

Evaluation Date:09/06/2011  
Generated Date:09/06/2011

Name: GOMEZ, MARTHA  
Gender: F  
Referring Doctor: RASHTI, JALIL  
Diagnosis: 842 Sprains And Strains Of Wrist And Hand  
841 Sprains And Strains Of Elbow And Forearm

Date of Birth: 05/15/1949  
Account Number: 116054  
First Seen: 02/24/2011

### Subjective:

#### Current Condition:

##### Details:

##### Chief Complaint:

Onset Date: 02/02/2004

Type of Injury: 6

Specific Injury: fell at work

##### TreatmentsDetail:

#### Pain History:

##### Pain Area:

##### Area:

##### Pain Description:

##### Area:

#### Functional Status:

##### Functional Activity:

##### Activity:

#### Medical History:

Medical History: non reported

##### Surgeries:

##### Diagnostic Tests:

##### Medications:

#### Work Details:

Status: Currently Not Working

Occupation: TRANSPORTATION AND MATERIAL MOVING

Job Requirement: job requires prolonged use of UE wiht occasional lifitng.

### Objective:

### 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

2 time(s) per week for 3 week(s)

Evaluation Performed By:

Therapist: MINA GHAZVINI

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