



# WestStar

PHYSICAL THERAPY NETWORK

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## Initial Evaluation

Evaluation Date: 07/25/2011  
Generated Date: 08/17/2011

Name: FOLLENS-JONES, LEILAN  
Gender: F  
Referring Doctor: MIRZABAZORG, ALIREZA  
Diagnosis: (Not Specified)

Date of Birth: 05/22/1958  
Account Number: \_\_\_\_\_  
First Seen: 07/20/2011

### Subjective:

#### Current Condition:

##### Details:

**Chief Complaint:** She reports intermittent pain in her shoulder that increases with activity. She denies any numbness/tingling in her UE. She reports her grip strength is "ok" but that she feels weak in her shoulder

**Onset Date:** 06/09/2011

**Type of Injury:** 6

**Specific Injury:** Leilani states she became injured at work when she fell down stairs. She states she is uncertain how she specifically hurt her shoulder. She also reports pain in the Right side of her low back, but her shoulder is her biggest concern.

#### TreatmentsDetail:

#### Pain History:

##### Pain Area:

##### Area:

##### Pain Description:

##### Area:

#### Functional Status:

##### Functional Activity:

**Activity:** Pt has increased pain and/or difficulty with: bathing, broken sleep, carrying, cooking, dressing UE or LE, lifting, prolonged typing/mousing, reaching overhead,

#### Medical History:

**Medical History:** Hypertension, Hypothyroidism

**Surgeries:** N/A

**Diagnostic Tests:** X-ray, she reports results were normal

**Medications:** Ibuprofen, Tizanidine Hydrochloride, Blood pressure medication she cannot recall the name.

#### Work Details:

**Status:** Currently Working

**Occupation:** OFFICE AND ADMINISTRATIVE SUPPORT

**Job Requirement:** prolonged sitting/driving, prolonged typing/mousing,

## Objective:

### SHOULDER, INCLUDING CLAVICLE,

ROM External Rotation 90 Degrees  
ROM Internal Rotation 45 Degrees  
ROM Abduction 140 Degrees  
ROM Extension 50 Degrees  
ROM Flexion 130 Degrees  
SPECIAL Clunk Test POSITIVE PositiveNegative  
SPECIAL Speed's NEGATIVE PositiveNegative  
SPECIAL Inferior (multidirectional) Laxity Sulcus Sign NEGATIVE PositiveNegative  
SPECIAL Hawkins-kennedy Impingement Test POSITIVE PositiveNegative  
SPECIAL Impingement Test POSITIVE PositiveNegative  
SPECIAL Supraspinatus Test POSITIVE PositiveNegative  
SPECIAL Drop Arm Test POSITIVE PositiveNegative  
SPECIAL Yocum's POSITIVE PositiveNegative  
SPECIAL O'brien's 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:  
Decrease pain by: (1-3 points)  
Decrease shoulder impingement /improve shoulder mechanics,  
Improve ability to perform functional activities previously listed as impaired  
Improve Scapular stabilization  
Improve sleep  
Increase ROM by: (20-30 degrees)  
Increase strength by: (1/2 MMT grade)  
Independent with their HEP

### Long Term Goals

### Treatment Plan

Doctor's Order 3 time(s) per week, for 2 week(s).

## Evaluation Performed By:

Therapist: MONICA MILLER, DPT

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