



WestStar

PHYSICAL THERAPY NETWORK

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Los Angeles, CA 90026  
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## Initial Evaluation

Evaluation Date: 07/12/2011  
Generated Date: 07/12/2011

Name: GONZALEZ, SANTIAGO  
Gender: M  
Referring Doctor: SAMSON, MARC

Date of Birth: 12/29/1951  
Account Number: \_\_\_\_\_  
First Seen: 07/08/2011

### Subjective:

#### Work Details:

Status: Currently Not Working  
Occupation:  
Job Requirement: hammering, prolonged standing, prolonged sitting/driving, prolonged typing/mousing, prolonged typing/mousing, pulling, reaching overhead, repetitive gripping, screwing, twisting, use of hand tools,

#### Medical History:

Medical History: SurgeriHypertensiones (see surgeries)  
Surgeries: Knee Replacement 00/00/0000  
Diagnostic Tests: Nothing defined for this field  
Medications: Nothing defined for this field

#### Current Condition:

Details:  
Chief Complaint: Nothing defined for this field  
Onset Date: 03/23/2009  
Type of Injury: 6  
Specific Injury: Nothing defined for this field  
TreatmentsDetail:

#### Pain History:

Pain Area:  
Area:  
Pain Description:  
Area:

#### Functional Status:

Functional Activity:  
Activity: reaching overhead, sweeping, broken sleep, repetitive gripping, washing dishes, prolonged typing/mousing,

Diagnosis:

Objective:

KNEE(S)

ROM Extension - Percent  
ROM Flexion - Percent

Assessment:

Nothing defined for this field

Plan:

Short Term Goals

Long Term Goals

Treatment Plan Biofeedback,Cervical Stabilization,Heat,Ice,IF/Tens/HWave,Isokenetics,Joint Mobilizations,Lumbar Stabilization,Paraffin,Scapular Stabilization,Ther-ex,Ultrasound,Scapular Stabilization,

Doctor's Order 3 time(s) per week, for 4 week(s).

Evaluation Performed By:

Therapist: RAFAEL MUNOZ

License: