16025 Gale Ave #a6 Industry, CA 91745 T:(626)810-9901 F:(626)965-5261

## **Initial Evaluation**

Evaluation Date:09/01/2011 Generated Date:09/01/2011

Name: CAMACHO, MIGUEL
Gender: M
Referring Doctor: CAPEN, DANIEL
Diagnosis: 847.2 Sprains Strains Lumbar 842.09 Sprains Strains Wrist

Date of Birth: 11/12/1964
Account Number: First Seen: 08/25/2011

Subjective:

**Current Condition:** 

Details:

**Chief Complaint:** 

Onset Date: 05/13/2002

Type of Injury:

Specific Injury:

TreatmentsDetail:

Pain History:

Pain Area:

Area:

Pain Description:

Area:

**Functional Status:** 

**Functional Activity:** 

Activity: Pt has increased pain and/or difficulty with:Prolonged sitting/driving,

Medical History:

Medical History: Hypertension,

Surgeries: N/A

Diagnostic Tests: MRI,Nerve conduction,

Medications:

Work Details:

Status: Currently Not Working

Occupation: COMMUNITY AND SOCIAL SERVICE Job Requirement: bending over,lifting,proloned walking,

# Objective:

WRIST(S)

ROM Pronation Degrees
ROM Supination Degrees
ROM Radial Deviation Degrees
ROM Unar Deviation Degrees
ROM Extension Degrees
ROM Flexion Degrees
ROM Flexion Degrees
SPECIAL Reverse Phalens PositiveNegative
SPECIAL Tinel's PositiveNegative
SPECIAL Phalen's PositiveNegative

### **LUMBAR REGION**

ROM Left Side Bend Degrees ROM Extension Degrees ROM Left Rotation Degrees ROM Flexion Degrees ROM Right Rotation Degrees ROM Right Side Bend Degrees SPECIAL Asis, Psis, Iliac Crest 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
Long Term Goals
Treatment Plan

Doctor's Order 3 time(s) per week, for 4 week(s).

### **Evaluation Performed By:**

Therapist: BERNARD LOPEZ, RPT

License: