



# WestStar

PHYSICAL THERAPY NETWORK

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## Progress Note/Re-Evaluation

Evaluation Date:08/31/2011  
Generated Date:08/31/2011

Name: MORGAN, STUART  
Gender: M  
Referring Doctor: AVAL, SOHEIL  
Diagnosis: 719.46 Pain Joint Lower Leg

Date of Birth: 11/13/1961  
Account Number: 096150  
First Seen: 08/25/2011

### Subjective:

#### Work Details:

Status: Currently Not Working

Occupation:

Job Requirement:

#### Medical History:

Medical History:

Surgeries:

Diagnostic Tests:

Medications:

#### Current Condition:

Details:

Chief Complaint:

Onset Date: 03/20/2007

Type of Injury: 6

Specific Injury:

TreatmentsDetail:

#### Pain History:

Pain Area:

Area:

Pain Description:

Area:

#### Functional Status:

Functional Activity:

Activity:

Objective:

KNEE(S)

ROM Extension Degrees  
ROM Flexion 35 Degrees

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:                ELSBETH BRAN

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