



WestStar

PHYSICAL THERAPY NETWORK

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Progress Note/Re-Evaluation

Evaluation Date: 07/23/2011
Generated Date: 07/23/2011

Name: SPOON, SUNNI
Gender: M
Referring Doctor: KNOW, _____
Diagnosis: 847.2 Sprains Strains Lumbar

Date of Birth: 05/03/1967
Account Number: _____
First Seen: 07/02/2011

Subjective:

Work Details:

Status: Currently Not Working

Occupation:

Job Requirement: bending over,

Medical History:

Medical History:

Surgeries:

Diagnostic Tests:

Medications:

Current Condition:

Details:

Chief Complaint:

Onset Date: 07/01/2011

Type of Injury: 6

Specific Injury:

Treatments Detail:

Pain History:

Pain Area:

Area:

Pain Description:

Area:

Functional Status:

Functional Activity:

Activity:

Objective:

LUMBAR REGION

- ROM Right Side Bend Degrees
- ROM Flexion Degrees
- ROM Extension Degrees
- SPECIAL Joint Mobilization PositiveNegative
- SPECIAL Flexion/extension Bias 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 0 time(s) per week, for 0 week(s).

Evaluation Performed By:

Therapist: MINA GHAZVINI

License: