



WestStar

PHYSICAL THERAPY NETWORK

1725 W Beverly Blvd
Los Angeles, CA 90026
T:(213)632-0256 F:(213)316-0104

Initial Evaluation

Evaluation Date:06/17/2011
Generated Date:07/06/2011

Name: NIEVES, JOSE
Gender: M
Referring Doctor: KADABA, SATISH
Diagnosis: 847.1 Sprains Strains Thoracic
847.2 Sprains Strains Lumbar

Date of Birth: 09/24/1947
Account Number: 109158
First Seen: 12/08/2010

Subjective:

Work Details:

Status: Currently Working
Occupation: FORKLIFT OPERATOR
Job Requirement: Pt works full time 40 hours per week. Pt describes job as primarily standing 1-2 hours with lifting, Walking, Driving, Squatting, Stooping/bending, Reaching Up, Reaching Out, Ladder Climbing, Pushing, Squatting, Pt describes job as primarily sitting 6-7 hours with repetitive UE and computer, frequently reaching and lifting. Pt describes job as primarily sitting 6-7 hours with repetitive UE and computer, frequently reaching and lifting. Pt describes job as primarily sitting 6-7 hours with repetitive UE and computer, frequently reaching and lifting. Pt works part-time approximately 30 hours per week.

Medical History:

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Surgeries: Retinal Surgery, Improved, Under MD Care
Cataracts Surgery, Improved, Under MD Care
Triple By-Pass, 2000

Diagnostic Tests: Physical Therapy Improved-but not permanent.
MRI positive for discal pathology of the neck and low back.

Medications: Rx HTN, Currenting Taking
Rx Cholesterol, Currently Taking
Rx Diabetes, Currently Taking

Current Condition:

Details:
Chief Complaint: Constant Pain of the low and mid-upper back that is aggravated with movement especially from sit to stand, or from lying down. He also feels like he is falling at times.
Onset Date: 11/01/1999
Type of Injury: 6
Specific Injury: While working on a formlift he suffered an injury to his knees and back.
TreatmentsDetail:

Pain History:

Pain Area:
Area:
Pain Description:
Area:

Functional Status:

Functional Activity:
Activity:

Objective:

LUMBAR REGION

ROM Right Side Bend 50 Percent
ROM Right Rotation 50 Percent
ROM Left Side Bend 50 Percent
ROM Left Rotation 50 Percent
ROM Flexion 50 Percent
ROM Extension 50 Percent
SPECIAL Straight Leg Raise (slr) Or Lasegue's Test POSITIVE WITH PAIN PositiveNegative
SPECIAL Slump Test POSITIVE WITH PAIN PositiveNegative
SPECIAL Quadrant Testing/stability POSITIVE WITH PAIN PositiveNegative
SPECIAL Yocum's PositiveNegative

BACK, CERVICAL, UNSPECIFIED

ROM Right Side Bend 75 Percent
ROM Right Rotation 75 Percent
ROM Left Side Bend 75 Percent
ROM Left Rotation 75 Percent
ROM Flexion 75 Percent
ROM Extension 75 Percent
SPECIAL Upper Limb Nerve Tension Test POSITIVE WITH PAIN PositiveNegative
SPECIAL Spurling Test NEGATIVE PositiveNegative

FOOT(FEET) AND TOE(S)

SPECIAL Apley's Distraction Test PositiveNegative
SPECIAL Apprehension Test (tests Lateral Instability) PositiveNegative
SPECIAL Asis, Psis, Iliac Crest PositiveNegative
SPECIAL Babinski PositiveNegative
SPECIAL Bicycle Test Of Van Gelderen PositiveNegative

THORACIC REGION

ROM Extension 50 Percent
ROM Flexion 50 Percent
ROM Left Rotation 50 Percent
ROM Left Side Bend 50 Percent
ROM Right Rotation 50 Percent
ROM Right Side Bend 50 Percent

Assessment:

Evaluation has determined decrease in functional status for this patient.
Evaluation has found subjective and objective deficits that can be addressed by physical therapy intervention.
Subjective and Objective Measures are addressed by goals in the plan of care.
Patient/Family are involved in the development of these goals.
Patient/Family are educated about current injury and treatment.
The Patient's blah blah

Plan:

Short Term Goals	Independent with home exercise program in 3 visits. Increase strength to WNL. Patient to report decreased pain measured by visual analog scale.
Long Term Goals	
Treatment Plan	Bio Iso Myo Therapeutic Excercises
Doctor's Order	3 time(s) per week, for 4 week(s).
Evaluation Performed By:	
Therapist:	RAFAEL MUNOZ
License:	