



WestStar

PHYSICAL THERAPY NETWORK

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Initial Evaluation

Evaluation Date: 07/01/2011
Generated Date: 07/06/2011

Name: NIEVES, JOSE
Gender: M
Referring Doctor: KADABA, SATISH
Diagnosis: 847.2 Sprains Strains Lumbar

Date of Birth: 09/24/1947
Account Number: 109158
First Seen: 03/16/2011

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: 11/01/1999

Type of Injury: 6

Specific Injury:

Treatments Detail:

Pain History:

Pain Area:

Area:

Pain Description:

Area:

Functional Status:

Functional Activity:

Activity:

Objective:

LUMBAR REGION

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

Assessment:

Plan:

Short Term Goals

Long Term Goals

Treatment Plan

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

Evaluation Performed By:

Therapist: RAPHAEL MUNOZ

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