



**WestStar**

PHYSICAL THERAPY NETWORK

10330 Hole Ave #1  
Riverside, CA 92505  
T:(951)785-9900 F:(951)785-5757

## Progress Note/Re-Evaluation

Evaluation Date:09/15/2011  
Generated Date:09/15/2011

Name: MUNSON, TERRY  
Gender: M  
Referring Doctor: KADABA, SATISH  
Diagnosis: 847.2 Sprains Strains Lumbar

Date of Birth: 03/25/1979  
Account Number: 117041  
First Seen: 08/11/2011

### Subjective:

#### Work Details:

Status: Currently Not Working

Occupation:

Job Requirement:

#### Medical History:

Medical History:

Surgeries:

Diagnostic Tests:

Medications:

#### Current Condition:

Details:

Chief Complaint:

Onset Date: 03/20/2008

Type of Injury: 6

Specific Injury:

TreatmentsDetail:

#### Pain History:

Pain Area:

Area:

Pain Description:

Area:

#### Functional Status:

Functional Activity:

Activity:

## Objective:

### LUMBAR REGION

ROM Extension 23 Degrees  
ROM Left Side Bend 21 Degrees  
ROM Flexion 56 Degrees  
ROM Right Side Bend 25 Degrees

## Assessment:

Patient is on a balanced program of exercises coupled with modalities to ease his pain. There is some improvement re: AROM of the L/S area. He has palpable tightness to the L/S paraspinals, SI joints, glutes. Abdominal control is decreased. We instructed patient on a HEP of stretching and strengthening exercises. He shows good understanding of his HEP.

## Plan:

Short Term Goals      Decrease pain by: (1-3 points, 4-8 points, be pain free)Improve Lumbar stabilization. Increase ROM by: (5-10 degrees) Increase strength by: (1/2 MMT grade) Independent with their HEP

Long Term Goals

Treatment Plan      IF/Tens/HWave,Independent Home Exercise Program,Isokinetics,Lumbar Stabilization,Soft Tissue Mobilization,Ther-ex,

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

Evaluation Performed By:

Therapist:      JAHNET MCGREAL, RPT

License: