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## Initial Evaluation

Evaluation Date:08/30/2011  
Generated Date:08/30/2011

Name: PEREZ, MAIRA  
Gender: F  
Referring Doctor: PHAM, NICOLE  
Diagnosis: 724.2 Lumbago - Low Back Pain  
353.0 Thoracic Outlet Syndrome

Date of Birth: 04/07/1988  
Account Number: \_\_\_\_\_  
First Seen: 08/26/2011

### Subjective:

#### Current Condition:

##### Details:

##### Chief Complaint:

Onset Date: 08/21/2011

Type of Injury: 6

##### Specific Injury:

##### TreatmentsDetail:

#### Pain History:

##### Pain Area:

##### Area:

##### Pain Description:

##### Area:

#### Functional Status:

##### Functional Activity:

##### Activity:

#### Medical History:

##### Medical History:

##### Surgeries:

##### Diagnostic Tests:

##### Medications:

#### Work Details:

Status: Currently Not Working

##### Occupation:

##### Job Requirement:

### Objective:

#### LUMBAR REGION

ROM Left Rotation Degrees  
ROM Right Rotation Degrees  
ROM Extension Degrees  
ROM Abduction Degrees  
ROM External Rotation Degrees  
ROM Left Side Bend Degrees  
ROM Flexion Degrees  
ROM Right Side Bend Degrees  
ROM Internal Rotation 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
- Long Term Goals
- Treatment Plan
- Doctor's Order            2 time(s) per week, for 3 week(s).

Evaluation Performed By:

- Therapist:                HOWARD LE
- License: