



WestStar

PHYSICAL THERAPY NETWORK

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

Evaluation Date: 09/12/2011
Generated Date: 09/12/2011

Name: SALAS, ELIZABETH
Gender: F
Referring Doctor: DECARLO, BRUCE
Diagnosis: 715.16 Osteoarthritis Localized Primary Lower Leg

Date of Birth: 07/18/1963
Account Number: _____
First Seen: 09/07/2011

Subjective:

Current Condition:

Details:

Chief Complaint: patient complains of pain on both knees and low back

Onset Date: 11/01/2005

Type of Injury: 6

Specific Injury: patient reports that while climbing the steps of the forklift, she slipped and fell, landing on her knees. she injured knees and low back

Treatments/Detail:

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, kneeling, lifting, prolonged walking, Prolonged standing, pulling, pushing, reaching overhead,

Medical History:

Medical History:

Surgeries: Knee Replacement 9/13/2007

Diagnostic Tests: MRI, X-ray, Nerve conduction,

Medications: morfin

Work Details:

Status: Currently Not Working

Occupation: CONSTRUCTION AND EXTRACTION

Job Requirement: prolonged sitting/driving, climbing stairs/ladders, pulling, pushing, lifting,

Objective:

KNEE(S)

ROM Extension -5 Degrees
ROM Flexion 60 Degrees
SPECIAL McMurray NEGATIVE PositiveNegative
SPECIAL Valgus Stress Test NEGATIVE PositiveNegative
SPECIAL Patellar Grind Test NEGATIVE PositiveNegative
SPECIAL Posterior Drawer Test NEGATIVE PositiveNegative
SPECIAL Anterior Drawer NEGATIVE PositiveNegative

KNEE(S)

ROM Extension 0 Degrees
ROM Flexion 80 Degrees
SPECIAL McMurray NEGATIVE PositiveNegative
SPECIAL Valgus Stress Test NEGATIVE PositiveNegative
SPECIAL Patellar Grind Test NEGATIVE PositiveNegative
SPECIAL Posterior Drawer Test NEGATIVE PositiveNegative
SPECIAL Anterior Drawer NEGATIVE 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 Improve ability to perform functional activities previously listed
 Improve patient ability to perform all impaired ADL's.
 Increase strength
 Increase ROM
 Independent with their HEP
 Decrease pain

Long Term Goals

Treatment Plan Biofeedback,Heat,IF/Tens/HWave,Isokinetics,Soft Tissue Mobilization,
Doctor's Order 2 time(s) per week, for 3 week(s).

Evaluation Performed By:

Therapist: ELSBETH BRAN
License: