

## Initial Evaluation

Evaluation Date:06/12/2011  
Generated Date:06/14/2011

Name: WINDAU, DANIEL  
Gender: M  
Referring Physician: BROURMAN, STEVEN  
Diagnosis: 848.1 Sprains Strains Jaw

Date of Birth: 09/15/1957  
Account#:  
First Seen: 06/02/2008

### 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...

Rafael A Munoz PT, DPT, CSCS

License #33782