



WestStar

PHYSICAL THERAPY NETWORK

9635 Monte Vista Ave #206
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Initial Evaluation

Evaluation Date:09/20/2011
Generated Date:09/20/2011

Name: CHAVEZ, DAVID
Gender: M
Referring Doctor: SIMPKINS, ALBERT
Diagnosis: 722.93 Disc Disorder Lumbar Region

Date of Birth: 03/12/1954
Account Number: _____
First Seen: 09/15/2011

Subjective:

Current Condition:

Details:

Chief Complaint: Constant pain in his low back with intermittent radiating pain and tingling to his knees.

Onset Date: 08/17/2007

Type of Injury: 6

Specific Injury: Patient reports he fell backward while trying to sit down and hit his low back on the corner of the chair.

TreatmentsDetail:

Pain History:

Pain Area:

Area:

Pain Description:

Area:

Functional Status:

Functional Activity:

Activity: Pt has increased pain and/or difficulty with:bending over,broken sleep,carrying,lifting 50 lbs for 3 repetitions, mopping,prolonged walking,Prolonged sitting/driving,Prolonged standing,pulling,reaching overhead,sit/stand transitions,squatting,sweeping,

Medical History:

Medical History: denies any significant medical history

Surgeries: ACDF

Diagnostic Tests: MRI,

Medications: Norco

Work Details:

Status: Currently Not Working

Occupation: COMMUNITY AND SOCIAL SERVICE

Job Requirement: bending over,carrying,climbing stairs/ladders,kneeling,lifting,prolonged sitting/driving,prolonged standing,pulling,pushing,

Objective:

LUMBAR REGION

SPECIAL SIr POSITIVE PositiveNegative

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	Time frame: Within 2-4 weeks: Centralize LE symptoms, Decrease pain by: 1-3 points, Improve ability to perform functional activities previously listed, Improve Lumbar stabilization, Improve sleep, Independent with their HEP
Long Term Goals	
Treatment Plan	Biofeedback, Lumbar Traction, Joint Mobilizations, Isokinetics, Heat, Ice, IF/Tens/HWave, Soft Tissue Mobilization, Ther-ex, Independent Home Exercise Program,
Doctor's Order	3 time(s) per week, for 4 week(s).

Evaluation Performed By:

Therapist: MONICA MILLER, DPT
License: