



WestStar

PHYSICAL THERAPY NETWORK

780 North Euclid St #104
Anaheim, CA 92801
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Initial Evaluation

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

Name: MORGAN, STUART
Gender: M
Referring Doctor: AVAL, SOHEIL
Diagnosis: 80.26 Arthroscopy, Knee

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

Subjective:

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: Pt has increased pain and/or difficulty with:bending over,climbing stairs/ladders,lifting,prolonged typing/mousing,screwing,

Medical History:

Medical History: Diabetes,dfgdnfgdfgHeart/Cardiac history,

Surgeries:

Diagnostic Tests:

Medications:

Work Details:

Status: Currently Not Working

Occupation: PRODUCTION

Job Requirement: prolonged standing,pulling,reaching overhead,squatting,

Objective:

KNEE(S)

ROM Extension Degrees

ROM Flexion Degrees

SPECIAL Ligamentous Instability Test For The Rcl PositiveNegative

SPECIAL Ligamentous Instability Test For The Lcl + PositiveNegative

Assessment:

This patient is reporting and demonstrating impairments and functional limitations for which they are appropriate to be treated by joijPhysical Therapy intervention per MD orders.

Plan:

Short Term Goals	Increase grip strength by: (5 pounds, 10 pounds, 20 pounds, or equal to non involved side)Increase grip strength by: (5 pounds, 10 pounds, 20 pounds, or equal to non involved side)
Long Term Goals	
Treatment Plan	recommm Biofeedback,Cervical Stabilization,Heat,Independent Home Exercise Program,Isokinetics, giuyiuy
Doctor's Order	3 time(s) per week, for 4 week(s).

Evaluation Performed By:

Therapist:	ELSBETH BRAN
License:	