



# WestStar

PHYSICAL THERAPY NETWORK

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## Initial Evaluation

Evaluation Date:09/08/2011  
Generated Date:09/08/2011

Name: SOLORZANO, SERGIO  
Gender: M  
Referring Doctor: ANEL, MANUEL  
Diagnosis: 353.2 Cervical Root Lesions Not Elsewhere Classified  
718.91 Unspecified Derangement Joint Shoulder Region  
842.09 Sprains Strains Wrist

Date of Birth: 05/07/1978  
Account Number: 113350  
First Seen: 09/06/2011

### Subjective:

#### Current Condition:

##### Details:

Chief Complaint: He reports constant pain in the front of his shoulder. he denies any numbness/tingling.

Onset Date: 10/29/2010

Type of Injury: 6

Specific Injury: Sergio reports he became injured when he was pinned by a cow he was leading to the

##### TreatmentsDetail:

#### Pain History:

Pain Area:

Area:

Pain Description:

Area:

#### Functional Status:

Functional Activity:

Activity: Pt has increased pain and/or difficulty with:broken sleep,carrying,lifting,pulling,pushing,

#### Medical History:

Medical History: denies any significant medical history

Surgeries: N/A

Diagnostic Tests: He denies any

Medications: Tramadol, Ibuprofen

#### Work Details:

Status: Currently Not Working

Occupation: FARMING, FISHING, AND FORESTRY

Job Requirement: bending over,carrying,lifting,pulling,pushing,reaching overhead,repitive gripping,

## Objective:

### SHOULDER, INCLUDING CLAVICLE,

ROM Extension 50 Degrees  
ROM Internal Rotation 45 Degrees  
ROM External Rotation 90 Degrees  
ROM Abduction 145 Degrees  
ROM Flexion 140 Degrees  
SPECIAL Impingement Test POSITIVE PositiveNegative  
SPECIAL Mmt To Myotomes PositiveNegative

### HAND(S) AND WRIST(S)

ROM Ulnar Deviation 35 Degrees  
ROM Supination 90 Degrees  
ROM Radial Deviation 25 Degrees  
ROM Pronation 90 Degrees  
ROM Flexion 90 Degrees  
ROM Extension 90 Degrees

### NECK, EXCEPT INTERNAL LOCATION

ROM Left Rotation 80 Degrees  
ROM Right Rotation 80 Degrees  
ROM Flexion 60 Degrees  
ROM Extension 45 Degrees  
ROM Left Side Bend 30 Degrees  
ROM Right Side Bend 30 Degrees

## 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 UE symptoms Decrease pain by:1-3 points, Decrease shoulder impingement Increase ROM by: (5-10 degrees 10-20 degrees 20-30 degrees) /improve shoulder mechanics,Improve Scapular stabilization,Increase strength by:1/2 MMT grade,Increase ROM by: 20-30 degrees, Independent with their HEP

### Long Term Goals

**Treatment Plan** Biofeedback,Cervical Stabilization,Cervical Traction,Ice,IF/Tens/HWave,Independent Home Exercise Program,Isokinetics,Joint Mobilizations,Scapular Stabilization,Ther-ex,Ultrasound,Paraffin,

**Doctor's Order** 2 time(s) per week, for 4 week(s).

## Evaluation Performed By:

**Therapist:** MONICA MILLER, DPT

**License:**