



WestStar

PHYSICAL THERAPY NETWORK

9635 Monte Vista Ave #206
Montclair, CA 91763
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Initial Evaluation

Evaluation Date:08/03/2011
Generated Date:08/17/2011

Name: VILLATORO, JOSE
Gender: M
Referring Doctor: JOHNSON, DAVID
Diagnosis: 723.1 Cervicalgia - Pain in Neck
724.2 Lumbago - Low Back Pain
719.41 Pain Joint Shoulder Region
717.9 Unspecified Internal Derangement Knee

Date of Birth: 02/28/1958
Account Number: 113297
First Seen: 07/28/2011

Subjective:

Current Condition:

Details:

Chief Complaint: He reports the most pain is in his neck and low back. He reports intermittent numbness/tingling in his Right thigh to the knee. He states he feels weak in his knee.

Onset Date: 09/23/2010

Type of Injury: 6

Specific Injury: Jose states he became injured at work when a tree branch fell on head because the branch broke as he tried to climb the rope he had tied to that branch. He states after he was hit in the head he fell 18 feet to the ground. He states he was

TreatmentsDetail:

Pain History:

Pain Area:

Area:

Pain Description:

Area:

Functional Status:

Functional Activity:

Activity: Pt has increased pain and/or difficulty with:bending over,carrying,climbing stairs/ladders,kneeling,lifting,prolonged walking,Prolonged sitting/driving,Prolonged standing,pulling,pushing,reaching overhead,sit/stand transitions,squatting,twisting,use of heavy equipment (ie jackhammer),

Medical History:

Medical History: denies any significant medical history

Surgeries: N/A

Diagnostic Tests: MRI,

Medications: None

Work Details:

Status: Currently Not Working

Occupation:

Job Requirement: bending over,carrying,hammering,kneeling,lifting,reaching overhead,prolonged sitting/driving,pulling,pushing,use of heavy equipment (ie. jackhammer),

Objective:

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 4 week(s).

Evaluation Performed By:

Therapist: MONICA MILLER, DPT

License: