



WestStar

PHYSICAL THERAPY NETWORK

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Initial Evaluation

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

Name: WASHINGTON, EUGENE
Gender: M
Referring Doctor: LAZATIN, SERGE
Diagnosis: 847.2 Sprains Strains Lumbar
847.9 Sprains Strains Back Nos

Date of Birth: 02/09/1947
Account Number: _____
First Seen: 09/01/2011

Subjective:

Current Condition:

Details:

Chief Complaint: patient complains of constant pain on low back, intermittent pain on neck

Onset Date: 02/24/2004

Type of Injury: 6

Specific Injury: patient reports that he fell backwards, off dock in a forklift and injured neck and back. on 6-2911 he re-injured back while stacking bundles of paper

TreatmentsDetail:

Pain History:

Pain Area:

Area:

Pain Description:

Area:

Functional Status:

Functional Activity:

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

Medical History:

Medical History:

Surgeries:

Diagnostic Tests: MRI,X-ray,

Medications:

Work Details:

Status: Currently Not Working

Occupation:

Job Requirement: prolonged walking,prolonged standing,twisting,reaching overhead,lifting,

Objective:

LUMBAR REGION

ROM Left Side Bend 20 Degrees
ROM Right Side Bend 25 Degrees
ROM Extension 15 Degrees
ROM Flexion 60 Degrees
SPECIAL Asis, Psis, Iliac Crest PositiveNegative
SPECIAL Slr 45 DEGRESS PositiveNegative

NECK, EXCEPT INTERNAL LOCATION

ROM External Rotation Degrees
ROM Left Rotation 50 Degrees
ROM Right Rotation 55 Degrees
ROM Flexion 35 Degrees
ROM Extension 30 Degrees
ROM Left Side Bend 25 Degrees
ROM Right Side Bend 25 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	Decrease pain Improve ability to perform functional activities previously listed Improve Lumbar stabilization Improve sleep Increase ROM Increase strength Independent with their HEP
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Long Term Goals

Treatment Plan	Biofeedback, Heat, IF/Tens/HWave, Isokinetics, Soft Tissue Mobilization,
Doctor's Order	2 time(s) per week, for 4 week(s).

Evaluation Performed By:

Therapist: ELSBETH BRAN

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