16025 Gale Ave #a6 Industry, CA 91745 T:(626)810-9901 F:(626)965-5261

### **Initial Evaluation**

Evaluation Date:09/07/2011 Generated Date:09/14/2011

Name: HERNANDEZ, GERVACIO

Gender: M

Referring Doctor: AHMED, KHALID

Diagnosis: 842 Sprains And Strains Of Wrist And Hand

Date of Birth: 06/19/1974 Account Number: 114296 First Seen: 08/23/2011

# Subjective:

**Current Condition:** 

Details:

Chief Complaint: PAIN AND INCREASE IN SIZE OF BUMP

Onset Date: 08/25/2010

Type of Injury: 6

Specific Injury: REPETITIVE MOTION INJURY

TreatmentsDetail:

Pain History:

Pain Area:

Area:

Pain Description:

Area:

**Functional Status:** 

Functional Activity:

Activity: Pt has increased pain and/or difficultcooking,y with:carrying,lifting,pulling,pushing,repetitive

gripping

Medical History:

Medical History: NONE REPORTED

Surgeries: N/A
Diagnostic Tests: X-ray,

Medications: PAIN MEDS

Work Details:

Status: Currently Not Working

Occupation: FOOD PREPARATION AND SERVING RELATED

Job Requirement: bending over, carrying, lifting, proloned walking, prolonged standing, pulling, pushing, repetitive

gripping,

## 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

Evaluation Performed By:

Therapist: BERNARD LOPEZ, RPT

License: