

Initial Evaluation

Evaluation Date:05/24/2011
Generated Date:05/27/2011

Name: Spoon, Sunni
Gender: F
Referring Physician: _____, _____
Diagnosis: _____

Date of Birth: 11/30/1999
Account#: _____
First Seen: 11/30/1999

Subjective:

Current Condition:

Details:

Chief Complaint

Onset Date:

Type of injury:

Specific Injury:

Pain History:

Pain Area:

Area...Current...Best...Worst

L-SPINE...8/10...8/10...10/10

Pain Description:

Area...Activity/Time...Symptoms...Descriptions

L-SPINE...Morning...Improved...Dull

Functional Status:

Functional Activity...Status...Level

Walk...Severe Limitation...Current

Recreation...Severe Limitation...Current

Exercise...Severe Limitation...Current

Sitting...Severe Limitation...Current

Standing...Severe Limitation...Current

Medical History:

Medical Conditions

Condition

None per Patient

Surgeries

None

Medications

None

Objective:

L-SPINE (Body Part) Active Range Of Motion:

Motion...Range Of Motion

Flexion...100 Percent

Extension...100 Percent

Sidebending Right...100 Percent

Sidebending Left...100 Percent

Rotation Right...100 Percent

Rotation Left...100 Percent

L-SPINE (Body Part) Passive Range Of Motion:

Motion...Range Of Motion

Flexion...100 Percent

Extension...100 Percent

Sidebending Right...100 Percent

Sidebending Left...100 Percent

Rotation Right...100 Percent

Rotation Left...100 Percent

Muscle Testing:

Measurement...Right Strength...Left Strength

Rectus Abdominus...5/5...5/5

Hip Abductors...5/5...5/5

Hip Adductors...5/5...5/5

Back Extensors...5/5...5/5

External Oblique...5/5...5/5

Internal Oblique...5/5...5/5

Pain Description:

Area...Activity/Time...Symptoms...Descriptions

L-SPINE...Morning...Improved...Dull

Special Tests:

Special Test...Right...Left

Slump Test (Lumbar)...Negative...Negative

Straight Leg Raise...Negative...Negative

Quadrant Test (Lumbar)...Negative...Negative

Functional Tests:

Functional Test...Right...Left

Test1...Negative...Negative

Test2...Negative...Negative

Test3...Negative...Negative

Joint Mobiliy:

Joint

Gross Lumbar

Myotomes:

Myotomes...Right...Left

L1,2-Psoas...5/5...5/5

L3-Quadricep...5/5...5/5

L5-EHL/Peroneals...5/5...5/5

S1,2-Gastroc/Hams...5/5...5/5

S1,2-FHL...5/5...5/5

Dermatomes:

Dermatome...Right...Left

L3...Increased...Increased

L4...Increased...Increased

L5...Increased...Increased

S1...Increased...Increased

S2...Increased...Increased

Reflexes:

Reflex...Right...Left

L3-Patellar...2+...2+

S1-Achilles...2+...2+

Palpation:

Patient tender to calves +/-

Assessment:

Description

Evaluation has determined decrease in the functional status for this patient.

Evaluation has found subjective and objective deficits that demonstrates amenability to physical therapy interventions.

Patient/family are involved in the development of these goals.

Patient/family are educated about current injury and treatment.

Potential to reach goals: Good

Plan:

Goals:

Length...Status...Goal

Short Term...Not Met...1. Independent with home exercise program in 3 visits.

Long Term...Not Met...2. Patient able to participate in full recreational activities in 6 weeks.

Short Term...Not Met...2a. Increase ROM to WNL.

Short Term...Not Met...2b. Increase strength to WNL.

Long Term...Not Met...3. Patient to report decreased pain during functional activities in 6 weeks.

Short Term...Not Met...4. Patient to report decreased pain measured by visual analog scale.

Treatment:

Recommend Physical Therapy for 3 times a week for 4 weeks with treatment to consist of:

Bio/Iso/Myo/etc...

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