



WestStar

PHYSICAL THERAPY NETWORK

9635 Monte Vista Ave #206
Montclair, CA 91763
T:(909)399-3100 F:(909)625-3439

Initial Evaluation

Evaluation Date:03/30/2012
Generated Date:03/30/2012

Name: CHACON, PAULINO
Gender: M
Referring Doctor: SOBOL, PHILIP
Diagnosis: (Not Specified)

Date of Birth: 08/13/1960
Account Number: 123121
First Seen: 03/20/2012

Subjective:

Current Condition:

Details:

Chief Complaint: He reports constant pain in his low back, intermittent in his neck and shoulders. He reports numbness in his legs only with kneeling. He denies any UE symptoms.

Onset Date: 02/18/2009

Type of Injury: 6

Specific Injury: Pt states that he became injured at work, but is uncertain how. He thinks it may have been from when he fell from a rack, but states the pain only lasted a few hours. He states he does not know why his neck, shoulders, and back hurt him. He reports X-rays, but states he was not told the results. He denies any previous therapy for these issues.

TreatmentsDetail:

Pain History:

Pain Area:

Area:

Pain Description:

Area:

Functional Status:

Functional Activity:

Activity: Pt has increased pain and/or difficulty with: bending over, cooking, walking, sitting, sit/stand transitions, standing, broken sleep 4 times per night, dressing LE's, reaching overhead.

Medical History:

Medical History: He reports DM, denies any other significant medical history except blind in left eye and legally blind in right eye. He states he does not have medicine for his Diabetes or test strips because he does not have money. His blood pressure was 165/87. Heart rate 83 bpm.

Surgeries:

Diagnostic Tests:

Medications:

Work Details:

Status: Currently Working

Occupation: PRODUCTION

Job Requirement: Prolonged standing, pushing, pulling, lifting, carrying, bending over, reaching overhead.

Objective:

Assessment:

Plan:

Short Term Goals Independent with their HEP Time frame: Within 2-4 weeks
Increase ROM to WNL.
Increase Strength to WNL.
Patient to report decreased pain measured by visual analog scale

Long Term Goals

Treatment Plan Recommend Physical Therapy for 2 times a week for 3 weeks with treatment to consist of:
Body Mechanic Training-Proper positioning and lifting strategies
Core Stabilization-Increase strength and function on spinal stabilization muscles
Flexibility - active and passive patient stretching
Neuromuscular Re-education - Improve neurologic control of muscle function
ROM-Passive or active activities to increase joint range of motion
Therapeutic Exercise - Improve muscle strength, ROM, flexibility, and muscle function
Cryotherapy - Application of cold to decrease swelling and decrease pain
Heat - Application of heat to increase local circulation and decrease pain
IFC E-Stim - Application of E-stim to modulate pain
Ultrasound - Increase local circulation, improve tissue healing time and modulate pain
Manual Stretching - Passive or Active stretching to improve muscle length and function
Soft Tissue Mobs - Increase ROM tissue length, joint mechanics, and modulate pain
Spine Mobilization - Increase ROM, improve joint mechanics, and moderate pain.

Doctor's Order 2 time(s) per week, for 2 week(s).

Evaluation Performed By:

Therapist: MONICA MILLER, DPT

License: