



WestStar

PHYSICAL THERAPY NETWORK

9635 Monte Vista Ave #206
Montclair, CA 91763
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Initial Evaluation

Evaluation Date: 07/13/2011
Generated Date: 07/13/2011

Name: MENDOZA, JAHAZIEL
Gender: M
Referring Doctor: LADINES, ROBERT
Diagnosis: 847.2 Sprains Strains Lumbar

Date of Birth: 10/22/1987
Account Number: 113259
First Seen: 07/05/2011

Subjective:

Work Details:

Status: Currently Not Working
Occupation:
Job Requirement: bending over, carrying, climbing stairs/ladders, hammering, kneeling, lifting, prolonged walking, prolonged sitting/driving, prolonged standing,

Medical History:

Medical History: Cancer Seizures Hypertension
Surgeries: none
Diagnostic Tests: MRI
Medications: laskdjflkdsjfkalsjdfkafdlksfslkfkjsaskdjflksajdfs

Current Condition:

Details:
Chief Complaint: askjfd;alksjdf;laksjdf;lksajfdlkajdsflkajsfkjsajf
Onset Date: 05/31/2011
Type of Injury: 6
Specific Injury: ;laksdjf;laksjdf;lakjdsfla;kjsfdlkajsf lasjf
Treatments Detail:

Pain History:

Pain Area:
Area:
Pain Description:
Area:

Functional Status:

Functional Activity:
Activity: Pt has increased pain and/or difficulty with: bathing, cooking, prolonged walking, sit/stand transitions, prolonged walking, reaching overhead,

Objective:

LUMBAR REGION

- ROM Flexion Percent
- ROM Right Side Bend Percent
- ROM Extension Percent
- SPECIAL Slr PositiveNegative
- SPECIAL Joint Mobilization PositiveNegative
- SPECIAL Flexion/extension Bias PositiveNegative

Assessment:

He has palpatoyr tenderness throughout lumbar paraspinals, Quadratus Lumborum, Superior gluteals.

Plan:

Short Term Goals	Improve lumbar ROM, improve lumbar stability, improve ability to perform ADL's, Independent with his HEP
Long Term Goals	
Treatment Plan	Ther-ex,Isokenetics,Biofeedback,Heat,Ice,IF/Tens/HWave,Joint Mobilizations,Lumbar Stabilization,Lumbar Traction,Independent Home Exercise Program,
Doctor's Order	2 time(s) per week, for 3 week(s).

Evaluation Performed By:

Therapist:	MONICA MILLER, DPT
License:	