



WestStar

PHYSICAL THERAPY NETWORK

16025 Gale Ave #a6
Industry, CA 91745
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Initial Evaluation

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

Name: ALFARO, CARLOS
Gender: M
Referring Doctor: TRAN, NHAT
Diagnosis: 719.46 Pain Joint Lower Leg

Date of Birth: 04/01/1968
Account Number: 114298
First Seen: 08/30/2011

Subjective:

Current Condition:

Details:

Chief Complaint: pain ,weakness fatigue
Onset Date: 08/25/2011
Type of Injury: 6
Specific Injury: fell down some stairs and hyperextended his knee

TreatmentsDetail:

Pain History:

Pain Area:
Area:
Pain Description:
Area:

Functional Status:

Functional Activity:

Activity: carrying,climbing stairs/ladders,kneeling,lifting,Prolonged sitting/driving,Prolonged standing,squatting,

Medical History:

Medical History: denies any significant medical history
Surgeries: N/A
Diagnostic Tests: X-ray,
Medications: none

Work Details:

Status: Currently Not Working
Occupation: PROTECTIVE SERVICE
Job Requirement: bending over,prolonged walking,lifting,prolonged sitting/driving,prolonged standing,pulling,pushing,repitive gripping, Handle altercations

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	Time frame: Within 2-4 weeks Centralize LE symptoms Improve ability to perform functional activities previously listedImprove patient ability to perform all impaired ADL's.Improve SLS (single limb stance) by : 5 seconds, 10 seconds, or equal to non-involved side Increase ROM by: (5-10 degrees 10-20 degrees 20-30 degrees)Increase strength by: (1/2 MMT grade, at least 1 MMT grade)Independent with their HEPNormalize gaitWNL
Long Term Goals	
Treatment Plan	Biofeedback,Heat,Ice,IF/Tens/HWave,Independent Home Exercise Program,Isokinetics,Joint Mobilizations,Phonophoresis, Ther-ex,Ultrasound,PROM,PRE Closed chain ice comp
Doctor's Order	2 time(s) per week, for 3 week(s).

Evaluation Performed By:

Therapist: BERNARD LOPEZ, RPT
License: