

Date of Service: [REDACTED]

Physical Therapy Final Exam

Date of Encounter: [REDACTED]

Outcome Assessment Tool Summary

5 time sit to stand:

9.88 sec

10 meter walk test

Self-selected = 8.37s

Fast = 3.47s

Casual AVG: 0.71 m/s

Fast AVG: 1.73 m/s

History of Present Illness

[REDACTED] pt presents to therapy with chronic non specific LBP. Went to urgent care following fall last week to get a shot for pain in shoulder. Got X-rays at urgent care as well that came back clean. No other doctor visits were reported. New mattress delivered to home that is more difficult to get into bed with but feels better on low back. Denies any falls since last visit. No changes in medication.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, achiness, and stiffness in the following location(s): bilateral lower back as a result of unspecified reason. This is a chronic condition.

- Patient's complaint is 9 out of 10, where 0 is no pain, and 10 is worst pain imaginable.
- Patient's average or typical pain is 9 out of 10.
- Symptoms present constantly (76-100%) of the day.

Timing

Symptoms are worse in evening.

Symptoms are better in morning.

Aggravating/Provocative Factors: Walking, Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Pt reports he is still using baclofen and trazadone relieve his pain enough to help him sleep.

Physical Examination

Musculoskeletal

Thoracic

Palpation

	Left	Right
Taut and Tender +2 tight paraspinals/rhomboids		Taut and Tender +2 tight paraspinals/rhomboids

Lumbar

Observation

Lordosis	Normal
taught thoracolumbar skin/fascia	

Palpation

	Left	Right
Tenderness +2 QL/paraspinals Taut and Tender +2		Tenderness +2 QL paraspinals Taut and Tender +2

Date of Service: [REDACTED]

ql/paraspinals

Erector Spinae

Moderate tenderness on the left

Taut and Tender +2 on the left

Additional Findings: Ropiness, Adhesions

QL paraspinals

Moderate tenderness on the right

Taut and Tender +2 on the right

Additional Findings: Ropiness, Adhesions

Lumbar Paraspinal Muscles

Moderate tenderness on the left

Taut and Tender +2 on the left

Additional Findings: Ropiness

Moderate tenderness on the right

Taut and Tender +2 on the right

Additional Findings: Ropiness

Quadratus Lumborum

Moderate tenderness on the left

Taut and Tender +2 on the left

Moderate tenderness on the right

Taut and Tender +2 on the right

ROM

Flexion (60°)

Active restricted

Strength: 5/5 isometrically in sitting.

Standing Lumbar AROM OBSERVATION

flexion: 30% away from normal for Age

Extension: 25% away from Normal for Age

R SB 30% away from normal for Age

L SB 30 % away from normal for age

R Rot: 15% away from normal for age

L Rot 15% away from normal for age

Extension (25°)

Active restricted

Strength: 5/5 isometrically in sitting.

Lateral flexion (25°)

Left - Active restricted

Left - Strength: 5/5 isometrically in sitting.

Right - Active restricted

Right - Strength: 5/5 isometrically in sitting.

Rotation (10°)

Left - Active WNL

Left - Strength: 5/5 isometrically in sitting.

Right - Active WNL

Right - Strength: 5/5 isometrically in sitting.

Shoulder / Upper Arm

ROM / Strength

ROM

Flexion (180°)

Right - Passive 175+empty°

Internal Rotation (90°)

Right - Active 70°

External Rotation (80°)

Right - Active 55°+pain°

Abduction (180°)

Right - Passive 175°+empty°

Hip / Thigh / Leg

Date of Service: [REDACTED]

Observation

pt ambulation/gait normal

Palpation

TRP in L piriformis that radiates into lumbar region. Tight gluteus medius/minimus BL

ROM / Strength

ROM

Flexion (120°) bent knee

Left - Active WNL

Right - Active WNL

Flexion (80°–90°) SLR

Left - Active WNL

Right - Active WNL

Extension (30°)

Left - Active WNL

Right - Active WNL

Internal rotation (40°)

Left - Active WNL

Right - Active WNL

External rotation (50°)

Left - Active WNL

Right - Active WNL

Abduction (50°)

Left - Active WNL

Right - Active WNL

Adduction (30°)

Left - Active WNL

Right - Active WNL

Knee

ROM / Strength

ROM

Flexion (150°)

Left - Active WNL

Left - Passive WNL

Right - Active WNL

Right - Passive WNL

Extension (0°)

Left - Active WNL

Left - Passive WNL

Right - Active WNL

Right - Passive WNL

Ankle / Foot

ROM / Strength

ROM

Dorsiflexion (20°)

Left - Active WNL

Right - Active WNL

Eversion (10°)

Date of Service: [REDACTED]

Left - Active WNL
Right - Active WNL

Inversion (20°)

Left - Active WNL
Right - Active WNL

Plantarflexion (40°)

Left - Active WNL
Right - Active WNL

Abdomen / Gastrointestinal

Hx of gallbladder removal

Respiratory

COPD

Additional:

Assessment

Diagnostic Statements:

Pt presents with chronic low-back pain. BL Lumbar, and hip musculature tightness

Assessment Statements:

Pt presents with signs and symptoms of chronic LBP. Pt has decreased R hip flexion, IR and DF strength, and reduced lumbar AROM. Pt able to complete outcome measures with no increase in pain. Patients 5 times STS time of 16.57 seconds indicative of increased fall risk. Patients casual 10 MWT score indicative of community ambulator. Pts fast 10 MWT indicative of community ambulator. Leg press activity was done to strengthen lower extremities and required mod assist to get on and off leg press machine. Wall ball squat activity with weighted ball hold was done for LE strengthening with minimal cueing for foot placement. Patient was educated on HEP exercises and the benefit of performing these exercises consistently.

Prognosis:

Pt has fair prognosis for improvement.

Reasons for Prognosis:

Positive Prognostic Factor:

- Family support
- Motivated to improve
- Independent baseline function

Negative Prognostic Factors:

- Housing insecurity
- History of non-compliance with HEP
- Poor insight into benefits of mobility for improving pain and QoL

Complicating Factors: Excess weight and COPD

Diagnoses Codes

1. M54.59 Other low back pain
2. M62.81 Muscle weakness (generalized)

low back pain

Plan

Discharge home with HEP.

Treatment Plan

Rehab Treatment Plan

Therapeutic Exercises

Date of Service: [REDACTED]

Patient to engage in Therex promoting core and BL LE strength.

Rehab Visit Frequency

1 times per week for 12 week(s)

Neuromuscular Re-Education

Rehab Visit Frequency

1 times per week for 12 week(s)

Manual Therapy

pt to receive STM to lumbar and gluteal musculature to improve AROM and reduce pain

Therapeutic Activities

pt to work on STS to improve sit to stand transfer

Rehab Visit Frequency

1 times per week for 12 week(s)

Treatment/Services Provided Today

Rehab

Visit Frequency:

1 times per week for 12 week(s)

Visits Ordered: 12 visits

Re-Evaluation to be performed in: 12 visits

Treatment Plan

patient to focus on motor control, strengthening of core and BL LE to improve AROM and reduce pain. Therex, theractivities, manual therapy and biophysical agents.

Manual Therapy Techniques

Lumbar

Piriformis Left Right (MMS) Time: 2 min(s)

Lower Extremities

Hamstrings (MMS) Left Right (MMS) Time: 5 min(s) 2 sets per side, 45s holds

Exercises/Activities

Session Timing:

Total session time: 45 min

Exercises Performed Today:

- Leg Press: 3 sets of 8 reps with 12 lbs weight
- Squats : 3 sets of 15 reps for 8 mins (With swiss ball on back holding weighted ball)
- Sustained thoracic extension over small bolster: for 5 mins (seated in chair with arm rest)
- LTR: 10 reps (each side)

Short Term Goals

- Improve dull pain, achiness, and stiffness in lower back bilaterally from 9/10 to 4/10.
- Decrease Pain
- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Mobility
- Increase Range of Motion
- Increase Strength

Long Term Goals

- Improve dull pain, achiness, and stiffness in lower back bilaterally from 9/10 to 4/10. Timeframe: 12 weeks.
- Increase general fitness, strength, and mobility over next 30 days.
- pt to improve % times STS score

Patient Goals

In 12 visits, pt's Oswestry Low Back Disability score will be reduced by 11% to indicate improved disability status.

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

In 12 visits, pt's average resting low back pain will be reduced to a 7/10 to indicate improved pain tolerance.
In 12 visits, pt's active lumbar flexion ROM will improve to <10 % from Normal limits

Signed: [REDACTED] Fri [REDACTED] 35:50 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Patient reports a fall outside of a Chinese restaurant prior to coming into therapy today. He reports that he felt like he slipped. Denies hitting head or any serious injuries but did get wet from the ground outside. Everything was going fine before the fall today. Pt reports that the tape felt really good and was helpful.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, achiness, and stiffness in the following location(s): bilateral lower back as a result of unspecified reason. This is a chronic condition.

- Patient's complaint is 9 out of 10, where 0 is no pain, and 10 is worst pain imaginable.
- Patient's average or typical pain is 9 out of 10.
- Symptoms present constantly (76-100%) of the day.

Timing

Symptoms are worse in evening.

Symptoms are better in morning.

Aggravating/Provocative Factors: Walking, Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Pt reports he is still using baclofen and trazadone relieve his pain enough to help him sleep.

Objective

Vitals

Heart Rate: 70

Respiratory Rate: 16

BP: 138 / 72

SPO2: 98

Additional:

Assessment

Diagnostic Statements:

Pt presents with chronic low-back pain. BL Lumbar, and hip musculature tightness

Assessment Statements:

Patient was able to tolerate warm up on NuStep for 6 minutes with bilateral LE and L UE but was unable to use R UE due to pain with movement secondary to fall. Leg press was attempted with use of B LE but due to pain in R LE secondary to fall exercise was switched to single leg with lighter weight. Staggered stance with L foot placed closer than R to facilitate increased weight bearing through L LE was used to perform sit to stand. Patient was unable to tolerate supine position that was attempted for the purpose of range of motion and open chain exercises.

Prognosis:

Pt has fair prognosis for improvement.

Reasons for Prognosis:

Positive Prognostic Factor:

- Family support
- Motivated to improve
- Independent baseline function

Negative Prognostic Factors:

- Housing insecurity
- History of non-compliance with HEP
- Poor insight into benefits of mobility for improving pain and QoL

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Complicating Factors: Excess weight and COPD

Diagnoses Codes

1. M54.59 Other low back pain
2. M62.81 Muscle weakness (generalized)

low back pain

Plan

Treatment should incorporate lifting mechanics and endurance for improved bending and lifting tolerance. Therapeutic exercise should have an emphasis on standing and dynamic control for improved functional tolerance and performance. Consider finishing with manual therapy to his lower extremities and lower back to help ease his low back pain before finishing his session.

****INITIATE HEP EVERY WEEK UNTIL END OF SEMESTER CONTINUE ADDING EXERCISES PLAN TO DISCHARGE AT END OF SEMESTER****

Treatment/Services Provided Today

Rehab

Visit Frequency:

1 times per week for 12 week(s)

Visits Ordered: 12 visits

Re-Evaluation to be performed in: 12 visits

Treatment Plan

patient to focus on motor control, strengthening of core and BL LE to improve AROM and reduce pain. Therex, theractivities, manual therapy and biophysical agents.

Manual Therapy Techniques

Lumbar

Piriformis Left Right (MMS) Time: 2 min(s)

Lower Extremities

Hamstrings (MMS) Left Right (MMS) Time: 5 min(s) 2 sets per side, 45s holds

Exercises/Activities

Session Timing:

Total session time: 45 min

Exercises Performed Today:

- NuStep: for 6 mins
- Leg Press: 3 sets of 15 reps with 5 pl lb weight for 10 mins (Single leg)
- Hip hinge w/ STS: 2 sets of 15 reps (Staggered stance with L foot closer than R to promote increased weight bearing through L)

Patient Goals

In 12 visits, pt's Oswestry Low Back Disability score will be reduced by 11% to indicate improved disability status.

In 12 visits, pt's average resting low back pain will be reduced to a 7/10 to indicate improved pain tolerance.

In 12 visits, pt's active lumbar flexion ROM will improve to <10 % from Normal limits

Signed: [REDACTED] Fri [REDACTED] 17:31 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Was out in [REDACTED] dropping someone off at the airport last week. Has not been feeling great the last couple weeks reports having a lump in his back. Recent visit for vasculature check and doctor recommended sleeping with legs elevated. Denies any recent falls or changes in medication.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, achiness, and stiffness in the following location(s): bilateral lower back as a result of unspecified reason. This is a chronic condition.

- Patient's complaint is 9 out of 10, where 0 is no pain, and 10 is worst pain imaginable.
- Patient's average or typical pain is 9 out of 10.
- Symptoms present constantly (76-100%) of the day.

Timing

Symptoms are worse in evening.

Symptoms are better in morning.

Aggravating/Provocative Factors: Walking, Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Pt reports he is still using baclofen and trazadone relieve his pain enough to help him sleep.

Objective

Vitals

Heart Rate: 75

Respiratory Rate: 14

BP: 138 / 84

SPO2: 97

Additional:

Assessment

Diagnostic Statements:

Pt presents with chronic low-back pain. BL Lumbar, and hip musculature tightness

Assessment Statements:

Patient warmed up on NuStep for 5 minutes to prepare for more intensive exercise. Patient experience mild discomfort when getting into position on leg press that was relieved by initiating leg press activity. Getting up off of the leg press aggravated the pain further. Seated hip hinge activity created increased symptoms in R low back. Seated thoracic extension over small bolster provided some pain relief but did not indicate a directional preference. Patient was able to perform deadlift from box with weighted ball with mild increase in symptoms and minimal verbal cues for proper posture and movement pattern. Long axis traction was provided to bilateral lower extremities which provided a moderate relief of symptoms. Taping at the end of session was provided to help relieve symptoms over the following week.

Prognosis:

Pt has fair prognosis for improvement.

Reasons for Prognosis:

Positive Prognostic Factor:

- Family support
- Motivated to improve
- Independent baseline function

Negative Prognostic Factors:

- Housing insecurity

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

- History of non-compliance with HEP
- Poor insight into benefits of mobility for improving pain and QoL

Complicating Factors: Excess weight and COPD

Diagnoses Codes

1. M54.59 Other low back pain
2. M62.81 Muscle weakness (generalized)

low back pain

Plan

Treatment should incorporate lifting mechanics and endurance for improved bending and lifting tolerance. Therapeutic exercise should have an emphasis on standing and dynamic control for improved functional tolerance and performance. Consider finishing with manual therapy to his lower extremities and lower back to help ease his low back pain before finishing his session.

****INITIATE HEP EVERY WEEK UNTIL END OF SEMESTER CONTINUE ADDING EXERCISES PLAN TO DISCHARGE AT END OF SEMESTER****

Treatment/Services Provided Today

Rehab

Visit Frequency:

1 times per week for 12 week(s)

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Re-Evaluation to be performed in: 12 visits

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Manual Therapy Techniques

Lumbar

Piriformis Left Right (MMS) Time: 2 min(s)

Lower Extremities

Hamstrings (MMS) Left Right (MMS) Time: 5 min(s) 2 sets per side, 45s holds

Exercises/Activities

Session Timing:

Total session time: 45 min

Exercises Performed Today:

- Leg Press: 3 sets of 15 reps with 12 pl lb weight for 10 mins
- Manual Therapy: for 15 mins (Soft tissue/trigger point to bilateral trapezius Long axis traction)
- Dead Lifts : 2 sets of 12 reps for 5 mins (Weighted ball off of elevated box)
- Sustained thoracic extension over small bolster: for 5 mins (seated in chair with arm rest)
- Hip hinge: 2 sets of 15 reps

Patient Goals

In 12 visits, pt's Oswestry Low Back Disability score will be reduced by 11% to indicate improved disability status.

In 12 visits, pt's average resting low back pain will be reduced to a 7/10 to indicate improved pain tolerance.

In 12 visits, pt's active lumbar flexion ROM will improve to <10 % from Normal limits

Signed: [REDACTED] Fri [REDACTED] 25:03 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reports feeling alright, pain in R side of lower back. When he turns the wrong way it "hurts like hell". Pt reports almost falling after nearly passing out from the humidity of the bathroom after a hot shower but caught himself. Reports this happens every once in a while. No recent doctor visits or medication changes.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, achiness, and stiffness in the following location(s): bilateral lower back as a result of unspecified reason. This is a chronic condition.

- Patient's complaint is 9 out of 10, where 0 is no pain, and 10 is worst pain imaginable.
- Patient's average or typical pain is 9 out of 10.
- Symptoms present constantly (76-100%) of the day.

Timing

Symptoms are worse in evening.

Symptoms are better in morning.

Aggravating/Provocative Factors: Walking, Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Pt reports he is still using baclofen and trazadone relieve his pain enough to help him sleep.

Objective

Vitals

Heart Rate: 80

Respiratory Rate: 12

BP: 140 / 92

SPO2: 97

Mid-Session Vitals

BP: 162/94 mmHg

HR: 88 bpm

SpO2: 98 %

RR: N/A br/min

Post-Vitals

BP: 162/100 mmHg

HR: 90 bpm

SpO2: 96 %

RR: N/A br/min

Additional:

Assessment

Diagnostic Statements:

Pt presents with chronic low-back pain. BL Lumbar, and hip musculature tightness

Assessment Statements:

Pt required tactile cue from orange dowel to maintain proper alignment during hip hinge and a verbal cue halfway through set to maintain contact with dowel. Pt was able to incorporate hip hinge effectively into sit to stand movement with and without dowel for cueing of proper alignment. Hip hinge movement pattern was continuously reinforced through picking weighted ball up off the ground with squat movement. Pt required a seated break following squats as he reported difficulty breathing after the 2nd set. Vitals were taken and after rest treatment was continued. Pt required verbal cues 50% of the time for proper movement sequencing

Date of Service: [REDACTED]

during Pallof press. Pt required standing break following first set of Pallof press activity. Following the 2nd set of Pallof press pt requested seated break.

Prognosis:

Pt has fair prognosis for improvement.

Reasons for Prognosis:

Positive Prognostic Factor:

- Family support
- Motivated to improve
- Independent baseline function

Negative Prognostic Factors:

- Housing insecurity
- History of non-compliance with HEP
- Poor insight into benefits of mobility for improving pain and QoL

Complicating Factors: Excess weight and COPD

Diagnoses Codes

1. M54.59 Other low back pain
2. M62.81 Muscle weakness (generalized)

low back pain

Plan

Treatment should incorporate lifting mechanics and endurance for improved bending and lifting tolerance. Therapeutic exercise should have an emphasis on standing and dynamic control for improved functional tolerance and performance. Consider finishing with manual therapy to his lower extremities and lower back to help ease his low back pain before finishing his session.

****INITIATE HEP EVERY WEEK UNTIL END OF SEMESTER CONTINUE ADDING EXERCISES PLAN TO DISCHARGE AT END OF SEMESTER****

Treatment/Services Provided Today

Rehab

Visit Frequency:

1 times per week for 12 week(s)

Visits Ordered: 12 visits

Re-Evaluation to be performed in: 12 visits

Treatment Plan

patient to focus on motor control, strengthening of core and BL LE to improve AROM and reduce pain. Therex, theractivities, manual therapy and biophysical agents.

Manual Therapy Techniques

Lumbar

Piriformis Left Right (MMS) Time: 2 min(s)

Lower Extremities

Hamstrings (MMS) Left Right (MMS) Time: 5 min(s) 2 sets per side, 45s holds

Exercises/Activities

Session Timing:

Total session time: 45 min

Exercises Performed Today:

- Pallof Press with rotation: 3 sets of 12 reps for 5 mins (BTB, 3x12 each side.)
- Squats : 2 sets of 15 reps for 8 mins (pick up weighted ball)
- Hip hinge: 2 sets of 15 reps

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

- Hip hinge w/ STS: 2 sets of 15 reps

Patient Goals

In 12 visits, pt's Oswestry Low Back Disability score will be reduced by 11% to indicate improved disability status.

In 12 visits, pt's average resting low back pain will be reduced to a 7/10 to indicate improved pain tolerance.

In 12 visits, pt's active lumbar flexion ROM will improve to <10 % from Normal limits

Signed: [REDACTED] [REDACTED] Fri [REDACTED] 30:49 EST [REDACTED]

[REDACTED]
Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

SOAP Note

Date of Service: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt was in a good mood and motivated for physical therapy today. Pt indicated that his pain was [REDACTED] in his low back. Pt reported no new medical changes. He stated he felt sore after last session in his legs, but the soreness went away after 2 days. Pt reported he still struggles with walking over long distances and bending over to pick up items.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, achiness, and stiffness in the following location(s): bilateral lower back as a result of unspecified reason. This is a chronic condition.

- Patient's complaint is 9 out of 10, where 0 is no pain, and 10 is worst pain imaginable.
- Patient's average or typical pain is 9 out of 10.
- Symptoms present constantly (76-100%) of the day.

Timing

Symptoms are worse in evening.

Symptoms are better in morning.

Aggravating/Provocative Factors: Walking, Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Pt reports he is still using baclofen and trazadone relieve his pain enough to help him sleep.

Objective

Vitals

Heart Rate: 84

Respiratory Rate: 14

BP: 124 / 78

SPO2: 96

Post-Vitals

BP: 134/80 mmHg

HR: 83 bpm

SpO2: 97 %

RR: 18 br/min

Additional:

Assessment

Diagnostic Statements:

Pt presents with chronic low-back pain. BL Lumbar, and hip musculature tightness

Assessment Statements:

Pt reported a pain level of [REDACTED] at the start of the treatment, but performed all therapeutic exercise with no increase in pain in his lower back. Pt required min to mod verbal cues for all therapeutic exercise for coordination and performance. Pt demos good squat form but still has difficulty with lifting items without pain.

Prognosis:

Pt has fair prognosis for improvement.

Reasons for Prognosis:

Positive Prognostic Factor:

- Family support
- Motivated to improve

- Independent baseline function

Negative Prognostic Factors:

- Housing insecurity

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

- History of non-compliance with HEP
- Poor insight into benefits of mobility for improving pain and QoL

Complicating Factors: Excess weight and COPD

Diagnoses Codes

1. M54.59 Other low back pain
2. M62.81 Muscle weakness (generalized)

low back pain

Plan

Treatment should incorporate lifting mechanics and endurance for improved bending and lifting tolerance. Therapeutic exercise should have an emphasis on standing and dynamic control for improved functional tolerance and performance. Consider finishing with manual therapy to his lower extremities and lower back to help ease his low back pain before finishing his session.

Treatment/Services Provided Today

Rehab

Visit Frequency:

1 times per week for 12 week(s)

Visits Ordered: 12 visits

Re-Evaluation to be performed in: 12 visits

Treatment Plan

patient to focus on motor control, strengthening of core and BL LE to improve AROM and reduce pain. Therex, theractivities, manual therapy and biophysical agents.

Manual Therapy Techniques

Lumbar

Piriformis Left Right (MMS) Time: 2 min(s)

Lower Extremities

Hamstrings (MMS) Left Right (MMS) Time: 5 min(s) 2 sets per side, 45s holds

Exercises/Activities

Session Timing:

Total session time: 45 min

Exercises Performed Today:

- Leg Press: 3 sets of 15 reps with 12 pl lb weight for 10 mins
- Leg Press, single leg: 2 sets of 12 reps with 6 plates lb weight for 8 mins
- Pallof Press with rotation: 3 sets of 12 reps for 5 mins (BTB, 3x12 each side.)
- SL step ups: 3 sets of 10 reps (With 1 HR with arm swing and no touch with moving limb)
- Lat pull downs: 3 sets of 12 reps (Straight arms and standing on airex pad. BTB)

Patient Goals

In 12 visits, pt's Oswestry Low Back Disability score will be reduced by 11% to indicate improved disability status.

In 12 visits, pt's average resting low back pain will be reduced to a 7/10 to indicate improved pain tolerance.

In 12 visits, pt's active lumbar flexion ROM will improve to <10 % from Normal limits

Signed: [REDACTED] Fri [REDACTED] 20:19 EST [REDACTED]

Signed: [REDACTED] (milljust) Fri [REDACTED] 06:06 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt was in a good mood and motivated for physical therapy today. Pt indicated that his pain was 9/10 in his low back. Pt reported no new medical changes. He stated he felt sore after last session in his legs from the leg press, but the soreness went away after 2 days. Pt said he is interested in doing more exercises like the leg press throughout the week.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, achiness, and stiffness in the following location(s): bilateral lower back as a result of unspecified reason. This is a chronic condition.

- Patient's complaint is 9 out of 10, where 0 is no pain, and 10 is worst pain imaginable.
- Patient's average or typical pain is 9 out of 10.
- Symptoms present constantly (76-100%) of the day.

Timing

Symptoms are worse in evening.

Symptoms are better in morning.

Aggravating/Provocative Factors: Walking, Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Pt reports he is still using baclofen and trazadone relieve his pain enough to help him sleep.

Objective

Vitals

Heart Rate: 78

Respiratory Rate: 14

BP: 120 / 76

SPO2: 96

Additional:

Assessment

Diagnostic Statements:

Pt presents with chronic low-back pain. BL Lumbar, and hip musculature tightness

Assessment Statements:

Pt reported a pain level of 9/10 at the start of the treatment, but perform all therapeutic exercise with no increase in pain in his lower back. Pt required moderate verbal cues for core table exercises to keep core tight and low back pressed into table. Patient required cueing for coordination during deadbugs and for Palloff presses.

Prognosis:

Pt has fair prognosis for improvement.

Reasons for Prognosis:

Positive Prognostic Factor:

- Family support
- Motivated to improve
- Independent baseline function

Negative Prognostic Factors:

- Housing insecurity
- History of non-compliance with HEP
- Poor insight into benefits of mobility for improving pain and QoL

Complicating Factors: Excess weight and COPD

Diagnoses Codes

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

1. M54.59 Other low back pain
2. M62.81 Muscle weakness (generalized)

low back pain

Plan

Continue treatment with progressions as tolerated by pt's low back pain. Start with a LE warmup such as STS with TB/weight or walking. Continue to focus on LE strengthening and engaging his core during exercises. Incorporate dedicated core exercises, such as planks, paloff press, alternating dying bug, bird dog, dead lifts, leg press, squats. Also consider incorporating transverse plane motions such as LTRs or lateral rotation lunges. Consider finishing with manual therapy to his lower extremities and lower back to help ease his low back pain before finishing his session.

Treatment/Services Provided Today

Rehab

Visit Frequency:

1 times per week for 12 week(s)

Visits Ordered: 12 visits

Re-Evaluation to be performed in: 12 visits

Treatment Plan

patient to focus on motor control, strengthening of core and BL LE to improve AROM and reduce pain. Therex, theractivities, manual therapy and biophysical agents.

Manual Therapy Techniques

Lumbar

Piriformis Left Right (MMS) Time: 2 min(s)

Lower Extremities

Hamstrings (MMS) Left Right (MMS) Time: 5 min(s) 2 sets per side, 45s holds

Exercises/Activities

Session Timing:

Total session time: 45 min

Exercises Performed Today:

- Leg Press: 3 sets of 15 reps with 12 pl lb weight for 10 mins
- Leg Press, single leg: 2 sets of 12 reps with 6 plates lb weight for 8 mins
- Pallof Press: 3 sets of 12 reps for 5 mins (BTB, 3x12 each side.)
- Deadbugs with stability ball: 3 sets of 12 reps for 7 mins (VC to coordinate his movements and to engage core)
- Modified crunch with stability ball: 10 sets of 5 reps for 5 mins (5 second holds per rep (10 reps), red exercise ball)

Patient Goals

In 12 visits, pt's Oswestry Low Back Disability score will be reduced by 11% to indicate improved disability status.

In 12 visits, pt's average resting low back pain will be reduced to a 7/10 to indicate improved pain tolerance.

In 12 visits, pt's active lumbar flexion ROM will improve to <10 % from Normal limits

Signed: [REDACTED] Sat [REDACTED] 17:56 EST [REDACTED]

Signed: NOAH DEHMAL (nodehmel) Fri [REDACTED] 56:26 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt was in a good mood and motivated for therapy today. Pt reported a 11/10 LBP. Pt reported no new medical changes. Pt reported his legs felt fatigued after this last treatment due to working hard on the leg press. Pt reported he hasn't been able to do his home exercises since last visit but he had minimal troubles performing ADL's.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, achiness, and stiffness in the following location(s): bilateral lower back as a result of unspecified reason. This is a chronic condition.

- Patient's complaint is 9 out of 10, where 0 is no pain, and 10 is worst pain imaginable.
- Patient's average or typical pain is 9 out of 10.
- Symptoms present constantly (76-100%) of the day.

Timing

Symptoms are worse in evening.

Symptoms are better in morning.

Aggravating/Provocative Factors: Walking, Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Pt reports he is still using baclofen and trazadone relieve his pain enough to help him sleep.

Objective

Vitals

Heart Rate: 72

Respiratory Rate: 14

BP: 122 / 80

SPO2: 96

Additional:

Assessment

Diagnostic Statements:

Pt presents with chronic low-back pain. BL Lumbar, and hip musculature tightness

Assessment Statements:

Pt reported a pain level of 11/10 at the start of the treatment, but perform all therapeutic exercise with no increase in pain in his lower back. Pt required moderate verbal cues for core table exercises to keep core tight and low back pressed into table. Patient required cueing for coordination during deadbugs and for Palloff presses. Patient reported a decrease in pain following therapy to [REDACTED]

Prognosis:

Pt has fair prognosis for improvement.

Reasons for Prognosis:

Positive Prognostic Factor:

- Family support
- Motivated to improve
- Independent baseline function

Negative Prognostic Factors:

- Housing insecurity
- History of non-compliance with HEP
- Poor insight into benefits of mobility for improving pain and QoL

Complicating Factors: Excess weight and COPD

Diagnoses Codes

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

1. M54.59 Other low back pain
2. M62.81 Muscle weakness (generalized)

low back pain

Plan

Continue treatment with progressions as tolerated by pt's low back pain. Start with a LE warmup such as STS with TB/weight or walking. Continue to focus on LE strengthening and engaging his core during exercises. Incorporate dedicated core exercises, such as planks, paloff press, alternating dying bug, bird dog, dead lifts, leg press, squats. Also consider incorporating transverse plane motions such as LTRs or lateral rotation lunges. Consider finishing with manual therapy to his lower extremities and lower back to help ease his low back pain before finishing his session.

Treatment/Services Provided Today

Rehab

Visit Frequency:

1 times per week for 12 week(s)

Visits Ordered: 12 visits

Re-Evaluation to be performed in: 12 visits

Treatment Plan

patient to focus on motor control, strengthening of core and BL LE to improve AROM and reduce pain. Therex, theractivities, manual therapy and biophysical agents.

Manual Therapy Techniques

Lumbar

Piriformis Left Right (MMS) Time: 2 min(s)

Lower Extremities

Hamstrings (MMS) Left Right (MMS) Time: 5 min(s) 2 sets per side, 45s holds

Exercises/Activities

Session Timing:

Total session time: 45 min

Exercises Performed Today:

- Leg Press: 3 sets of 15 reps for 10 mins (Double limb with 12s warm-up, 14lbs working set)
- Leg Press, single leg: 2 sets of 12 reps with 10 plates lb weight for 8 mins (Single limb with 7 plates)
- Pallof Press: 3 sets of 15 reps for 5 mins (BTB, 2x15 each side.)
- Deadbugs with stability ball: 3 sets of 12 reps for 7 mins (VC to coordinate his movements and to engage core)
- Reverse crunches (alternating toe taps): 20 reps for 5 mins
- Modified crunch with stability ball: 4 sets of 5 reps for 5 mins (5 second holds per rep, red exercise ball)

Patient Goals

In 12 visits, pt's Oswestry Low Back Disability score will be reduced by 11% to indicate improved disability status.

In 12 visits, pt's average resting low back pain will be reduced to a 7/10 to indicate improved pain tolerance.

In 12 visits, pt's active lumbar flexion ROM will improve to <10 % from Normal limits

Signed: [REDACTED] Sat [REDACTED] 17:40 EST [REDACTED]

Signed: [REDACTED] Fri [REDACTED] 53:52 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Re-Exam

Date of Encounter: [REDACTED]

Outcome Assessment Tool Summary

5 time sit to stand:

16:57 sec

10 meter walk test

Trial 1:

9 sec flat - casual

3.88 sec-fast

Trail 2.

Casual- 7.16 sec

fast - 3.41

Casual AVG: 2.69 m/s

Fast AVG: 1.215 m/s

History of Present Illness

Pt arrived to therapy today 30 minutes early with his wife and stated that he was doing well. PT states his LBP was minimal and had some pain in BLE 2/10. During therapy pt. wife states that he experiences dizziness when coming from supine to sit/stand. Pt wife states that the pt has attended multiple doctors visits recently. pt stated that they have recently changed his medication for depression. During the session pt had to be reminded to not make remarks to female SPT. After reprimanding the pt. he corrected the behavior and did not continue his remarks.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, achiness, and stiffness in the following location(s): bilateral lower back as a result of unspecified reason. This is a chronic condition.

- Patient's complaint is 9 out of 10, where 0 is no pain, and 10 is worst pain imaginable.
- Patient's average or typical pain is 9 out of 10.
- Symptoms present constantly (76-100%) of the day.

Timing

Symptoms are worse in evening.

Symptoms are better in morning.

Aggravating/Provocative Factors: Walking, Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Pt reports he is still using baclofen and trazadone relieve his pain enough to help him sleep.

Physical Examination

Vitals

Heart Rate: 72

SPO2: 96

Respiratory Rate: 14

BP: 122 / 80

Manual Muscle Testing

Hip Flexion

R: 4-/5 L: 4+/5

Hip extension

R:WNL L: WNL

Hip Abduction

R: 4+/5 L: 4+/5

Hip Adduction

R: 4/5 L 4/5

ER

Date of Service: [REDACTED]

R: 4/5 L 4/5

IR

R: 4-/5 L 4+/5

Knee

Flexion:

R: 4+/5 L 4+/5

Extension

R: 4+/5 L 4+/5

Ankle

DF:

R: 4-/5 L 4+/5

Respiratory

COPD

Additional:

Assessment

Diagnostic Statements:

Pt presents with chronic low-back pain. BL Lumbar, and hip musculature tightness

Assessment Statements:

Pt tolerated his treatment well today. During treatment pt demonstrated no aggravation of LBP symptoms. During supine to stand following leg press pt experienced moment of dizziness which resolved with standing. Pt completed his exercises with minimal difficulty and would benefit from increased intensity in further visits. Pts. was distracted throughout treatment and needed cueing to return to activity. Pt can benefit from skilled physical therapy to improve strength, and AROM to enhance ADL functioning and improve QOL.

Prognosis:

Pt has fair prognosis for improvement.

Reasons for Prognosis:

Positive Prognostic Factor:

- Family support
- Motivated to improve
- Independent baseline function

Negative Prognostic Factors:

- Housing insecurity
- History of non-compliance with HEP
- Poor insight into benefits of mobility for improving pain and QoL

Complicating Factors: Excess weight and COPD

Diagnoses Codes

1. M54.59 Other low back pain
2. M62.81 Muscle weakness (generalized)

low back pain

Plan

Continue treatment with progressions as tolerated by pt's low back pain. Start with a LE warmup such as STS with TB/weight or walking. Continue to focus on LE strengthening and engaging his core during exercises. Incorporate dedicated core exercises, such as planks, paloff press, alternating dying bug, bird dog, dead lifts, leg press, squats. Also consider incorporating transverse plane motions such as LTRs or lateral rotation lunges. Consider finishing with manual therapy to his lower extremities and lower back to

Date of Service: [REDACTED]

help ease his low back pain before finishing his session.

Treatment Plan

Rehab Treatment Plan

Therapeutic Exercises

Patient to engage in Therex promoting core and BL LE strength.

Rehab Visit Frequency

1 times per week for 12 week(s)

Neuromuscular Re-Education

Rehab Visit Frequency

1 times per week for 12 week(s)

Manual Therapy

pt to receive STM to lumbar and gluteal musculature to improve AROM and reduce pain

Therapeutic Activities

pt to work on STS to improve sit to stand transfer

Rehab Visit Frequency

1 times per week for 12 week(s)

Treatment/Services Provided Today

Rehab

Visit Frequency:

1 times per week for 12 week(s)

Visits Ordered: 12 visits

Re-Evaluation to be performed in: 12 visits

Treatment Plan

patient to focus on motor control, strengthening of core and BL LE to improve AROM and reduce pain. Thererex, theractivities, manual therapy and biophysical agents.

Manual Therapy Techniques

Thoracic

Rhomboids	Left	Right	Time: 3 min(s)
Paraspinals	Left	Right	Time: 3 min(s)

Lumbar

Paraspinals	Left	Right	Time: 3 min(s)
Piriformis	Left	Right	Time: 2 min(s)
Gluteus Medius	Left	Right	Time: 2 min(s)
Quadratus Lumborum	Left	Right	Time: 2 min(s)

Lower Extremities

Hamstrings	(MMS)	Left	Right (MMS)	Time: 5 min(s)	2 sets per side, 45s holds
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Exercises/Activities

Session Timing:

Total session time: 45 min

- 97110: 43 min - 3 units

Exercises Performed Today:

- Leg Press: 3 sets of 10 reps for 10 mins (97110) (Double limb with 10lbs warm-up, 12lbs working set)
- Pallof Press: 3 sets of 15 reps for 10 mins (97110) (BTB, 2x15 each side. Pt required VC to prevent trunk rotation during pressing. Hold 3 seconds)
- SB Bridges : 2 sets of 10 reps for 5 mins (97110) (Ended exercise early due to increase in pain in mid thoracic region, Emphasis on breathing out)
- Deadbugs with stability ball: 3 sets of 12 reps for 8 mins (97110) (VC to coordinate his movements and to engage core)
- D1 Flexion with GTB: 3 sets of 10 reps for 10 mins (97110)

Short Term Goals

- Improve dull pain, achiness, and stiffness in lower back bilaterally from 9/10 to 4/10.

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

- Decrease Pain
- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Mobility
- Increase Range of Motion
- Increase Strength

Long Term Goals

- Improve dull pain, achiness, and stiffness in lower back bilaterally from 9/10 to 4/10. Timeframe: 12 weeks.
- Increase general fitness, strength, and mobility over next 30 days.
- pt to improve % times STS score

Patient Goals

In 12 visits, pt's Oswestry Low Back Disability score will be reduced by 11% to indicate improved disability status.

In 12 visits, pt's average resting low back pain will be reduced to a 7/10 to indicate improved pain tolerance.

In 12 visits, pt's active lumbar flexion ROM will improve to <10 % from Normal limits

Review of Systems

Musculoskeletal

Current: Lower Back Pain / Symptoms

Signed: [REDACTED] Fri [REDACTED] 19:27 EST [REDACTED]

Signed: MATTHEW CARPENTER (mrcarpen) Fri [REDACTED] 00:02 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Re-Exam

Date of Encounter: [REDACTED]

Outcome Assessment Tool Summary

5 time sit to stand:

16:57 sec

10 meter walk test

Trial 1:

9 sec flat - casual

3.88 sec-fast

Trail 2.

Casual- 7.16 sec

fast - 3.41

Casual AVG: 2.69 m/s

Fast AVG: 1.215 m/s

History of Present Illness

Pt. denies any falls. Pt states they no longer take Lisinopril per Dr. because it was causing low blood pressure. Patient reports pain at 9/10 VPS in BL lumbar region. Pt states pain is between sharp and dull, but is constant.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, achiness, and stiffness in the following location(s): bilateral lower back as a result of unspecified reason. This is a chronic condition.

- Patient's complaint is 9 out of 10, where 0 is no pain, and 10 is worst pain imaginable.
- Patient's average or typical pain is 9 out of 10.
- Symptoms present constantly (76-100%) of the day.

Timing

Symptoms are worse in evening.

Symptoms are better in morning.

Aggravating/Provocative Factors: Walking, Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Pt reports he is still using baclofen and trazadone relieve his pain enough to help him sleep.

Physical Examination

Vitals

Heart Rate: 80

Respiratory Rate: 18

BP: 122 / 85

SPO2: 99

Patient did not get vitals at end of treatment due to having to leave early.

Musculoskeletal

Thoracic

Palpation

Left

Right

Taut and Tender +2
tight paraspinals/rhomboids

Taut and Tender +2
tight paraspinals/rhomboids

Lumbar

Observation

Date of Service: [REDACTED]

Lordosis taught thoracolumbar skin/fascia	Normal	
Palpation		
	Left	Right
Tenderness +2 QL/paraspinals Taut and Tender +2 ql/paraspinals		Tenderness +2 QL paraspinals Taut and Tender +2 QL paraspinals
Erector Spinae Moderate tenderness on the left Taut and Tender +2 on the left Additional Findings: Ropiness, Adhesions		Moderate tenderness on the right Taut and Tender +2 on the right Additional Findings: Ropiness, Adhesions
Lumbar Paraspinal Muscles Moderate tenderness on the left Taut and Tender +2 on the left Additional Findings: Ropiness		Moderate tenderness on the right Taut and Tender +2 on the right Additional Findings: Ropiness
Quadratus Lumborum Moderate tenderness on the left Taut and Tender +2 on the left		Moderate tenderness on the right Taut and Tender +2 on the right
ROM		
Flexion (60°) Active restricted Strength: 5/5 isometrically in sitting. Standing Lumbar AROM OBSERVATION flexion: 30% away from normal for Age Extension: 25% away from Normal for Age R SB 30% away from normal for Age L SB 30 % away from normal for age R Rot: 15% away from normal for age L Rot 15% away from normal for age		
Extension (25°) Active restricted Strength: 5/5 isometrically in sitting.		
Lateral flexion (25°) Left - Active restricted Left - Strength: 5/5 isometrically in sitting. Right - Active restricted Right - Strength: 5/5 isometrically in sitting.		
Rotation (10°) Left - Active WNL Left - Strength: 5/5 isometrically in sitting. Right - Active WNL Right - Strength: 5/5 isometrically in sitting.		

Shoulder / Upper Arm

ROM & Joint Play

ROM

Flexion (180°)

Right - Passive 175+empty°

Date of Service: [REDACTED]

Internal Rotation (90°)

Right - Active 70°

External Rotation (80°)

Right - Active 55°+pain°

Abduction (180°)

Right - Passive 175°+empty°

Hip / Thigh / Leg

Observation

pt ambulation/gait normal

Palpation

TRP in L piriformis that radiates into lumbar region. Tight gluteus medius/minimus BL

ROM & Joint Play

ROM

Flexion (120°) bent knee

Left - Active WNL

Right - Active WNL

Flexion (80°–90°) SLR

Left - Active WNL

Right - Active WNL

Extension (30°)

Left - Active WNL

Right - Active WNL

Internal rotation (40°)

Left - Active WNL

Right - Active WNL

External rotation (50°)

Left - Active WNL

Right - Active WNL

Abduction (50°)

Left - Active WNL

Right - Active WNL

Adduction (30°)

Left - Active WNL

Right - Active WNL

Knee

ROM & Joint Play

ROM

Flexion (150°)

Left - Active WNL

Left - Passive WNL

Right - Active WNL

Right - Passive WNL

Extension (0°)

Left - Active WNL

Left - Passive WNL

Right - Active WNL

Right - Passive WNL

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Ankle / Foot

ROM & Joint Play

ROM

Dorsiflexion (20°)

Left - Active WNL
Right - Active WNL

Eversion (10°)

Left - Active WNL
Right - Active WNL

Inversion (20°)

Left - Active WNL
Right - Active WNL

Plantarflexion (40°)

Left - Active WNL
Right - Active WNL

Manual Muscle Testing

Hip Flexion

R: 4-/5 L: 4+/5

Hip extension

R:WNL L: WNL

Hip Abduction

R: 4+/5 L: 4+/5

Hip Adduction

R: 4/5 L 4/5

ER

R: 4/5 L 4/5

IR

R: 4-/5 L 4+/5

Knee

Flexion:

R:4+/5 L 4+/5

Extension

R: 4+/5 L 4+/5

Ankle

DF:

R: 4-/5 L 4+/5

Abdomen / Gastrointestinal

Hx of gallbladder removal

Respiratory

COPD

Additional:

Assessment

Diagnostic Statements:

Pt presents with chronic low-back pain. BL Lumbar, and hip musculature tightness

Assessment Statements:

Pt presents with signs and symptoms of chronic LBP. Pt has decreased R hip flexion, IR and DF strength, and reduced lumbar

Date of Service: [REDACTED]

AROM. Pt able to complete outcome measures with no increase in pain. Patients 5 times STS time of 16.57 seconds indicative of increased fall risk. Patients casual 10 MWT score indicative of community ambulator. Pts fast 10 MWT indicative of community ambulator. Pt tolerated STM to lumbar and thoracic musculature with a decrease in pain 7/10 VPS. Pt unable to complete interventions due to leaving early. Pt to focus on core and R LE strengthening using therex and theractivities. while emphasize motor control in conjunction with strengthening. Pt can benefit from skilled physical therapy to improve strength, and AROM to enhance adl functioning and improve QOL.

Prognosis:

Pt has fair prognosis for improvement.

Reasons for Prognosis:

Positive Prognostic Factor:

- Family support
- Motivated to improve
- Independent baseline function

Negative Prognostic Factors:

- Housing insecurity
- History of non-compliance with HEP
- Poor insight into benefits of mobility for improving pain and QoL

Complicating Factors: Excess weight and COPD

Diagnoses Codes

1. M54.59 Other low back pain
2. M62.81 Muscle weakness (generalized)

low back pain

Plan

Treatment Plan

Rehab Treatment Plan

Therapeutic Exercises

Patient to engage in Therex promoting core and BL LE strength.

Rehab Visit Frequency

1 times per week for 12 week(s)

Neuromuscular Re-Education

Rehab Visit Frequency

1 times per week for 12 week(s)

Manual Therapy

pt to receive STM to lumbar and gluteal musculature to improve AROM and reduce pain

Therapeutic Activities

pt to work on STS to improve sit to stand transfer

Rehab Visit Frequency

1 times per week for 12 week(s)

Treatment/Services Provided Today

Continue treatment with progressions as tolerated by pt's low back pain. Start with a LE warmup such as STS with TB/weight or walking. Continue to focus on LE strengthening and engaging his core during exercises. Incorporate dedicated core exercises, such as planks, paloff press, alternating dying bug, bird dog, dead lifts, leg press, squats. Also consider incorporating transverse plane motions such as LTRs or lateral rotation lunges. Consider finishing with manual therapy to his lower extremities and lower back to help ease his low back pain before finishing his session.

Evaluation

97162 - Physical therapy evaluation - moderate complexity

Rehab

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Visit Frequency:

1 times per week for 12 week(s)

Visits Ordered: 12 visits

Re-Evaluation to be performed in: 12 visits

Treatment Plan

patient to focus on motor control, strengthening of core and BL LE to improve AROM and reduce pain. Therex, theractivities, manual therapy and biophysical agents.

Manual Therapy Techniques

Thoracic

Rhomboids	Left	Right	Time: 3 min(s)
Paraspinals	Left	Right	Time: 3 min(s)

Lumbar

Paraspinals	Left	Right	Time: 3 min(s)
Piriformis	Left	Right	Time: 2 min(s)
Gluteus Medius	Left	Right	Time: 2 min(s)
Quadratus Lumborum	Left	Right	Time: 2 min(s)

Lower Extremities

Hamstrings	(MMS)	Left	Right (MMS)	Time: 5 min(s)	2 sets per side, 45s holds
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Exercises/Activities

Session Timing:

Total session time: 75 min
• 97530: 5 min - 0 unit

Exercises Performed Today:

- STS (5# DB bilaterally): 3 sets of 10 reps for 5 mins (97530) (5# wt)

Short Term Goals

- Improve dull pain, achiness, and stiffness in lower back bilaterally from 9/10 to 4/10.
- Decrease Pain
- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Mobility
- Increase Range of Motion
- Increase Strength

Long Term Goals

- Improve dull pain, achiness, and stiffness in lower back bilaterally from 9/10 to 4/10. Timeframe: 12 weeks.
- Increase general fitness, strength, and mobility over next 30 days.
- pt to improve % times STS score

Patient Goals

In 12 visits, pt's Oswestry Low Back Disability score will be reduced by 11% to indicate improved disability status.
In 12 visits, pt's average resting low back pain will be reduced to a 7/10 to indicate improved pain tolerance.
In 12 visits, pt's active lumbar flexion ROM will improve to <10 % from Normal limits

Review of Systems

Musculoskeletal

Current: Lower Back Pain / Symptoms

Signed: [REDACTED] Thu [REDACTED] 44:48 EST [REDACTED]

[REDACTED]
Phone: [REDACTED] Tax ID: [REDACTED]

[REDACTED]
Date of Service: [REDACTED]

Signed: MELANIE SUTTLE (suttle) Fri [REDACTED] 42:21 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Re-Exam

Date of Encounter: [REDACTED]

History of Present Illness

Pt. denies any change in medication and no recent falls. Patient reports [REDACTED] LBP and [REDACTED] pain in medial side of R foot. Patient reports that he thinks he has a bunion and his foot aches when WB.

Primary Complaint:

Bilateral Lower back, Ankle, Foot

Patient presents with dull pain, achiness, and stiffness in the following location(s): bilateral lower back, ankle, and foot as a result of unspecified reason. This is a chronic condition.

- Patient's average or typical pain is 9 out of 10.
- Symptoms present 100% of the day.

Timing

Symptoms are worse in evening.

Symptoms are better in morning.

Aggravating/Provocative Factors: Walking, Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Pt reports his baclofen and trazadone relieve his pain enough to help him sleep.

Physical Examination

Vitals

Heart Rate: 77

Respiratory Rate: 22

BP: 128 / 70

SPO2: 96

Initial baseline BP assessment measured 128/70 in L arm in sitting, HR: 77, SpO2: 96%, RR: 22.

Patient did not get vitals at end of treatment due to having to leave.

Neurological

Nerve Root Assessment - Deep Tendon Reflexes

- L 3-4 Nerve Root - Patellar Tendon - 2+, Average; Normal on the left and right
- S1 Nerve Root - Achilles Tendon - 2+, Average; Normal on the left and right

Nerve Root Assessment - Dermatome

- L2 - Medial Ant.Thigh - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- L3 - Medial Ant. Knee - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- L4 - Medial Foot - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- L5 - Dorsum of Foot - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- S1 - Lateral Foot - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right

Nerve Root Assessment - Myotome

- L2 Nerve Root - Iliopsoas: 3+/5, Movement against gravity only on the left; 4/5, Movement against gravity with some resistance on the right;
- L3 Nerve Root - Quadricep: 5/5, Movement against gravity with full resistance on the left and right;

Date of Service: [REDACTED]

- **L4 Nerve Root - Tibialis Anterior:** 4/5, Movement against gravity with some resistance on the left; 3+/5, Movement against gravity only on the right;
- **L5 Nerve Root - Extensor Hallucis Longus:** 5/5, Movement against gravity with full resistance on the left; 5+/5, Movement against gravity with full resistance on the right;
- **S1 Gastrocnemius / Soleus:** 5/5, Movement against gravity with full resistance on the left; 3+/5, Movement against gravity only on the right;

R DF and PF weak secondary to pain

Musculoskeletal

Lumbar

ROM

Flexion (60°)

Active 50° - restricted

Strength: 5/5 isometrically in sitting.

Lumbar flexion assessed via tape measure from T12 to S2. A 6 cm change was observed from neutral standing to the pt's full available lumbar flexion.

Extension (25°)

Active 20° - restricted

Strength: 5/5 isometrically in sitting.

Lateral flexion (25°)

Left - Active 20° - restricted

Left - Strength: 5/5 isometrically in sitting.

Right - Active 20° - restricted

Right - Strength: 5/5 isometrically in sitting.

Rotation (10°)

Left - Active 30°

Left - Strength: 5/5 isometrically in sitting.

Right - Active 30°

Right - Strength: 5/5 isometrically in sitting.

Shoulder / Upper Arm

ROM & Joint Play

ROM

Flexion (180°)

Left - Passive WNL

Right - Passive 175+empty° - WNL

Extension (50°)

Left - Passive WNL

Right - Passive WNL

Internal Rotation (90°)

Left - Passive WNL

Right - Active 70°

Right - Passive WNL

External Rotation (80°)

Left - Passive WNL

Right - Active 55°+pain°

Right - Passive WNL

Abduction (180°)

Left - Passive WNL

Right - Passive 175°+empty° - WNL

Date of Service: [REDACTED]

Adduction (35°)

Left - Passive WNL
Right - Passive WNL

Horizontal Abd. (30°)

Left - Passive WNL
Right - Passive WNL

Horizontal Add. (130°)

Left - Passive WNL
Right - Passive WNL

Abdomen / Gastrointestinal

Hx of gallbladder removal

Respiratory

COPD

Additional:

Assessment

Diagnostic Statements:

Pt presents with chronic low-back pain and low-back muscle tightness.

Assessment Statements:

Patient warmed up with 3x10 STS with #5 DB BIL and ambulating 300 ft with #5 DM BIL. Patient reports pain in medial side of R foot secondary to a bunion forming. Patient did not have any shortness of breath during session. Patients dermatomes were normal in BILLE. Patient had decreased strength in L L1/L2 myotome, increased pain with R L4 and L6 dermatomes (PF and DF) secondary to foot pain. Patients Le reflexes were normal BIL. Patient tolerated treatment well, but reported an increase in pain during exercise. Patient is making functional progress towards goals. However, patient has met 0/3 long term goals. Patient should continue to seek therapy to make progress towards increasing function and decreasing pain.

Prognosis:

Pt has fair prognosis for improvement.

Reasons for Prognosis:

Positive Prognostic Factor:

- Family support
- Motivated to improve
- Independent baseline function

Negative Prognostic Factors:

- Housing insecurity
- History of non-compliance with HEP
- Poor insight into benefits of mobility for improving pain and QoL

Complicating Factors: Excess weight and COPD

Plan

Treatment Plan

Rehab Treatment Plan

Therapeutic Exercises

Rehab Visit Frequency

1 times per week for 12 week(s)

Neuromuscular Re-Education

Rehab Visit Frequency

1 times per week for 12 week(s)

Therapeutic Activities

Rehab Visit Frequency

1 times per week for 12 week(s)

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Treatment/Services Provided Today

Continue treatment with progressions as tolerated by pt's low back pain. Start with a LE warmup such as STS with TB/weight or walking. Continue to focus on LE strengthening and engaging his core during exercises. Incorporate dedicated core exercises, such as plank and alternating dead bug. Also consider incorporating transverse plane motions such as LTRs or lateral rotation lunges. Consider finishing with manual therapy to his lower extremities and lower back to help ease his low back pain before finishing his session.

Exercises/Activities

Session Timing:

- 97530: 5 min - 0 unit

Exercises Performed Today:

- STS (5# DB bilaterally): 3 sets of 10 reps for 5 mins (97530) (5# wt)

Short Term Goals

- Decrease Pain
- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Range of Motion
- Increase Strength

Long Term Goals

Patient Goals

In 12 visits, pt's Oswestry Low Back Disability score will be reduced by 11% to indicate improved disability status.

In 12 visits, pt's average resting low back pain will be reduced to a 7/10 to indicate improved pain tolerance.

In 12 visits, pt's active lumbar flexion ROM will improve by 3 cm to indicate improved lumbar mobility.

Signed: [REDACTED] Thu [REDACTED] 44:10 EST [REDACTED]

Signed: JACOB RAU (jacobrau) Fri [REDACTED] 27:06 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt denied any changes in medication or fall history. Pt c/o of [REDACTED] pain in lower back. Reported visiting PCP and administration of echocardiogram, which he will be going back for results today. Visited Flint Cardiovascular due to COPD and cough. Lungs reported to be clear after xray.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, achiness, and stiffness in the following location(s): bilateral lower back as a result of unspecified reason. This is a chronic condition.

- Patient's average or typical pain is 9 out of 10.
- Symptoms present 100% of the day.

Timing

Symptoms are worse in evening.

Symptoms are better in morning.

Aggravating/Provocative Factors: Walking, Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Pt reports his baclofen and trazadone relieve his pain enough to help him sleep.

Objective

Vitals

Heart Rate: 90

BP: 118 / 74

SPO2: 96

Initial baseline BP assessment measured 170/86, sitting upright in chair. Instructed pt to rest for 2-3 min before reassessment. Second time, measured 118/74 mmHg.

Post treatment vitals:

HR: 96 bpm

BP: 148/76 mmHg

O2: 92%

Pain: [REDACTED] mid back thoracic region, bilaterally

Musculoskeletal

Shoulder / Upper Arm

ROM & Joint Play

ROM

Flexion (180°)

Right - Passive 175+empty°

Internal Rotation (90°)

Right - Active 70°

External Rotation (80°)

Right - Active 55°+pain°

Abduction (180°)

Right - Passive 175°+empty°

Additional:

Assessment

Date of Service: [REDACTED]

Diagnostic Statements:

Pt presents with chronic low-back pain and low-back muscle tightness.

Assessment Statements:

Pt warmed up with 10 reps BW STS, with verbal cueing to avoid use of UE support. Performed additional 10 reps with bilateral 5# DB, to which he reported pain in B knees. Performed RDLs on 8" step, 1 set with and 1 set without DBs. HR 110 bpm and O2 91% after 1st set to which pt was instructed on pursed lip breathing for 30 seconds and HR decreased to 100 bpm and O2 increased to 95%. Performed bilateral leg press with 12 plates, 2x10. HR 67 bpm, O2 95% after 1st set. HR 91 bpm, O2 95% after 2nd set. Performed unilateral leg press, 10 plates, 2x10 ea. HR 102 bpm, O2 92% after 1st set. HR 104 bpm, O2 95% after 2nd set. Pt tolerated treatment well, but required frequent verbal and tactile cueing for proper form and increased rest breaks secondary to easily becoming distracted. Follow up regarding echocardiogram results during next session.

Prognosis:

Pt has fair prognosis for improvement.

Reasons for Prognosis:

Positive Prognostic Factor:

- Family support
- Motivated to improve
- Independent baseline function

Negative Prognostic Factors:

- Housing insecurity
- History of non-compliance with HEP
- Poor insight into benefits of mobility for improving pain and QoL

Complicating Factors: Excess weight and COPD

Plan

Treatment/Services Provided Today

Continue treatment with progressions as tolerated by pt's low back pain. Start with a LE warmup such as STS with TB/weight or walking. Continue to focus on LE strengthening and engaging his core during exercises. Incorporate dedicated core exercises, such as plank and alternating dead bug. Also consider incorporating transverse plane motions such as LTRs or lateral rotation lunges. Consider finishing with manual therapy to his lower extremities and lower back to help ease his low back pain before finishing his session.

Exercises/Activities

Session Timing:

- 97110: 18 min - 1 unit
- 97530: 5 min - 0 unit

Exercises Performed Today:

- STS (5# DB bilaterally): 10 reps for 5 mins (97530) (5# wt)
- Leg Press: 2 sets of 10 reps for 5 mins (97110) (Double limb with 14 plates)
- Leg Press, single leg: 2 sets of 10 reps with 10 plates lb weight for 8 mins (97110) (Single limb with 10 plates)
- Dead Lifts : 2 sets of 10 reps for 5 mins (97110) (Pt used 10lb dumbbells one in each hand on a 8" step.)
- Romanian Deadlifts: 2 sets of 12 reps with 10 lbs weight (97110)

Patient Goals

In 12 visits, pt's Oswestry Low Back Disability score will be reduced by 11% to indicate improved disability status.

In 12 visits, pt's average resting low back pain will be reduced to a 7/10 to indicate improved pain tolerance.

In 12 visits, pt's active lumbar flexion ROM will improve by 3 cm to indicate improved lumbar mobility.

Signed: [REDACTED] Thu [REDACTED] 43:56 EST [REDACTED]

Signed: NATALIE GOFTON (gofton) Fri [REDACTED] 51:45 EST [REDACTED]

Signed: JEONGMIN HYUN (gjmhyun) Fri [REDACTED] 50:35 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Initial Exam

Date of Encounter: [REDACTED]

History of Present Illness

Pt denied any changes in medical history, medication, or fall history. Pt reported "charliehorses" and cramping in L leg in the morning. Pt denied any pain today.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, achiness, and stiffness in the following location(s): bilateral lower back as a result of unspecified reason. This is a chronic condition.

- Patient's average or typical pain is 9 out of 10.
- Symptoms present 100% of the day.

Timing

Symptoms are worse in evening.

Symptoms are better in morning.

Aggravating/Provocative Factors: Walking, Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Pt reports his baclofen and trazadone relieve his pain enough to help him sleep.

Review of Systems

Musculoskeletal

Current: Lower Back Pain / Symptoms

Manual assessment of leg length discrepancy was performed.

Physical Examination

Vitals

Heart Rate: 95 bpm

SPO2: 93

Post vitals

BP: 148/74 mmHg

HR: 118 bpm

SpO2: 98%

RR: 20

Respiratory Rate: 16 br/min

BP: 138 / 78

Neurological

Nerve Root Assessment - Deep Tendon Reflexes

- L 3-4 Nerve Root - Patellar Tendon - 2+, Average; Normal on the left and right

Nerve Root Assessment - Dermatome

- L2 - Medial Ant.Thigh - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- L3 - Medial Ant. Knee - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- L4 - Medial Foot - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- L5 - Dorsum of Foot - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- S1 - Lateral Foot - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right

Date of Service: [REDACTED]

Nerve Root Assessment - Myotome

- **L2 Nerve Root - Iliopsoas:** 4/5, Movement against gravity with some resistance on the left and right;
- **L3 Nerve Root - Quadricep:** 5/5, Movement against gravity with full resistance on the left and right;
- **L4 Nerve Root - Tibialis Anterior:** 5/5, Movement against gravity with full resistance on the left and right;
- **L5 Nerve Root - Extensor Hallucis Longus:** 5/5, Movement against gravity with full resistance on the left; 5+/5, Movement against gravity with full resistance on the right;
- **S1 Gastrocnemius / Soleus:** 5/5, Movement against gravity with full resistance on the left and right;

Musculoskeletal

Lumbar

ROM

Flexion (60°)

Active 50° - restricted

Strength: 5/5 isometrically in sitting.

Lumbar flexion assessed via tape measure from T12 to S2. A 6 cm change was observed from neutral standing to the pt's full available lumbar flexion.

Extension (25°)

Active 20° - restricted

Strength: 5/5 isometrically in sitting.

Lateral flexion (25°)

Left - Active 20° - restricted

Left - Strength: 5/5 isometrically in sitting.

Right - Active 20° - restricted

Right - Strength: 5/5 isometrically in sitting.

Rotation (10°)

Left - Active 30°

Left - Strength: 5/5 isometrically in sitting.

Right - Active 30°

Right - Strength: 5/5 isometrically in sitting.

Shoulder / Upper Arm

ROM & Joint Play

ROM

Flexion (180°)

Right - Passive 175+empty°

Internal Rotation (90°)

Right - Active 70°

External Rotation (80°)

Right - Active 55°+pain°

Abduction (180°)

Right - Passive 175°+empty°

Abdomen / Gastrointestinal

Hx of gallbladder removal

Respiratory

COPD

Additional:

Date of Service: [REDACTED]

Assessment

Diagnostic Statements:

Pt presents with chronic low-back pain and low-back muscle tightness.

Assessment Statements:

Pt performed hip hinges with cane for tactile cue and verbal cues to keep back straight and tight. Pt performed deadlift from step with verbal cues required for proper form 25% of the time. Pt required seated break following first set of deadlifts. Pt was instructed on RDLs and was able to perform with proper form 25% of the time. Pt required seated rest break between each set. Pt performed wall squats with swiss ball behind the back and was able to successfully perform without cueing. Leg press machine was used w progression of weight compared to last week. Session was concluded with 1 lap of stair training and post vitals were unremarkable.

Prognosis:

Pt has fair prognosis for improvement.

Reasons for Prognosis:

Positive Prognostic Factor:

- Family support
- Motivated to improve
- Independent baseline function

Negative Prognostic Factors:

- Housing insecurity
- History of non-compliance with HEP
- Poor insight into benefits of mobility for improving pain and QoL

Complicating Factors: Excess weight and COPD

Plan

Treatment Plan

Rehab Treatment Plan

Therapeutic Exercises

Rehab Visit Frequency

1 times per week for 12 week(s)

Neuromuscular Re-Education

Rehab Visit Frequency

1 times per week for 12 week(s)

Therapeutic Activities

Rehab Visit Frequency

1 times per week for 12 week(s)

Treatment/Services Provided Today

Continue treatment with progressions as tolerated by pt's low back pain. Start with a LE warmup such as STS with TB/weight or walking. Continue to focus on LE strengthening and engaging his core during exercises. Incorporate dedicated core exercises, such as plank and alternating dead bug. Also consider incorporating transverse plane motions such as LTRs or lateral rotation lunges. Consider finishing with manual therapy to his lower extremities and lower back to help ease his low back pain before finishing his session.

Exercises/Activities

Session Timing:

- 97110: 10 min - 1 unit

Exercises Performed Today:

- Leg Press: 3 sets of 6 reps for 5 mins (97110) (Double limb with 14 plates)
- Dead Lifts : 2 sets of 10 reps for 5 mins (97110) (Pt used 10lb dumbbells one in each hand on a 8" step.)
- Romanian Deadlifts: 2 sets of 12 reps with 10 lbs weight
- Wall squats w/ swiss ball : 2 sets of 12 reps
- Stair training : (1 lap)

Short Term Goals

- Decrease Pain

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Range of Motion
- Increase Strength

Long Term Goals

Patient Goals

In 12 visits, pt's Oswestry Low Back Disability score will be reduced by 11% to indicate improved disability status.

In 12 visits, pt's average resting low back pain will be reduced to a 7/10 to indicate improved pain tolerance.

In 12 visits, pt's active lumbar flexion ROM will improve by 3 cm to indicate improved lumbar mobility.

Signed: [REDACTED] Fri [REDACTED] 59:56 EST [REDACTED]

Signed: JACOB GENROD [REDACTED] Fri [REDACTED] 52:45 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt presented with a good mood and what motivated for physical therapy today. Pt reported pain with sitting and standing as well as hinging at the hips. Pt also reported that he woke up with some tightness in his chest this morning. Pt reported no new updates since last visit. Pt stated that he needed to leave early to pick up his wife.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, achiness, and stiffness in the following location(s): bilateral lower back as a result of unspecified reason. This is a chronic condition.

- Patient's average or typical pain is 9 out of 10.
- Symptoms present 100% of the day.

Timing

Symptoms are worse in evening.

Symptoms are better in morning.

Aggravating/Provocative Factors: Walking, Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Pt reports his baclofen and trazadone relieve his pain enough to help him sleep.

Objective

Vitals

Heart Rate: 84 bpm

SPO2: 97

Respiratory Rate: 14

BP: 128 / 72

Additional:

Assessment

Diagnostic Statements:

Pt presents with chronic low-back pain and low-back muscle tightness.

Assessment Statements:

Pt needed verbal cueing to stay in a squatted position during pallof press. Pt was able to perform deadlift with little cueing, however, pt needed cueing to keep neck in neutral position. Pt was able to complete 2 sets of deadlifts before needing to stop due to low back pain. Pt was able to complete side bending with a 10 lbs dumbbell without an increase in pain. PT needed cueing to stay in frontal plane during side bending. Pt was able to complete leg press exercise with an RPE of 5. Pt did not want to move up in weight. Pt responded well to trigger point release with elongation at the end of the session.

Prognosis:

Pt has fair prognosis for improvement.

Reasons for Prognosis:

Positive Prognostic Factor:

- Family support
- Motivated to improve
- Independent baseline function

Negative Prognostic Factors:

- Housing insecurity
- History of non-compliance with HEP
- Poor insight into benefits of mobility for improving pain and QoL

Complicating Factors: Excess weight and COPD

Plan

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Treatment/Services Provided Today

Continue treatment with progressions as tolerated by pt's low back pain. Start with a LE warmup such as STS with TB/weight or walking. Continue to focus on LE strengthening and engaging his core during exercises. Incorporate dedicated core exercises, such as plank and alternating dead bug. Also consider incorporating transverse plane motions such as LTRs or lateral rotation lunges. Consider finishing with manual therapy to his lower extremities and lower back to help ease his low back pain before finishing his session.

Exercises/Activities

Session Timing:

- 97110: 16 min - 1 unit
- 97150: 15 min - 1 unit

Exercises Performed Today:

- Leg Press: 3 sets of 10 reps for 5 mins (97110) (Double limb with 12 plates)
- Manual Therapy: for 15 mins (97150) (Soft tissue/trigger point to bilateral trapezius)
- Palloff Press: 3 sets of 15 reps for 6 mins (97110) (BTB, 2x15 each side. Pt required VC to prevent trunk rotation during pressing.
)
- Dead Lifts : 2 sets of 10 reps for 5 mins (97110) (Pt used 10lb dumbbells one in each hand on a 8" step.)
- Dumbbells Side Bends: 1 set of 10 reps (Only completed on the left side.)

Patient Goals

In 12 visits, pt's Oswestry Low Back Disability score will be reduced by 11% to indicate improved disability status.

In 12 visits, pt's average resting low back pain will be reduced to a 7/10 to indicate improved pain tolerance.

In 12 visits, pt's active lumbar flexion ROM will improve by 3 cm to indicate improved lumbar mobility.

Review of Systems

Musculoskeletal

Current: Lower Back Pain / Symptoms

Manual assessment of leg length discrepancy was performed.

Signed: [REDACTED] Fri [REDACTED] 57:08 EST [REDACTED]

Signed: GAVIN CLARK (clarkgav) Fri [REDACTED] 52:29 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt was in a good mood and motivated for therapy today. Pt reported a 9/10 on NPRS in lower back. Pt reported no new medical changes. Pt reported no exercise since his last visit at HEART but he has been doing a lot of chores around the house. Pt reports that he needs to end the session around 2pm due to a doctors appointment.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, achiness, and stiffness in the following location(s): bilateral lower back as a result of unspecified reason. This is a chronic condition.

- Patient's average or typical pain is 9 out of 10.
- Symptoms present 100% of the day.

Timing

Symptoms are worse in evening.

Symptoms are better in morning.

Aggravating/Provocative Factors: Walking, Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Pt reports his baclofen and trazadone relieve his pain enough to help him sleep.

Objective

Musculoskeletal

Shoulder / Upper Arm

ROM & Joint Play

ROM

Flexion (180°)

Right - Passive 175+empty°

Internal Rotation (90°)

Right - Active 70°

External Rotation (80°)

Right - Active 55°+pain°

Abduction (180°)

Right - Passive 175°+empty°

Additional:

Assessment

Diagnostic Statements:

Pt presents with chronic low-back pain and low-back muscle tightness.

Assessment Statements:

Pt reported a pain level of 9/10 at the beginning of the session, but he was able to complete all of his therapeutic exercises successfully. Pt required verbal cues during sit to stands with 6# weight to keep arms extended and to scoot forward to improve STS ability. Pt required moderate verbal cues for SB DKTC + LTR to keep core tight and focus on the lumbar trunk motions. Pt noted an increase in pain in his mid thoracic spine during SB bridges, so bridges were stopped after 6. PT performed PA spring assessment to thoracic spine to find source of pain, and pt performed a sustained seated thoracic extension over two rolled up towel rolls with the bed raised approximately 45 deg to which the patient reported feeling better afterwards. Pt then completed leg press but had a dizzy spell after getting off of the machine. Vitals were monitored and patient was able to continue exercises

Date of Service: [REDACTED]

following a short break. Pt required contact guard and verbal cues for positioning during rotational lunges to point chest in direction he is lunging. Finished session with patient education on proper lifting techniques such as golfers lift and concept of keeping back straight and bending at the knees if picking up heavy objects as patient mentioned having pain while lifting objects from the ground.

Prognosis:

Pt has fair prognosis for improvement.

Reasons for Prognosis:

Positive Prognostic Factor:

- Family support
- Motivated to improve
- Independent baseline function

Negative Prognostic Factors:

- Housing insecurity
- History of non-compliance with HEP
- Poor insight into benefits of mobility for improving pain and QoL

Complicating Factors: Excess weight and COPD

Plan

Treatment/Services Provided Today

Continue treatment with progressions as tolerated by pt's low back pain. Start with a LE warmup such as STS with TB/weight or walking. Continue to focus on LE strengthening and engaging his core during exercises. Incorporate dedicated core exercises, such as plank and alternating dead bug. Also consider incorporating transverse plane motions such as LTRs or lateral rotation lunges. Consider finishing with manual therapy to his lower extremities and lower back to help ease his low back pain before finishing his session.

Exercises/Activities

Session Timing:

- 97110: 15 min - 1 unit
- 97530: 8 min - 1 unit

Exercises Performed Today:

- STS w/ 6# wt: 10 reps for 3 mins (97110) (6# wt)
- Leg Press: 2 sets of 10 reps for 5 mins (97110) (Double limb with 12 plates)
- SB Bridges : 6 reps for 2 mins (97110) (Ended exercise early due to increase in pain in mid thoracic region)
- Sustained thoracic extension over two towel rolls: for 5 mins (97110) (Bed angled approx 45 deg)
- Rotational Lunges: 2 sets of 10 reps for 8 mins (97530) (2x10 each direction)

Patient Goals

In 12 visits, pt's Oswestry Low Back Disability score will be reduced by 11% to indicate improved disability status.

In 12 visits, pt's average resting low back pain will be reduced to a 7/10 to indicate improved pain tolerance.

In 12 visits, pt's active lumbar flexion ROM will improve by 3 cm to indicate improved lumbar mobility.

Signed: [REDACTED] Fri [REDACTED] 58:29 EST [REDACTED]

Signed: KEVIN WOODSON (keviwood) Sun [REDACTED] 39:30 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt was in a good mood and motivated for therapy today. Pt reported a 10/10 on NPRS in lower back. Pt reported no new medical changes. Pt reported that he has seen no changes after starting Prednisone recently. Pt reported no exercise since last visit but he had no troubles performing ADL's.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, achiness, and stiffness in the following location(s): lower back bilaterally as a result of unspecified reason. This is a chronic condition.

- Patient's average or typical pain is 9 out of 10.
- Symptoms present 100% of the day.

Timing:

Symptoms are worse in evening.

Symptoms are better in morning.

Aggravating/Provocative Factors: Walking, Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Pt reports his baclofen and trazadone relieve his pain enough to help him sleep.

Objective

Additional:

Assessment

Diagnostic Statements:

Pt presents with chronic low-back pain and low-back muscle tightness.

Assessment Statements:

Pt reported a pain level of 10/10, however, pt was able to perform all therapeutic exercise with no increase in pain. Pt required moderate verbal cues for core table exercises to keep core tight and low back pressed into table to encourage PPT. Patient also required VC to remind him to breath during his exercises as he was holding his breath several times. Patient required cueing for coordination during deadbugs and for Palloff presses. Pt required VC to not rotate his trunk for Pallof press. Patient reported disorientation following leg presses which cleared up with a short rest. Patient reported a decrease in pain following therapy to 9/10.

Prognosis:

Pt has fair prognosis for improvement.

Reasons for Prognosis:

Positive Prognostic Factor:

- Family support
- Motivated to improve
- Independent baseline function

Negative Prognostic Factors:

- Housing insecurity
- History of non-compliance with HEP
- Poor insight into benefits of mobility for improving pain and QoL

Complicating Factors: Excess weight and COPD

Plan

Treatment/Services Provided Today

Continue treatment with progressions as tolerated by pt's low back pain. Start with a LE warmup such as STS with TB/weight or walking. Continue to focus on LE strengthening and engaging his core during exercises. Incorporate dedicated core exercises, such as plank and alternating dead bug. Also consider incorporating transverse plane motions such as LTRs or lateral rotation lunges.

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Consider finishing with manual therapy to his lower extremities and lower back to help ease his low back pain before finishing his session.

Manual Therapy Techniques

Manual Therapy (97140-59)

Total Time: 5 min

Unit(s): 0

Lower Extremities

Hamstrings (MMS) Left Right (MMS) Time: 5 min(s) 2 sets per side, 45s holds

Exercises/Activities

Session Timing:

- 97110: 27 min - 2 units

Exercises Performed Today:

- Leg Press: 2 sets of 15 reps for 5 mins (97110) (Double limb with 12 plates)
- Leg Press: 2 sets of 15 reps for 8 mins (97110) (Single limb with 8 plates)
- Palloff Press: 2 sets of 15 reps for 6 mins (97110) (BTB, 2x15 each side. Pt required VC to prevent trunk rotation during pressing.
)
- Deadbugs with stability ball: 3 sets of 12 reps for 4 mins (97110) (VC to coordinate his movements and to engage core)
- Modified crunch with stability ball: 4 sets of 5 reps for 4 mins (97110) (5 second holds per rep, red exercise ball)

Patient Goals

In 12 visits, pt's Oswestry Low Back Disability score will be reduced by 11% to indicate improved disability status.

In 12 visits, pt's average resting low back pain will be reduced to a 7/10 to indicate improved pain tolerance.

In 12 visits, pt's active lumbar flexion ROM will improve by 3 cm to indicate improved lumbar mobility.

Review of Systems

Musculoskeletal

Current: Lower Back Pain / Symptoms

Manual assessment of leg length discrepancy was performed.

Signed: [REDACTED] Fri [REDACTED] 38:16 EST [REDACTED]

Signed: [REDACTED] Fri [REDACTED] 08:10 EST [REDACTED]

Signed: [REDACTED] Fri [REDACTED] 07:59 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Re-Exam

Date of Encounter: [REDACTED]

History of Present Illness

Pt was in a good mood and motivated for therapy today. Pt reported a [REDACTED] on NPRS in lower back. Pt reported no new medical changes, but did report started Prednisone. Pt reported no exercise since last visit, but performed physical labor working at his church.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, achiness, and stiffness in the following location(s): lower back bilaterally as a result of unspecified reason. This is a chronic condition.

- Patient's average or typical pain is 9 out of 10.
- Symptoms present 100% of the day.

Timing:

Symptoms are worse in evening.

Symptoms are better in morning.

Aggravating/Provocative Factors: Walking, Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Pt reports his baclofen and trazadone relieve his pain enough to help him sleep.

Physical Examination

Vitals

Heart Rate: 86 bpm

BP: 142 / 68

SPO2: 94%

Post session vitals

SpO2 = 90% saturation on room air

HR = 100 bpm

BP = 144/64 mmHg on R arm at rest

Neurological

Nerve Root Assessment - Deep Tendon Reflexes

- L 3-4 Nerve Root - Patellar Tendon - 2+, Average; Normal on the left and right

Nerve Root Assessment - Dermatome

- L2 - Medial Ant.Thigh - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- L3 - Medial Ant. Knee - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- L4 - Medial Foot - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- L5 - Dorsum of Foot - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- S1 - Lateral Foot - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right

Nerve Root Assessment - Myotome

- L2 Nerve Root - Iliopsoas: 4/5, Movement against gravity with some resistance on the left and right;
- L3 Nerve Root - Quadricep: 5/5, Movement against gravity with full resistance on the left and right;
- L4 Nerve Root - Tibialis Anterior: 5/5, Movement against gravity with full resistance on the left and right;
- L5 Nerve Root - Extensor Hallucis Longus: 5/5, Movement against gravity with full resistance on the left; 5+/5, Movement against

Date of Service: [REDACTED]

gravity with full resistance on the right;

- S1 Gastrocnemius / Soleus: 5/5, Movement against gravity with full resistance on the left and right;

Musculoskeletal

Lumbar

ROM

Flexion (60°)

Active 50° - restricted

Strength: 5/5 isometrically in sitting.

Lumbar flexion assessed via tape measure from T12 to S2. A 6 cm change was observed from neutral standing to the pt's full available lumbar flexion.

Extension (25°)

Active 20° - restricted

Strength: 5/5 isometrically in sitting.

Lateral flexion (25°)

Left - Active 20° - restricted

Left - Strength: 5/5 isometrically in sitting.

Right - Active 20° - restricted

Right - Strength: 5/5 isometrically in sitting.

Rotation (10°)

Left - Active 30°

Left - Strength: 5/5 isometrically in sitting.

Right - Active 30°

Right - Strength: 5/5 isometrically in sitting.

Shoulder / Upper Arm

ROM & Joint Play

ROM

Flexion (180°)

Right - Passive 175+empty°

Internal Rotation (90°)

Right - Active 70°

External Rotation (80°)

Right - Active 55°+pain°

Abduction (180°)

Right - Passive 175°+empty°

Additional:

Assessment

Diagnostic Statements:

Pt presents with chronic low-back pain.

Assessment Statements:

Pt reported a pain level of [REDACTED] however, pt was able to perform all therapeutic exercise with no increase in pain. Pt required moderate verbal cues for core table exercises to keep core tight and low back pressed into table to encourage PPT. Patient also required VC to remind him to breath during his exercises as he was holding his breath several times. Patient required cueing for coordination during deadbugs and for sit to stand Palloff presses. Patient reported dizziness following sit to stand Palloff presses so patient rested and vitals were retaken until dizziness symptoms subsided. Patient reported no increase or decrease in pain following therapy.

Prognosis:

Date of Service: [REDACTED]

Pt has fair prognosis for improvement.

Reasons for Prognosis:

Positive Prognostic Factor:

- Family support
- Motivated to improve
- Independent baseline function

Negative Prognostic Factors:

- Housing insecurity
- History of non-compliance with HEP
- Poor insight into benefits of mobility for improving pain and QoL

Complicating Factors: Excess weight and COPD

Plan

Treatment Plan

Rehab Treatment Plan

Therapeutic Exercises

Rehab Visit Frequency

1 times per week for 12 week(s)

Neuromuscular Re-Education

Rehab Visit Frequency

1 times per week for 12 week(s)

Therapeutic Activities

Rehab Visit Frequency

1 times per week for 12 week(s)

Treatment/Services Provided Today

Continue treatment with progressions as tolerated by pt's low back pain. Start with a LE warmup such as STS with TB/weight or walking. Continue to focus on LE strengthening and engaging his core during exercises. Incorporate dedicated core exercises, such as plank and alternating dead bug. Also consider incorporating transverse plane motions such as LTRs or lateral rotation lunges. Consider finishing with manual therapy to his lower extremities and lower back to help ease his low back pain before finishing his session.

Exercises/Activities

Session Timing:

- 97110: 22 min - 1 unit

Exercises Performed Today:

- Leg Press: 3 sets of 10 reps for 8 mins (97110) (Double limb 3x10 10 plates)
- Pallof Press: 2 sets of 10 reps for 6 mins (97110) (BTB x10 each side, x10 with STS)
- Bridges : 2 sets of 10 reps for 8 mins (97110) (Second set with RTB around knees to engage hip abductors)
- Deadbugs: 4 sets of 4 reps (VC to coordinate his movements and to engage core)
- Reverse crunches (alternating toe taps): 20 reps (VC to engage core)
- Supine Band Pulldowns w BTB: 2 sets of 10 reps

Short Term Goals

- Decrease Pain
- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Range of Motion
- Increase Strength

Long Term Goals

Patient Goals

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

In 12 visits, pt's Oswestry Low Back Disability score will be reduced by 11% to indicate improved disability status.

In 12 visits, pt's average resting low back pain will be reduced to a 7/10 to indicate improved pain tolerance.

In 12 visits, pt's active lumbar flexion ROM will improve by 3 cm to indicate improved lumbar mobility.

Signed: [REDACTED] Fri [REDACTED] 37:29 EST [REDACTED]

Signed: KEVIN WOODSON (keviwood) Fri [REDACTED] 33:43 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Re-Exam

Date of Encounter: [REDACTED]

History of Present Illness

Pt was in a good mood and ready for therapy. Pt reported pain level of [REDACTED]. However, Pt reported that leg stiffness and pain had improved since last session. Pt reported that he was wearing compression stocking per vascular doctors request. Pt stated that he was sick last week and didn't feel well.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, achiness, and stiffness in the following location(s): lower back bilaterally as a result of unspecified reason. This is a chronic condition.

- Patient's average or typical pain is 9 out of 10.
- Symptoms present 100% of the day.

Timing:

Symptoms are worse in evening.

Symptoms are better in morning.

Aggravating/Provocative Factors: Walking, Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Pt reports his baclofen and trazadone relieve his pain enough to help him sleep.

Physical Examination

Vitals

Heart Rate: 86 bpm

BP: 124 / 78

SPO2: 96%

Post session vitals

SPO2 95%

HR 103 bpm

Neurological

Nerve Root Assessment - Deep Tendon Reflexes

- L 3-4 Nerve Root - Patellar Tendon - 2+, Average; Normal on the left and right

Nerve Root Assessment - Dermatome

- L2 - Medial Ant.Thigh - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- L3 - Medial Ant. Knee - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- L4 - Medial Foot - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- L5 - Dorsum of Foot - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- S1 - Lateral Foot - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right

Nerve Root Assessment - Myotome

- L2 Nerve Root - Iliopsoas: 4/5, Movement against gravity with some resistance on the left and right;
- L3 Nerve Root - Quadricep: 5/5, Movement against gravity with full resistance on the left and right;
- L4 Nerve Root - Tibialis Anterior: 5/5, Movement against gravity with full resistance on the left and right;
- L5 Nerve Root - Extensor Hallucis Longus: 5/5, Movement against gravity with full resistance on the left; 5+/5, Movement against gravity with full resistance on the right;

Date of Service: [REDACTED]

- S1 Gastrocnemius / Soleus: 5/5, Movement against gravity with full resistance on the left and right;

Musculoskeletal

Lumbar

ROM

Flexion (60°)

Active 50° - restricted

Strength: 5/5 isometrically in sitting.

Lumbar flexion assessed via tape measure from T12 to S2. A 6 cm change was observed from neutral standing to the pt's full available lumbar flexion.

Extension (25°)

Active 20° - restricted

Strength: 5/5 isometrically in sitting.

Lateral flexion (25°)

Left - Active 20° - restricted

Left - Strength: 5/5 isometrically in sitting.

Right - Active 20° - restricted

Right - Strength: 5/5 isometrically in sitting.

Rotation (10°)

Left - Active 30°

Left - Strength: 5/5 isometrically in sitting.

Right - Active 30°

Right - Strength: 5/5 isometrically in sitting.

Shoulder / Upper Arm

ROM & Joint Play

ROM

Flexion (180°)

Right - Passive 175+empty°

Internal Rotation (90°)

Right - Active 70°

External Rotation (80°)

Right - Active 55°+pain°

Abduction (180°)

Right - Passive 175°+empty°

Additional:

Assessment

Diagnostic Statements:

Pt presents with chronic low-back pain.

Assessment Statements:

Pt reported a pain level of [REDACTED] however, pt was able to perform all therapeutic exercise with no increase in pain. Pt requires moderate verbal and tactile cues to keep core tight during Pallof Presses. Pt also required max verbal and tactile cue to keep hips up and hinge at the hips during dead lifts. Pt still was unable to demonstrate dead lifts correctly. Pt was redirected to next exercise. During leg press placed green ball in between legs. Pt had increased difficulty maintaining isometric adduction on ball. Pt relied on one person assist to get up off the leg press machine as well as table. After leg press pt complained of being dizzy. Pt sat for a couple minutes and dizziness ceased. Continue POC to strength lower back and LE to decrease pain. Next session work on bed mobility and proper mechanics to get out of bed in order to protect low back.

Prognosis:

Date of Service: [REDACTED]

Pt has fair prognosis for improvement.

Reasons for Prognosis:

Positive Prognostic Factor:

- Family support
- Motivated to improve
- Independent baseline function

Negative Prognostic Factors:

- Housing insecurity
- History of non-compliance with HEP
- Poor insight into benefits of mobility for improving pain and QoL

Complicating Factors: Excess weight and COPD

Plan

Treatment Plan

Rehab Treatment Plan

Therapeutic Exercises

Rehab Visit Frequency

1 times per week for 12 week(s)

Neuromuscular Re-Education

Rehab Visit Frequency

1 times per week for 12 week(s)

Therapeutic Activities

Rehab Visit Frequency

1 times per week for 12 week(s)

Treatment/Services Provided Today

Continue treatment with progressions as tolerated by pt's low back pain. Start with a LE warmup such as STS with TB/weight or walking. Continue to focus on LE strengthening and engaging his core during exercises. Incorporate dedicated core exercises, such as plank and alteranating dead bug. Finishing with manual therapy to his lower extremities to help ease his low back pain before finishing his session.

Exercises/Activities

Session Timing:

- 97110: 35 min - 2 units

Exercises Performed Today:

- Leg Press: 4 sets of 10 reps for 8 mins (97110) (1) Leg press with two LE 2 X 10
- 2) Single Leg press bilaterally 2 X 10)
- Palloff Press: 2 sets of 10 reps for 6 mins (97110) (BTB; 2 steps walk out with 5 presses x 10 reps each side with Green T band)
- Bridges : 2 sets of 10 reps for 8 mins (97110)
- Dead Lifts : 1 set of 10 reps for 5 mins (97110) (Pt used 10lb dumbbells one in each hand on a 8" step.)
- Squats : 2 sets of 10 reps for 8 mins (97110)

Short Term Goals

- Decrease Pain
- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Range of Motion
- Increase Strength

Long Term Goals

Patient Goals

In 12 visits, pt's Oswestry Low Back Disability score will be reduced by 11% to indicate improved disability status.

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

In 12 visits, pt's average resting low back pain will be reduced to a 7/10 to indicate improved pain tolerance.
In 12 visits, pt's active lumbar flexion ROM will improve by 3 cm to indicate improved lumbar mobility.

Signed: [REDACTED] Fri [REDACTED] 36:29 EST [REDACTED]

Signed: SETH BERTAGLE (sbertagn) Fri [REDACTED] 49:56 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Re-Exam

Date of Encounter: [REDACTED]

History of Present Illness

Pt presents to HEART for re-exam with c/o of low back pain that has been consistent since the 1980s. Pt denies any changes in his medical condition and medication use. Pt reports that his back has been "bugging" him and is still able to independently perform ADLs. Pt reported continued tightness in lower back leading to pain. Reports pain/discomfort is localized transversely along L3/4 region. Pt states he uses a heat pad when symptoms increase. Reported that his pain has "not gotten worse or better" from doing therapy, but has been remaining constant. Reports at worst, pain in his low back is [REDACTED]

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, achiness, and stiffness in the following location(s): lower back bilaterally as a result of unspecified reason. This is a chronic condition.

- Patient's average or typical pain is 9 out of 10.
- Symptoms present 100% of the day.

Timing:

Symptoms are worse in evening.

Symptoms are better in morning.

Aggravating/Provocative Factors: Walking, Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Pt reports his baclofen and trazadone relieve his pain enough to help him sleep.

Physical Examination

Vitals

Heart Rate: 68 bpm

SPO2: 98%

Respiratory Rate: 16

BP: 122 / 80

Neurological

Nerve Root Assessment - Deep Tendon Reflexes

- L 3-4 Nerve Root - Patellar Tendon - 2+, Average; Normal on the left and right

Nerve Root Assessment - Dermatome

- L2 - Medial Ant.Thigh - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- L3 - Medial Ant. Knee - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- L4 - Medial Foot - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- L5 - Dorsum of Foot - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- S1 - Lateral Foot - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right

Nerve Root Assessment - Myotome

- L2 Nerve Root - Iliopsoas: 4/5, Movement against gravity with some resistance on the left and right;
- L3 Nerve Root - Quadricep: 5/5, Movement against gravity with full resistance on the left and right;
- L4 Nerve Root - Tibialis Anterior: 5/5, Movement against gravity with full resistance on the left and right;
- L5 Nerve Root - Extensor Hallucis Longus: 5/5, Movement against gravity with full resistance on the left; 5+/5, Movement against gravity with full resistance on the right;

Date of Service: [REDACTED]

- S1 Gastrocnemius / Soleus: 5/5, Movement against gravity with full resistance on the left and right;

Musculoskeletal

Lumbar

ROM

Flexion (60°)

Active 50° Restricted

Strength: 5/5 isometrically in sitting.

Lumbar flexion assessed via tape measure from T12 to S2. A 6 cm change was observed from neutral standing to the pt's full available lumbar flexion.

Extension (25°)

Active 20° Restricted

Strength: 5/5 isometrically in sitting.

Lateral flexion (25°)

Left Active 20° Restricted

Strength: 5/5 isometrically in sitting.

Right Active 20° with pain and Restricted

Strength: 5/5 isometrically in sitting.

Rotation (10°)

Left Active 30°

Strength: 5/5 isometrically in sitting.

Right Active 30°

Strength: 5/5 isometrically in sitting.

Shoulder / Upper Arm

ROM & Joint Play

ROM

Flexion (180°)

Right Passive 175+empty°

Internal rotation (90°)

Right Active 70°

External rotation (80°)

Right Active 55°+pain°

Abduction (180°)

Right Passive 175°+empty°

Abdomen / Gastrointestinal

Hx of gallbladder removal

Respiratory

COPD

Additional:

Pt behaves impulsively and requires frequent reorientation to task and to adhere to instructions.

Oswestry Low Back Disability Questionnaire score = 32%. See "Files" for details.

Assessment

Diagnostic Statements:

Pt presents with chronic low-back pain.

Assessment Statements:

Pt was able to tolerate all reassessment measures taken today. Oswestry back pain questionnaire decreased by 1pt from previous

Date of Service: [REDACTED]

re-exam. No significant improvement in ROM was noted. Sitting isometric strength was noted to increase. He reported that his legs felt "achy" following the first set of leg press, and was able to do the second set at a lower weight without complaint. Continued skilled physical therapy would be beneficial to increase core strength and decrease back pain.

Prognosis:

Pt has fair prognosis for improvement.

Reasons for Prognosis:

Positive Prognostic Factor:

- Family support
- Motivated to improve
- Independent baseline function

Negative Prognostic Factors:

- Housing insecurity
- History of non-compliance with HEP
- Poor insight into benefits of mobility for improving pain and QoL

Complicating Factors: Excess weight and COPD

Plan

Treatment Plan

Rehab Treatment Plan

Therapeutic Exercises

Rehab Visit Frequency

1 times per week for 12 week(s)

Neuromuscular Re-Education

Rehab Visit Frequency

1 times per week for 12 week(s)

Therapeutic Activities

Rehab Visit Frequency

1 times per week for 12 week(s)

Treatment/Services Provided Today

Continue treatment with progressions as tolerated by pt's low back pain. Start with a LE warmup such as STS with TB/weight or walking. Continue to focus on LE strengthening and engaging his core during exercises. Incorporate dedicated core exercises, such as plank and alteranating dead bug. Finishing with manual therapy to his lower extremities to help ease his low back pain before finishing his session.

Exercises/Activities

Session Timing:

- 97110: 8 min - 1 unit

Exercises Performed Today:

- Leg Press: 2 sets of 15 reps for 8 mins (97110) (Level 13 (set 1); Level 12 (set 2))

Short Term Goals

- Decrease Pain
- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Range of Motion
- Increase Strength

Long Term Goals

Patient Goals

In 12 visits, pt's Oswestry Low Back Disability score will be reduced by 11% to indicate improved disability status.

In 12 visits, pt's average resting low back pain will be reduced to a 7/10 to indicate improved pain tolerance.

In 12 visits, pt's active lumbar flexion ROM will improve by 3 cm to indicate improved lumbar mobility.

[REDACTED]
Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Signed: [REDACTED] Mon [REDACTED] 42:02 EST [REDACTED]

Signed: JESSE EHRLICH (ehrlic) Fri [REDACTED] 48:25 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt presents to HEART with c/o of low back pain that has been consistent since the 1980s. Pt denies any changes in his medical condition and medication use. Pt reports that his back has been "bugging" him and is still able to independently perform ADLs. Pt reported continued tightness in lower back leading to pain. Reports pain/discomfort is localized transversely along L3/4 region. Pt states he uses a heat pad when symptoms increase.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, achiness, and stiffness in the following location(s): lower back bilaterally as a result of unspecified reason. This is a chronic condition.

- Patient's average or typical pain is 9 out of 10.
- Symptoms present 100% of the day.

Timing:

Symptoms are worse in evening.

Symptoms are better in morning.

Aggravating/Provocative Factors: Walking, Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Pt reports his baclofen and trazadone relieve his pain enough to help him sleep.

Objective

Vitals

Heart Rate: 74 bpm

Respiratory Rate: 12

BP: 122 / 78

SPO2: 95%

Additional:

Pt behaves impulsively and requires frequent reorientation to task and to adhere to instructions.

Oswestry Low Back Disability Questionnaire score = 32%. See "Files" for details.

Assessment

Diagnostic Statements:

Pt presents with chronic low-back pain.

Assessment Statements:

Pt was able to complete almost all of his interventions. The SL RDL's did flare up his low back and was cut short to not have the pain reach his threshold for max pain level. He was able to increase weight in the leg press showing increased strength in his LE's. Progressions made to Paloff press were also tolerated well as pt reported no increase in pain during this exercise. Manual therapy was performed at the end of the session to help ease his low back pain by performing trigger points to his Quadratus Lumborum/Latissimus Dorsi, erector spinae muscles in the lumbar and thoracic region. Pt reported relief from traction as it did not flare up his back pain. Skilled PT is necessary to continue to address patient's low back pain, core strengthening, and education regarding increase in physical activity outside of HEART to continue to reduce pain and improve function.

Prognosis:

Pt has fair prognosis for improvement.

Reasons for Prognosis:

Positive Prognostic Factor:

- Family support
- Motivated to improve
- Independent baseline function

Negative Prognostic Factors:

- Housing insecurity
- History of non-compliance with HEP

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

- Poor insight into benefits of mobility for improving pain and QoL

Complicating Factors: Excess weight and COPD

Plan

Treatment/Services Provided Today

Continue treatment with progressions as tolerated by pt's low back pain. Start with a LE warmup such as STS with TB/weight or walking. Continue to focus on LE strengthening and engaging his core during exercises. Finishing with manual therapy to his lower extremities to help ease his low back pain before finishing his session.

Exercises/Activities

Session Timing:

- 97110: 23 min - 2 units
- 97150: 15 min - 1 unit

Exercises Performed Today:

- STS w/BTB: 3 sets of 10 reps for 5 mins (97110) (BTB around knees)
- Leg Press: 2 sets of 13 reps for 8 mins (97110) (Level 12 (set 1); Level 14 (set 2))
- SL RDL: 2 sets of 10 reps with 10 lbs weight for 4 mins (97110) (R leg completed for all 10 reps; Stopped L leg at 6 reps due to low back discomfort)
- Manual Therapy: for 15 mins (97150) (Soft tissue/trigger point to low back and scapulas; Manual traction to each leg)
- Palloff Press: 2 sets of 10 reps for 6 mins (97110) (BTB; 3 steps walk out with 3 presses x 10 reps each side)

Patient Goals

In 12 visits, pt's Oswestry Low Back Disability score will be reduced by 11% to indicate improved disability status.

In 12 visits, pt's average resting low back pain will be reduced to a 7/10 to indicate improved pain tolerance.

In 12 visits, pt's active lumbar flexion ROM will improve by 3 cm to indicate improved lumbar mobility.

Signed: [REDACTED] Sun [REDACTED] 58:49 EST [REDACTED]

Signed: JESSE EHRLICH (ehrlicj) Fri [REDACTED] 46:48 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt presents to HEART with c/o of low back pain that has been consistent since the 1980s. Pt denies any changes in his medical condition and medication use. Pt reports a slight decrease in pain compared to last week, but still rates his pain as a [REDACTED] (reports that he was at a [REDACTED] last week). Pt reported continued tightness in lower back leading to pain. Pt states he uses a heat pad when symptoms increase.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, achiness, and stiffness in the following location(s): lower back bilaterally as a result of unspecified reason. This is a chronic condition.

- Patient's average or typical pain is 9 out of 10.
- Symptoms present 100% of the day.

Timing:

Symptoms are worse in evening.

Symptoms are better in morning.

Aggravating/Provocative Factors: Walking, Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Pt reports his baclofen and trazadone relieve his pain enough to help him sleep.

Objective

Vitals

Heart Rate: 63 bpm

Respiratory Rate: 12

BP: 150 / 70

SPO2: 91%

Assessed in sitting on patient's left side.

Additional:

Pt behaves impulsively and requires frequent reorientation to task and to adhere to instructions.

Oswestry Low Back Disability Questionnaire score = 32%. See "Files" for details.

Manual Therapy (10 minutes)

STM to pt's bilateral low back in prone position

Therapeutic Exercise (25 minutes)

Hip hinges w/ orange pole held behind back for neutral spine 2x15 (1 set seated, 1 set standing)

5lb DB Bilateral RDL 1x15 (PT holding orange pole for neutral back cue)

STS w/ emphasis on maintaining neutral spine 2x12

Leg Press 3x12 (Level 12)

Palloff press w/ blue TB standing on Airex 2x15 each side

Airex Balance - Feet Together Head Turns (L/R, Up/Down) 2x30 sec each

Assessment

Diagnostic Statements:

Pt presents with chronic low-back pain.

Assessment Statements:

Pt presents to HEART with chronic low back pain that worsens with activity and improves with rest. Patient tolerated exercises well today with minimal to no increase in pain. Patient required verbal cueing during hip hinge and sit to stands to prevent from rounding thoracic and lumbar spine. Patient reported no pain with standing or seated hip hinge and sit to stands. Patient required cueing and constant supervision during leg press to prevent him from locking his knees out and controlling the descent of the leg press. Patient performed standing balance on airex pad with head turns well. pt was able to perform balance with minimal contact assist. The patient lost balance, one time, when he was asked to look up and down while performing standing balance. Patient

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

performed pallof presses well, only requiring verbal cueing to engage his core to resist trunk rotation. Overall, patient reported his pain levels decreasing to a [REDACTED] following treatment, which is an improvement from when he walked in. Skilled PT is necessary to continue to address patient's low back pain, core strengthening, and education regarding increase in physical activity outside of HEART to continue to reduce pain and improve function.

Prognosis:

Pt has fair prognosis for improvement.

Reasons for Prognosis:

Positive Prognostic Factor:

- Family support
- Motivated to improve
- Independent baseline function

Negative Prognostic Factors:

- Housing insecurity
- History of non-compliance with HEP
- Poor insight into benefits of mobility for improving pain and QoL

Complicating Factors: Excess weight and COPD

Plan

Treatment/Services Provided Today

Utilize manual therapy as needed to manage pain in the lower back. Progress the pt's capacity for functional lifting activities to address complaints of low back pain and to strengthen his LE, posterior chain, and core. Progress STS by adding a TB around the pt's knees or holding a weight and progress leg press resistance as tolerated by the pt. Continue to challenge balance with head turning activities with gait and static balance with airrex pad activities.

Patient Goals

In 12 visits, pt's Oswestry Low Back Disability score will be reduced by 11% to indicate improved disability status.

In 12 visits, pt's average resting low back pain will be reduced to a 7/10 to indicate improved pain tolerance.

In 12 visits, pt's active lumbar flexion ROM will improve by 3 cm to indicate improved lumbar mobility.

Signed: [REDACTED] Sun [REDACTED] 58:18 EST [REDACTED]

Signed: JACOB RHODES (jacorhod) Fri [REDACTED] 47:33 EST [REDACTED]

Signed: BRENDAN ROGGHE (brogghe) Fri [REDACTED] 47:33 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt presents to HEART with c/o of low back pain that has been consistent since the 1980s. Pt denies any changes in his medical condition and medication use. Pt reports a slight decrease in pain compared to last week, but still rates his pain as a [REDACTED] (reports that he was at a [REDACTED] last week). When asked where his pain is, patient pointed to his "hinge area" which was just above the sacrum. To manage pain pt uses baclofen at night and reports that resting in his recliner helps. Pt states no changes in his usual ADL's, and reports that he did not exercise outside of HEART over the past week.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, achiness, and stiffness in the following location(s): lower back bilaterally as a result of unspecified reason. This is a chronic condition.

- Patient's average or typical pain is 9 out of 10.
- Symptoms present 100% of the day.

Timing:

Symptoms are worse in evening.

Symptoms are better in morning.

Aggravating/Provocative Factors: Walking, Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Pt reports his baclofen and trazadone relieve his pain enough to help him sleep.

Objective

Vitals

Heart Rate: 62 bpm

Respiratory Rate: 12

BP: 110 / 70

SPO2: 96%

Assessed in sitting on patient's left side.

Additional:

Pt behaves impulsively and requires frequent reorientation to task and to adhere to instructions.

Oswestry Low Back Disability Questionnaire score = 32%. See "Files" for details.

Therapeutic Exercise

Hip hinges w/ orange pole held behind back for neutral spine 2x15

Supine marches w/ theraband SAPD hold, 3x20 marches

Dead bug w/ SB ball for core activation, 4x10

STS w/ emphasis on maintaining neutral spine 2x5

Palloff press w/ blue TB standing on Airex 2x10 each side

Stair ambulation 24 stairs ascending 24 descending

Assessment

Diagnostic Statements:

Pt presents with chronic low-back pain.

Assessment Statements:

Pt presents to HEART with chronic low back pain that worsens with activity and improves with rest. Patient tolerated exercises well today with minimal pain. Patient required verbal cueing during hip hinge and sit to stands to "tighten his core" and slow his descent for sit to stands. Patient reported mild pain with hip hinge, so he was cued to limit his range of motion and he reported feeling better afterwards. Patient required cueing and constant supervision during deadbugs to engage his core and to breath. Patient performed supine marching well, with verbal cues to march softly and to engage his lats. Patient performed palloff presses well, only requiring verbal cueing to engage his core to resist trunk rotation. Overall, patient reported his pain levels decreasing to a [REDACTED] following treatment, which is an improvement from when he walked in. Skilled PT is necessary to continue to address patient's low back pain, core strengthening, and education regarding increase in physical activity outside of HEART to continue to

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

reduce pain and improve function.

Prognosis:

Pt has fair prognosis for improvement.

Reasons for Prognosis:

Positive Prognostic Factor:

- Family support
- Motivated to improve
- Independent baseline function

Negative Prognostic Factors:

- Housing insecurity
- History of non-compliance with HEP
- Poor insight into benefits of mobility for improving pain and QoL

Complicating Factors: Excess weight and COPD

Plan

Treatment/Services Provided Today

Utilize manual therapy as needed to manage pain in the lower back and right shoulder. Progress the pt's capacity for functional lifting activities to address complaints of low back pain and to strengthen his LE and posterior chain. Assess movement further in frontal/transverse planes and strengthen accordingly. Challenge balance with head turning activities with gait and static balance with airrexpad activities.

Patient Goals

In 12 visits, pt's Oswestry Low Back Disability score will be reduced by 11% to indicate improved disability status.

In 12 visits, pt's average resting low back pain will be reduced to a 7/10 to indicate improved pain tolerance.

In 12 visits, pt's active lumbar flexion ROM will improve by 3 cm to indicate improved lumbar mobility.

Signed: [REDACTED] Sun [REDACTED] 09:37 EST [REDACTED]

Signed: KEVIN WOODSON (keviwood) Fri [REDACTED] 09:58 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt presents to HEART with c/o of low back pain that has been consistent since the 1980s. Pt denies any changes in his medical condition and medication use. Pt reports he will be moving into a different apartment "sometime before [REDACTED]" because his current apartment is no longer accepting Section 8 payments. Pt reports an increase in low back pain that has recently travelled upward to his lower posterior rib cage. Pt rates pain 6/10 at best, 7/10 usual, 9/10 at worse. To manage pain pt uses baclofen at night. Pt states no changes in his usual ADL's. Since last being at HEART in April, pt reports that usual daily activity has included taking out the trash and driving his wife around.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, achiness, and stiffness in the following location(s): lower back bilaterally as a result of unspecified reason. This is a chronic condition.

- Patient's average or typical pain is 8 out of 10.
- Symptoms present 100% of the day.

Timing:

Symptoms are worse in evening.

Symptoms are better in morning.

Aggravating/Provocative Factors: Bending and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Pt reports his baclofen and trazadone relieve his pain enough to help him sleep.

Objective

Vitals

Heart Rate: 76 bpm

Respiratory Rate: 18

BP: 160 / 80

SPO2: 95%

Assessed in sitting on patient's left side.

Additional:

Pt behaves impulsively and requires frequent reorientation to task and to adhere to instructions.

Therapeutic Exercise

2 sets Hip Hinges using orange stick behind back for cueing for 15 reps

15 RDLs with PT holding orange stick on back for cueing and 5lb dumbbells in each hand

STS w/ orange pole held behind back to encourage neutral spine, 2x15

Bird Dogs 1x15 1x10

Leg Press 20x with 12 plates

Assessment

Diagnostic Statements:

Pt presents with chronic low-back pain.

Assessment Statements:

Pt presents to HEART with chronic low back pain that worsens with activity and improves with rest. Pt displays gross trunk strength deficits in sitting and limited lumbar flexion ROM. Pt relies on hip mobility to accommodate his impaired lumbar flexion ROM. Pt tolerated today's treatment session well, with no significant complaints of pain during activity. Pt required constant cuing with the orange stick to keep neutral spine when hinging. While performing RDLs pt required cue to engage core, "squeeze shoulder blades" and hinge at the hips. While performing leg press pt required cuing to maintain a posterior pelvic tilt. Skilled PT is necessary to continue addressing the pt's complaint of low back pain via increases in activity and load tolerance, load management, and education regarding the benefits of physical activity to manage pain.

Date of Service: [REDACTED]

Prognosis:

Pt has fair prognosis for improvement.

Reasons for Prognosis:

Positive Prognostic Factor:

- Family support
- Motivated to improve
- Independent baseline function

Negative Prognostic Factors:

- Housing insecurity
- History of non-compliance with HEP
- Poor insight into benefits of mobility for improving pain and QoL

Complicating Factors: Excess weight and COPD

Plan

Treatment/Services Provided Today

Utilize manual therapy as needed to manage pain in the lower back and right shoulder. Progress the pt's capacity for functional lifting activities to address complaints of low back pain and to strengthen his LE and posterior chain. Practice stair negotiation due to new usage of the SPC. Assess movement further in frontal/transverse planes and strengthen accordingly. Challenge balance with head turning activities with gait and static balance with airxpad activities.

Short Term Goals

- Decrease Pain
- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Range of Motion
- Increase Strength

Long Term Goals

Patient Goals

In 12 visits, pt's Oswestry Low Back Disability score will be reduced by 11% to indicate improved disability status.

In 12 visits, pt's average resting low back pain will be reduced to a 7/10 to indicate improved pain tolerance.

In 12 visits, pt's active lumbar flexion ROM will improve by 3 cm to indicate improved lumbar mobility.

Signed: [REDACTED] Wed [REDACTED] 16:36 EST [REDACTED]

Signed: MELANIE SUTTLE (suttle) Fri [REDACTED] 07:25 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt presents to HEART with c/o of low back pain that has been consistent since the 1980s. Pt denies any changes in his medical condition and medication use. Pt reports he will be moving into a different apartment "sometime before [REDACTED]" because his current apartment is no longer accepting Section 8 payments. Pt reports an increase in low back pain that has recently travelled upward to his lower posterior rib cage. Pt rates pain 6/10 at best, 7/10 usual, 9/10 at worse. To manage pain pt uses baclofen at night. Pt states no changes in his usual ADL's. Since last being at HEART in April, pt reports that usual daily activity has included taking out the trash and driving his wife around.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, achiness, and stiffness in the following location(s): lower back bilaterally as a result of unspecified reason. This is a chronic condition.

- Patient's average or typical pain is 8 out of 10.
- Symptoms present 100% of the day.

Timing:

Symptoms are worse in evening.

Symptoms are better in morning.

Aggravating/Provocative Factors: Bending and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Pt reports his baclofen and trazadone relieve his pain enough to help him sleep.

Objective

Vitals

Heart Rate: 76 bpm

Respiratory Rate: 18

BP: 142 / 78

SPO2: 95%

Assessed in sitting on patient's left side.

Additional:

Pt behaves impulsively and requires frequent reorientation to task and to adhere to instructions.

Oswestry Low Back Disability Questionnaire score = 32%. See "Files" for details.

Manual Muscle Stretching

Hamstrings: PNF contract-relax. 10 sec hold 3x moving further into end range, followed by a 30 sec hold. performed 3 rounds on each leg.

Therapeutic Exercise

Supine marches w/ posterior pelvic tilt, 3x30 sec

Dead bug w/ TherEx ball for core activation, 3x30 sec

STS w/ orange pole held behind back to encourage neutral spine, 3x5

RDLs with orange pole, 3x10

Assessment

Diagnostic Statements:

Pt presents with chronic low-back pain.

Assessment Statements:

Pt presents to HEART with chronic low back pain that worsens with activity and improves with rest. Pt displays gross trunk strength deficits in sitting and limited lumbar flexion ROM. Pt relies on hip mobility to accommodate his impaired lumbar flexion ROM. Pt tolerated today's treatment session well, with no significant complaints of pain during activity. The only significant complaint of pain during the treatment session occurred at end range of MMS of the hamstrings. Pt required constant cuing to breathe during exercises. While performing RDLs pt required cue to engage lats, "squeeze armpits" and hinge at the hips. While

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

patient is on the Nustep he requires cues to maintain consistent pace. While performing supine mat exercises pt required cueing to maintain a posterior pelvic tilt. Skilled PT is necessary to continue addressing the pt's complaint of low back pain via increases in activity and load tolerance, load management, and education regarding the benefits of physical activity to manage pain.

Prognosis:

Pt has fair prognosis for improvement.

Reasons for Prognosis:

Positive Prognostic Factor:

- Family support
- Motivated to improve
- Independent baseline function

Negative Prognostic Factors:

- Housing insecurity
- History of non-compliance with HEP
- Poor insight into benefits of mobility for improving pain and QoL

Complicating Factors: Excess weight and COPD

Plan

Treatment/Services Provided Today

Utilize manual therapy as needed to manage pain in the lower back and right shoulder. Progress the pt's capacity for functional lifting activities to address complaints of low back pain and to strengthen his LE and posterior chain. Practice stair negotiation due to new usage of the SPC. Assess movement further in frontal/transverse planes and strengthen accordingly. Challenge balance with head turning activities with gait and static balance with airxpad activities.

Short Term Goals

- Decrease Pain
- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Range of Motion
- Increase Strength

Long Term Goals

Patient Goals

In 12 visits, pt's Oswestry Low Back Disability score will be reduced by 11% to indicate improved disability status.

In 12 visits, pt's average resting low back pain will be reduced to a 7/10 to indicate improved pain tolerance.

In 12 visits, pt's active lumbar flexion ROM will improve by 3 cm to indicate improved lumbar mobility.

Signed: [REDACTED] Thu [REDACTED] 14:47 EST [REDACTED]

Signed: KELSEY SLAYTON (kmslay) Fri [REDACTED] 28:15 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Re-Exam

Date of Encounter: [REDACTED]

History of Present Illness

Pt presents to HEART with c/o of low back pain that is an [REDACTED] at rest. Pt denies any current neck pain and reports he is no longer experiencing left knee pain. Pt reports his low back pain has been consistent since the 1980s. Pt denies any changes in his medical condition and medication use. Pt reports he will be moving into a different apartment "sometime before [REDACTED]" because his current apartment is no longer accepting Section 8 payments. Pt reports that he "felt fine" after his last session at HEART. Pt reports his low back pain is relieved at rest in his recliner.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, achiness, and stiffness in the following location(s): lower back bilaterally as a result of unspecified reason. This is a chronic condition.

- Patient's average or typical pain is 8 out of 10.
- Symptoms present 100% of the day.

Timing:

Symptoms are worse in evening.

Symptoms are better in morning.

Aggravating/Provocative Factors: Bending and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Pt reports his baclofen and trazadone relieve his pain enough to help him sleep.

Physical Examination

Vitals

Heart Rate: 78 bpm

Respiratory Rate: 24

BP: 140 / 62

SPO2: 95%

Assessed in sitting on patient's left side.

Musculoskeletal

Lumbar

ROM

Flexion (60°)

Active Restricted

Strength: 4/5 isometrically in sitting.

Lumbar flexion assessed via tape measure from T12 to S2. A 5 cm change was observed from neutral standing to the pt's full available lumbar flexion.

Extension (25°)

Active Restricted

Strength: 4/5 isometrically in sitting.

Lateral flexion (25°)

Left Active Restricted

Strength: 4/5 isometrically in sitting.

Right Active Restricted

Strength: 4/5 isometrically in sitting.

Rotation (10°)

Left Active Restricted

Strength: 4/5 isometrically in sitting.

Right Active Restricted

Strength: 4/5 isometrically in sitting.

Date of Service: [REDACTED]

Additional:

Pt behaves impulsively and requires frequent reorientation to task and to adhere to instructions.

Oswestry Low Back Disability Questionnaire score = 32%. See "Files" for details.

Leg-press Machine: 3 sets of 8 repetitions.

- set 1: 80 lb
- set 2: 100 lb
- set 3: 120 lb

Assessment

Diagnostic Statements:

Pt presents with chronic low-back pain.

Assessment Statements:

Pt presents to HEART with chronic low back pain that worsens with activity and improves with rest. Pt displays gross trunk strength deficits in sitting and limited lumbar flexion ROM. Pt relies on hip mobility to accommodate his impaired lumbar flexion ROM. According to the pt's Oswestry score, pt has the most difficulties with pain intensity, sitting and standing tolerance, and with IADLs at home. Skilled PT is necessary to continue addressing the pt's complaint of low back pain via increases in activity and load tolerance, load management, and education regarding the benefits of physical activity to manage pain.

Prognosis:

Pt has fair prognosis for improvement.

Reasons for Prognosis:

Positive Prognostic Factor:

- Family support
- Motivated to improve
- Independent baseline function

Negative Prognostic Factors:

- Housing insecurity
- History of non-compliance with HEP
- Poor insight into benefits of mobility for improving pain and QoL

Complicating Factors: Excess weight and COPD

Plan

Treatment Plan

Rehab Treatment Plan

Therapeutic Exercises

1 times per week for 12 week(s)

Neuromuscular Re-Education

1 times per week for 12 week(s)

Therapeutic Activities

1 times per week for 12 week(s)

Treatment/Services Provided Today

Utilize manual therapy as needed to manage pain in the lower back and right shoulder. Progress the pt's capacity for functional lifting activities to address complaints of low back pain and to strengthen his LE and posterior chain. Practice stair negotiation due to new usage of the SPC. Assess movement further in frontal/transverse planes and strengthen accordingly. Challenge balance with head turning activities with gait and static balance with airrexpad activities.

Short Term Goals

- Decrease Pain
- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Range of Motion

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

- Increase Strength

Long Term Goals

In 12 visits, pt's Oswestry Low Back Disability score will be reduced by 11% to indicate improved disability status.

In 12 visits, pt's average resting low back pain will be reduced to a 7/10 to indicate improved pain tolerance.

In 12 visits, pt's active lumbar flexion ROM will improve by 3 cm to indicate improved lumbar mobility.

Signed: [REDACTED] Sun [REDACTED] 14:28 EST [REDACTED]

Signed: JONATHAN GROENING (jgroenin) Fri [REDACTED] 48:12 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt presents to HEART with c/o of low back pain that is an [REDACTED] at rest. Pt denies any current neck pain and reports he is no longer experiencing left knee pain. Pt reports his low back pain has been consistent since the 1980s. Pt denies any changes in his medical condition and medication use. Pt reports he will be moving into a different apartment "sometime before [REDACTED]" because his current apartment is no longer accepting Section 8 payments. Pt reports he had a colonoscopy 2 weeks ago and an oral endoscopic procedure on [REDACTED] to have some polyps removed. Pt reports that his fatigue and increases in pain from his last therapy session resolved within 24-48 hours. Pt reports his low back pain is relieved at rest in his recliner.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, achiness, and stiffness in the following location(s): lower back bilaterally with insidious onset as a result of unspecified reason.

- Patient's average or typical pain is 8 out of 10.
- Symptoms present 100% of the day.

Timing:

Symptoms are worse in all day except when asleep.

Aggravating/Provocative Factors: Bending and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Secondary Complaints:

Left Knee

(Resolved) Patient presents with sharp pain, discomfort, and tenderness in the following location(s): left knee reported as beginning on [REDACTED] with insidious onset as a result of unspecified reason.

Intensity of pain / tenderness noted:

12/10.

Aggravating/Provocative Factors: Walking, Standing, and Extension end ROM increases symptoms.

Relieving Factors: Rest.

Right Shoulder

Patient presents with dull pain and stiffness in the following location(s): right shoulder radiating to No complaints of radiating pain. .

- Patient's complaint is 8 out of 10, where 0 is not severe at all, and 10 is extremely severe.
- Patient's average or typical pain is 8 out of 10.

Aggravating/Provocative Factors: Driving, Sitting, Lifting, and OH reaching.

Relieving Factors: Rest.

Objective

Vitals

Heart Rate: 72 bpm

BP: 142 / 88

SPO2: 95%

Assessed in sitting on patient's left side.

Additional:

Pt behaves impulsively and requires frequent reorientation to task and to adhere to instructions.

STS: 3 sets of 5 repetitions with a plastic dowel to cue patient to maintain a neutral spine.

RDLs: 3 sets of 5 repetitions with a plastic dowel with verbal cues to maintain a neutral spine and to hinge at the hips and bend the knees.

Deadlifts: 2 sets of 5 repetitions to pick up a 5 lb dumbbell off at 8-inch box with verbal cues to maintain a neutral spine and to hinge at the hips and bend the knees.

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Leg-press Machine: 4 sets of 8 repetitions.

- set 1: 70 lb
- set 2: 100 lb
- set 3: 110 lb
- set 4: 120 lb

Assessment

Diagnostic Statements:

Pt presents with chronic low-back pain.

Assessment Statements:

Pt presents to HEART with chronic low back pain that worsens with activity and improves with rest. Despite the pt's report of severe pain, the pt was able to perform all therapeutic exercises without exceeding an RPE of 6/10 and without any increases in reports of low-back pain. Pt no longer presents with left knee pain, so that complaint has been resolved and addressing low-back pain via load management, education, and exercise is the chief concern. Skilled PT is necessary to continue addressing the pt's complaint of low back pain via increases in activity and load tolerance, load management, and education regarding the benefits of physical activity to manage pain.

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking.

Complicating Factors: Excess weight and COPD

Plan

Treatment/Services Provided Today

Utilize manual therapy as needed to manage pain in the lower back and right shoulder. Progress the pt's capacity for functional lifting activities to address complaints of low back pain and to strengthen his LE and posterior chain. Practice stair negotiation due to new usage of the SPC. Assess movement further in frontal/transverse planes and strengthen accordingly. Challenge balance with head turning activities with gait and static balance with airrexpad activities.

Exercises/Activities

Session Timing:

Warm up bike, supine marches, SAQ and Standing marches with UE support.

Short Term Goals

- Decrease Pain
- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Range of Motion
- Increase Strength

Long Term Goals

- Increase general fitness, strength, and mobility over next 30 days.
- Pt goal is to decrease pain by 80%.

In 8 weeks, pt will independently demonstrate improved core strength and efficiency.

Signed: [REDACTED] Wed [REDACTED] 39:50 EST [REDACTED]

Signed: JONATHAN GROENING (jgroenin) Fri [REDACTED] 00:53 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt still reports left knee pain from a reported fall on Tuesday [REDACTED]. Pt complains of lateral knee pain with squatting and sitting for long periods of time. Pt Lower back pain 4/10. Right shoulder pain 4/10. Pt reports knee pain as a 9/10, but after further questions and evaluating 7/10 would be appropriate. Pt reports no other changes to medical status.

Secondary Complaints:

Bilateral Lower back

Patient presents with dull pain, achiness, and stiffness in the following location(s): lower back bilaterally with insidious onset as a result of unspecified reason.

- Patient's average or typical pain is 8 out of 10.
- Symptoms present 100% of the day.

Timing:

Symptoms are worse in all day except when asleep.

Aggravating/Provocative Factors: Bending and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Right Shoulder

Patient presents with dull pain and stiffness in the following location(s): right shoulder radiating to No complaints of radiating pain. .

- Patient's complaint is 8 out of 10, where 0 is not severe at all, and 10 is extremely severe.
- Patient's average or typical pain is 8 out of 10.

Aggravating/Provocative Factors: Driving, Sitting, Lifting, and OH reaching.

Relieving Factors: Rest.

Left Knee

Patient presents with sharp pain, discomfort, and tenderness in the following location(s): left knee reported as beginning on [REDACTED] with insidious onset as a result of unspecified reason.

Intensity of pain / tenderness noted:

12/10.

Aggravating/Provocative Factors: Walking, Standing, and Extension end ROM increases symptoms.

Relieving Factors: Rest.

Objective

Vitals

Heart Rate: 72 bpm

Respiratory Rate: 16

BP: 138 / 78 mmHg

SPO2: 97%

Pt has decreased stance time on the left knee due to pain. Pain is located on the lateral side of the left knee near the fibular head. Pt has pain with extension through squatting. Pt has pain when descending stairs with single leg WB.

Neurological

Patient was Alert and Oriented
x4

Musculoskeletal

Posture

The following postural deviations were observed:

- Head/cervical flexion +RxH
- Thoracic/lumbar flexion +RxT
- Pelvis/sacrum/femoroacetabular extension -RxP

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Additional:

6MWT: 432.5ft
FGA: 23/30

Assessment

Diagnostic Statements:

Pt presents with chronic LBP with movement coordination deficits. Pt presents with new left knee pain.

Assessment Statements:

Pt tolerated therapy well today. Pt started with a warm up on the bike for 5 minutes. After warm up pt completed supine heel taps focused on posterior pelvic tilt and TA bracing LB (10x10 sec). Pt completed SAQ sets bilateral with isometric squeezes (10x5 sec). Finished session today with standing marches focusing on WB control (3x10).

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking.

Complicating Factors: Excess weight and COPD

Plan

Decrease pain and using open chain exercises for the L knee. Utilize manual therapy as needed to manage pain in the lower back, right shoulder, and left knee. Continue w/ LE strengthening and posterior chain exercises. Practice stair negotiation due to new usage of the SPC. Assess movement further in frontal/transverse planes and strengthen accordingly. Challenge balance with head turning activities with gait and static balance with airrexpad activities.

Exercises/Activities

Session Timing:

Total session time: 45 min

Warm up bike, supine marches, SAQ and Standing marches with UE support.

Short Term Goals

- Decrease Pain
- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Range of Motion
- Increase Strength

Long Term Goals

- Increase general fitness, strength, and mobility over next 30 days.
- Pt goal is to decrease pain by 80%.

In 8 weeks, pt will independently demonstrate improved core strength and efficiency.

Signed: [REDACTED] Fri [REDACTED] 29:53 EST [REDACTED]

Signed: [REDACTED] Fri [REDACTED] 00:21 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt still reports left knee pain from a reported fall on Tuesday [REDACTED]. Pt complains of lateral knee pain with squatting and sitting for long periods of time. Pt Lower back pain 4/10. Right shoulder pain 4/10. Pt reports knee pain as a 9/10, but after further questions and evaluating 7/10 would be appropriate. Pt reports no other changes to medical status.

Secondary Complaints:

Bilateral Lower back

Patient presents with dull pain, achiness, and stiffness in the following location(s): lower back bilaterally with insidious onset as a result of unspecified reason.

- Patient's average or typical pain is 8 out of 10.
- Symptoms present 100% of the day.

Timing:

Symptoms are worse in all day except when asleep.

Aggravating/Provocative Factors: Bending and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Right Shoulder

Patient presents with dull pain and stiffness in the following location(s): right shoulder radiating to No complaints of radiating pain. .

- Patient's complaint is 8 out of 10, where 0 is not severe at all, and 10 is extremely severe.
- Patient's average or typical pain is 8 out of 10.

Aggravating/Provocative Factors: Driving, Sitting, Lifting, and OH reaching.

Relieving Factors: Rest.

Left Knee

Patient presents with sharp pain, discomfort, and tenderness in the following location(s): left knee reported as beginning on [REDACTED] with insidious onset as a result of unspecified reason.

Intensity of pain / tenderness noted:

12/10.

Aggravating/Provocative Factors: Walking, Standing, and Extension end ROM increases symptoms.

Relieving Factors: Rest.

Objective

Vitals

Heart Rate: 66 bpm

Respiratory Rate: 12

BP: 134 / 86 mmHg

SPO2: 97%

Pt has decreased stance time on the left knee due to pain. Pain is located on the lateral side of the left knee near the fibular head. Pt has pain with extension through squatting. Pt has pain when descending stairs with single leg WB.

Neurological

Patient was Alert and Oriented

x4

Musculoskeletal

Posture

The following postural deviations were observed:

- Head/cervical flexion +RxH
- Thoracic/lumbar flexion +RxT
- Pelvis/sacrum/femoroacetabular extension -RxP

Date of Service: [REDACTED]

Additional:

6MWT: 432.5ft
FGA: 23/30

Assessment

Diagnostic Statements:

Pt presents with chronic LBP with movement coordination deficits. Pt presents with new left knee pain.

Assessment Statements:

Pt tolerated therapy well today. Pt was able to do stair training and tolerated it well, but complains of lateral knee pain with descending stairs and was able to ascend 4 flights of stairs and descend 4 flights of stairs. Pt was able tolerate anterior toe touch step downs on a 8 inch step to work on descending WB control. Squats with lifting 40# from 8 in box. Recommend focusing on decreasing pain in the left knee with cross friction or functional massage at the attachment of bicep femoris and taping as it was performed this treatment.

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking.

Complicating Factors: Excess weight and COPD

Plan

Decrease pain and using open chain exercises for the L knee. Utilize manual therapy as needed to manage pain in the lower back, right shoulder, and left knee. Continue w/ LE strengthening and posterior chain exercises. Practice stair negotiation due to new usage of the SPC. Assess movement further in frontal/transverse planes and strengthen accordingly. Challenge balance with head turning activities with gait and static balance with airrexpad activities.

Exercises/Activities

Session Timing:

Total session time: 45 min

Stair training: 4 flights ascending and 4 flights descending. Stair anterior step downs with right leg. Squats with weight to pick up 40# from an 8 in box. Patient's left knee was taped using "Rock Tape" and educated on how long to keep it on and how to remove it afterwards.

Short Term Goals

- Decrease Pain
- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Range of Motion
- Increase Strength

Long Term Goals

- Increase general fitness, strength, and mobility over next 30 days.
- Pt goal is to decrease pain by 80%.

In 8 weeks, pt will independently demonstrate improved core strength and efficiency.

Signed: [REDACTED] Fri [REDACTED] 57:27 EST [REDACTED]

Signed: JULIAN DIXON (djulian) Fri [REDACTED] 47:07 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Re-Exam

Date of Encounter: [REDACTED]

History of Present Illness

Pt reports LBP and R shoulder pain. Pt reports a bad left knee that started suddenly last Tuesday after waking up. Pt speculates that it might have happened from hitting his knee on the side of the bed. Pt went to see a doctor and just had a "steroid shot in the butt," didn't receive any medication for the pain. Lower back pain 7/10. Right shoulder pain 7/10. Knee pain 12/10. Patient reported almost having a fall but was able to grab onto a bar. Occurred by tripping over the bathtub getting in due to the knee. Pt reports no other changes to medical status.

Secondary Complaints:

Bilateral Lower back

Patient presents with dull pain, achiness, and stiffness in the following location(s): lower back bilaterally with insidious onset as a result of unspecified reason.

- Patient's average or typical pain is 8 out of 10.
- Symptoms present 100% of the day.

Timing:

Symptoms are worse in all day except when asleep.

Aggravating/Provocative Factors: Bending and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Right Shoulder

Patient presents with dull pain and stiffness in the following location(s): right shoulder radiating to No complaints of radiating pain. .

- Patient's complaint is 8 out of 10, where 0 is not severe at all, and 10 is extremely severe.
- Patient's average or typical pain is 8 out of 10.

Aggravating/Provocative Factors: Driving, Lifting, and OH reaching.

Relieving Factors: Rest.

Left Knee

Patient presents with sharp pain in the following location(s): left knee reported as beginning on [REDACTED] with insidious onset as a result of unspecified reason.

Intensity of pain / tenderness noted:

12/10.

Aggravating/Provocative Factors: Walking, Standing, and Extension end ROM increases symptoms.

Relieving Factors: Rest.

Physical Examination

Vitals

Heart Rate: 66 bpm

BP: 128 / 80 mmHg

SPO2: 97%

Pt arrived ambulating with a SPC on the right side. Pt has decreased stance time on the left knee due to pain. Pain is located on the lateral side of the left knee near the fibular head.

Neurological

Nerve Root Assessment - Deep Tendon Reflexes

- L 3-4 Nerve Root - Patellar Tendon - 2+, Average; Normal on the left and right

Nerve Root Assessment - Dermatome

- L2 - Medial Ant.Thigh - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- L3 - Medial Ant. Knee - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- L4 - Medial Foot - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits

Date of Service: [REDACTED]

on the right

- **L5 - Dorsum of Foot** - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- **S1 - Lateral Foot** - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right

Nerve Root Assessment - Myotome

- **L2 Nerve Root - Iliopsoas:** 4/5, Movement against gravity with some resistance on the left and right;
- **L3 Nerve Root - Quadricep:** 5/5, Movement against gravity with full resistance on the left and right;
- **L4 Nerve Root - Tibialis Anterior:** 5/5, Movement against gravity with full resistance on the left and right;
- **L5 Nerve Root - Extensor Hallucis Longus:** 5/5, Movement against gravity with full resistance on the left and right;
- **S1 Gastrocnemius / Soleus:** 5/5, Movement against gravity with full resistance on the left and right;

Patient was Alert and Oriented

x4

Musculoskeletal

Posture

The following postural deviations were observed:

- Head/cervical flexion +RxH
- Thoracic/lumbar flexion +RxT
- Pelvis/sacrum/femoroacetabular extension -RxP

Pt sits with post pelvic tilt and fwd head posture. No lateral lean ID in standing

Shoulder

ROM & Joint Play

ROM

Flexion (180°)

Right Active 148°

Abduction (180°)

Left Active 110°

Right Active 110°

Horizontal abd. (30°)

Left Active 20°

Right Active 15°

Abdomen / Gastrointestinal

Hx of gallbladder removal

Respiratory

COPD

Additional:

6MWT: 432.5ft

FGA: 23/30

Assessment

Diagnostic Statements:

Pt presents with chronic LBP with movement coordination deficits. Pt presents with new left knee pain.

Assessment Statements:

Pt tolerated therapy well today. The 6MWT and FGA were reassessed from progress note in December. 6MWT score of 432.5 ft is a regression from the previous assessment of 1430ft (~450m) and is due to the pain he is experiencing and the use of a cane for ambulation. The FGA has also regressed 28/30 to 23/30 also due to the knee pain. Recommend focusing on decreasing pain in the left knee and possibly taping as it was performed this treatment.

Reasons for Prognosis:

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking.

Complicating Factors: Excess weight and COPD

Plan

Decrease pain and using open chain exercises for the L knee. Utilize manual therapy as needed to manage pain in the lower back, right shoulder, and left knee. Continue w/ LE strengthening and posterior chain exercises. Practice stair negotiation due to new usage of the SPC. Assess movement further in frontal/transverse planes and strengthen accordingly. Challenge balance with head turning activities with gait and static balance with airrexpad activities.

Exercises/Activities

Session Timing:

Total session time: 45 min

6MWT and FGA were assessed during this session. Patient education on proper usage of SPC with using it on the right side for the left knee pain. Educated on proper negotiation of stairs using a SPC (keeping cane with the left leg and going up with the good leg and going down with the bad leg). Patient's left knee was taped using "Rock Tape" and educated on how long to keep it on and how to remove it afterwards.

Short Term Goals

- Decrease Pain
- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Range of Motion
- Increase Strength

Long Term Goals

- Increase general fitness, strength, and mobility over next 30 days.
- Pt goal is to decrease pain by 80%.

In 8 weeks, pt will independently demonstrate improved core strength and efficiency.

Signed: DAVID LEE (dahlee) Sun [REDACTED] 46:05 EST [REDACTED]

Signed: [REDACTED] Sun [REDACTED] 11:01 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reports LBP worse at home but improved while at clinic. Pt reports no covid symptoms or other changes to medical status.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, achiness, and stiffness in the following location(s): lower back bilaterally with insidious onset as a result of unspecified reason.

- Patient's average or typical pain is 8 out of 10.
- Symptoms present 100% of the day.

Timing:

Symptoms are worse in all day except when asleep.

Aggravating/Provocative Factors: Bending and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Secondary Complaint:

Right Shoulder

Patient presents with dull pain and stiffness in the following location(s): right shoulder radiating to No complaints of radiating pain. .

- Patient's complaint is 8 out of 10, where 0 is not severe at all, and 10 is extremely severe.
- Patient's average or typical pain is 8 out of 10.

Aggravating/Provocative Factors: Driving, Lifting, and OH reaching.

Relieving Factors: Rest.

Objective

Vitals

Heart Rate: 80

Respiratory Rate: 16

BP: 145 / 94

SPO2: 97

Neurological

Patient was Alert and Oriented

x4

Musculoskeletal

Posture

The following postural deviations were observed:

- Head/cervical flexion +RxH
- Thoracic/lumbar flexion +RxT
- Pelvis/sacrum/femoroacetabular extension -RxP

Pt sits with post pelvic tilt and fwd head posture. No lateral lean ID in standing

Additional:

6MWT: 1430ft

pre vitals: 97% SpO2, HR=80bpm, 145/90mmHg

post vitals: 97% SpO2, HR=76bpm, 150/90mmHg

FGA: 28/30

Assessment

Diagnostic Statements:

Date of Service: [REDACTED]

Pt presents with chronic LBP with movement coordination deficits.

Assessment Statements:

Pt tolerated therapy well today. The 6MWT and FGA were reassessed from progress note in September. 6MWT score of 1430ft (~450m) ~100% improvement from last assessment. This indicates the patient has improved cardiovascular endurance and ambulation distance capacity. However, this falls below aged based norms ~1800ft. The FGA improved from 23/30 to 28/30 indicating improved balance while walking and decreased fall risk. Recommend continued strengthening, resistance training, and cardiovascular endurance.

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking.

Complicating Factors: Excess weight and COPD

Plan

Continue w/ LE strengthening and posterior chain exercises. Assessment movement further in frontal/transverse planes and strengthen accordingly.

Exercises/Activities

Session Timing:

Total session time: 45 min

Exercises Performed Today:

- Squats: 2 sets of 10 reps (97110) (body weight)
- RDL: 2 sets of 10 reps with 10 lbs weight (97110)
- Plank: 5 sets (97110) (10 sec)
- Leg Press: 2 sets of 10 reps with 12 lbs weight
- Hip Flexor Stretch: (Leg hang off side of table. 2 times both sides 30sec ea.)
- HS Stretch: (Seated HS stretch on edge of table. 2 times both sides 30 sec ea.)

Short Term Goals

- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Range of Motion
- Increase Strength

Long Term Goals

- Increase general fitness, strength, and mobility over next 30 days.
- Pt goal is to decrease pain by 80%.

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

In 8 weeks, pt will independently demonstrate improved core strength and efficiency.

Review of Systems

Musculoskeletal

Current: Lower Back Pain / Symptoms

Neurological

Current: Dizzy spells (Transferring from supine to sit), Loss of balance (Pt lost balance after coming up from flexing fwd)

Signed: [REDACTED] Tue [REDACTED] 04:03 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 16:07 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reports LBP worse at home but improved while at clinic. Pt reports no covid symptoms or other changes to medical status.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, achiness, and stiffness in the following location(s): lower back bilaterally with insidious onset as a result of unspecified reason.

- Patient's average or typical pain is 8 out of 10.
- Symptoms present 100% of the day.

Timing:

Symptoms are worse in all day except when asleep.

Aggravating/Provocative Factors: Bending and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Secondary Complaint:

Right Shoulder

Patient presents with dull pain and stiffness in the following location(s): right shoulder radiating to No complaints of radiating pain. .

- Patient's complaint is 8 out of 10, where 0 is not severe at all, and 10 is extremely severe.
- Patient's average or typical pain is 8 out of 10.

Aggravating/Provocative Factors: Driving, Lifting, and OH reaching.

Relieving Factors: Rest.

Objective

Vitals

Heart Rate: 73

Respiratory Rate: 16

BP: 134 / 94

SPO2: 96

Neurological

Patient was Alert and Oriented

x4

Musculoskeletal

Posture

The following postural deviations were observed:

- Head/cervical flexion +RxH
- Thoracic/lumbar flexion +RxT
- Pelvis/sacrum/femoroacetabular extension -RxP

Pt sits with post pelvic tilt and fwd head posture. No lateral lean ID in standing

Assessment

Diagnostic Statements:

Pt presents with chronic LBP with movement coordination deficits.

Assessment Statements:

Pt tolerated therapy well today. Pt performed bodyweight squats with slight difficulty and reported feeling dizzy after each set. Pt continued each set when c/o light headedness resolved and lessened the repetitions. Pt tolerated leg press well and progressed to heavier weight felt dizzy when sitting up. During RDLs felt fatigue in glutes and dizziness/shortness of breath after each set. Pt took standing rest which relieved symptoms. During plank exercise, pt reported feeling slight discomfort in hip flexor region, verbal

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

cueing was given for pt to contract glutes and TA muscles. Pt felt his quads, hamstrings and glutes working. Pt tolerated hip flexor and HS stretch fine, patient was educated on proper hip flexor stretch for HEP to not further strain on low back.

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking.

Complicating Factors: Excess weight and COPD

Plan

Continue w/ LE strengthening and posterior chain exercises. Assessment movement further in frontal/transverse planes and strengthen accordingly.

Exercises/Activities

Session Timing:

Total session time: 45 min

Exercises Performed Today:

- Squats: 2 sets of 10 reps (97110) (body weight)
- RDL: 2 sets of 10 reps with 10 lbs weight (97110)
- Plank: 5 sets (97110) (10 sec)
- Leg Press: 2 sets of 10 reps with 12 lbs weight
- Hip Flexor Stretch: (Leg hang off side of table. 2 times both sides 30sec ea.)
- HS Stretch: (Seated HS stretch on edge of table. 2 times both sides 30 sec ea.)

Short Term Goals

- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Range of Motion
- Increase Strength

Long Term Goals

- Increase general fitness, strength, and mobility over next 30 days.
- Pt goal is to decrease pain by 80%.

In 8 weeks, pt will independently demonstrate improved core strength and efficiency.

Review of Systems

Musculoskeletal

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Current: Lower Back Pain / Symptoms

Neurological

Current: Dizzy spells (Transferring from supine to sit), Loss of balance (Pt lost balance after coming up from flexing fwd)

Signed: [REDACTED] Fri [REDACTED] 44:29 EST [REDACTED]

Signed: [REDACTED] Fri [REDACTED] 24:30 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reports LBP worse at home but improved while at clinic. Pt reports no covid symptoms or other changes to medical status.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, achiness, and stiffness in the following location(s): lower back bilaterally with insidious onset as a result of unspecified reason.

- Patient's average or typical pain is 8 out of 10.
- Symptoms present 100% of the day.

Timing:

Symptoms are worse in all day except when asleep.

Aggravating/Provocative Factors: Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Secondary Complaint:

Right Shoulder

Patient presents with dull pain, and stiffness in the following location(s): right shoulder radiating to No complaints of radiating pain. .

- Patient's complaint is 8 out of 10, where 0 is not severe at all, and 10 is extremely severe.
- Patient's average or typical pain is 8 out of 10.

Aggravating/Provocative Factors: Driving, Lifting, and OH reaching.

Relieving Factors: Rest.

Objective

Vitals

Heart Rate: 87

Respiratory Rate: 16

BP: 132 / 102

SPO2: 94

Neurological

Patient was Alert and Oriented
x4

Musculoskeletal

Posture

The following postural deviations were observed:

- Head/cervical flexion +RxH
- Thoracic/lumbar flexion +RxT
- Pelvis/sacrum extension -RxP

Pt sits with post pelvic tilt and fwd head posture. No lateral lean ID in standing

Additional:

Squats: goblet hold w/ 10lb dumbbells 2x10

Deadlift: 10lb dumbbell lower to stepstool 1x10

Bridge: 3x10

Plank (on elbows and feet) 3x10 sec

HS Stretching: 2x1 min ea.

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Iliopsoas stretch: supine on table 2 x 1 min

Assessment

Diagnostic Statements:

Pt presents with chronic LBP with movement coordination deficits.

Assessment Statements:

Pt tolerated therapy well today. Pt performed bodyweight squats with ease and was advanced to weights. During plank exercise, pt reported feeling discomfort in hip flexor region, verbal cueing was given for pt to contract glutes and TA muscles. Pt felt his quads, hamstrings and glutes working. Pt knees tracked appropriately over toes after self correction 1 or 2 reps into each set. Pt tolerated hip flexor and HS stretch fine, patient was educated on proper hip flexor stretch for HEP to not further strain on low back.

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking.

Complicating Factors: Excess weight, and COPD

Plan

Continue w/ LE strengthening and posterior chain exercises. Assessment movement further in frontal/transverse planes and strengthen accordingly.

Exercises/Activities

Session Timing:

Total session time: 45 min

Short Term Goals

- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Range of Motion
- Increase Strength

Long Term Goals

- Increase general fitness, strength, and mobility over next 30 days.
- Pt goal is to decrease pain by 80%.

In 8 weeks, pt will independently demonstrate improved core strength and efficiency.

Review of Systems

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Musculoskeletal

Current: Lower Back Pain / Symptoms

Neurological

Current: Dizzy spells (Transferring from supine to sit), Loss of balance (Pt lost balance after coming up from flexing fwd)

Signed: [REDACTED] Fri [REDACTED] 44:53 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 11:35 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 09:48 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reports pain rated at [REDACTED] in bilateral lower back. Pt reports his R> L shoulder pain, otherwise feeling good.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, achiness, and stiffness in the following location(s): lower back bilaterally with insidious onset as a result of unspecified reason.

- Patient's average or typical pain is 8 out of 10.
- Symptoms present 100% of the day.

Timing:

Symptoms are worse in all day except when asleep.

Aggravating/Provocative Factors: Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Secondary Complaint:

Right Shoulder

Patient presents with dull pain, and stiffness in the following location(s): right shoulder radiating to No complaints of radiating pain. .

- Patient's complaint is 8 out of 10, where 0 is not severe at all, and 10 is extremely severe.
- Patient's average or typical pain is 8 out of 10.

Aggravating/Provocative Factors: Driving, Lifting, and OH reaching.

Relieving Factors: Rest.

Objective

Vitals

Heart Rate: 67

Respiratory Rate: 16

BP: 128 / 88

SPO2: 95

Neurological

Patient was Alert and Oriented

x4

Musculoskeletal

Posture

The following postural deviations were observed:

- Head/cervical flexion +RxH
- Thoracic/lumbar flexion +RxT
- Pelvis/sacrum extension -RxP

Pt sits with post pelvic tilt and fwd head posture. No lateral lean ID in standing

Additional:

Squats: bodyweight x 10, w/ Green TB around knees x 10, w/ 5lb dumbbells on shoulders x 10

Leg press: 2 count eccentric, weight setting 12 2x12,

obstacle course: 4 hurdles 2 airex pads, 1 stool, 1 bosu round side up w/ 3 lb dumbbells

gastroc stretch 30 sec x 4

RDL: 5lb dumbbells x 15, 10lb x 15

Iliopsoas stretch: supine on table 2 x 1 min

Date of Service: [REDACTED]

Assessment

Diagnostic Statements:

Pt presents with chronic LBP with movement coordination deficits.

Assessment Statements:

Pt tolerated therapy well today. Pt performed bodyweight squats with ease and was advanced to weights. Pt started leg press at the 12 then did 1 RPM at 15 at pt request. Pt felt his quads, hamstrings and calves working. Pt reported this weight felt just right at 12. Pt knees tracked appropriately over toes. Obstacle course with OH weights was "too easy" but pt enjoyed the activity. Pt tolerated hip flexor stretch fine.

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking.

Complicating Factors: Excess weight, and COPD

Plan

Continue w/ LE strengthening and posterior chain exercises. Consider advancing exercises above as indicated.

Exercises/Activities

Session Timing:

Total session time: 45 min

Short Term Goals

- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Range of Motion
- Increase Strength

Long Term Goals

- Increase general fitness, strength, and mobility over next 30 days.
- Pt goal is to decrease pain by 80%.

In 8 weeks, pt will independently demonstrate improved core strength and efficiency.

Review of Systems

Musculoskeletal

Current: Lower Back Pain / Symptoms

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Neurological

Current: Dizzy spells (Transferring from supine to sit), Loss of balance (Pt lost balance after coming up from flexing fwd)

Signed: [REDACTED] Fri [REDACTED] 43:57 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 24:59 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reports pain rated at 9/10 in bilateral lower back. Pt reports his shoulder is feeling better from the baclofen. Pt reported feeling fine after last session but was a little sore.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, achiness, and stiffness in the following location(s): lower back bilaterally with insidious onset as a result of unspecified reason.

- Patient's average or typical pain is 8 out of 10.
- Symptoms present 100% of the day.

Timing:

Symptoms are worse in all day except when asleep.

Aggravating/Provocative Factors: Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Secondary Complaint:

Right Shoulder

Patient presents with dull pain, and stiffness in the following location(s): right shoulder radiating to No complaints of radiating pain. .

- Patient's complaint is 8 out of 10, where 0 is not severe at all, and 10 is extremely severe.
- Patient's average or typical pain is 8 out of 10.

Aggravating/Provocative Factors: Driving, Lifting, and OH reaching.

Relieving Factors: Rest.

Objective

Vitals

Heart Rate: 70
SPO2: 95

Respiratory Rate: 14

BP: 134 / 84

Neurological

Patient was Alert and Oriented
x4

Musculoskeletal

Posture

The following postural deviations were observed:

- Head/cervical flexion +RxH
- Thoracic/lumbar flexion +RxT
- Pelvis/sacrum extension -RxP

Pt sits with post pelvic tilt and fwd head posture. No lateral lean ID in standing

Additional:

squats: bodyweight x 10, finger touch assist for balance

Step downs: 4x10 each LE, BUE support first set on smallest step, final 3 sets on largest step

Leg press: Weight setting 14 1x10, Weight setting 12 2x10, weight setting 11 1x10

Side step: BTB 15ft x 5

Lat pull downs: supine with black TB with handles., w/ posterior pelvic tilt/tight core in hook lying 3x12,

Consider adding suitcase carry with kettlebell next session

Date of Service: [REDACTED]

Assessment

Diagnostic Statements:

Pt presents with chronic LBP with movement coordination deficits.

Assessment Statements:

Pt tolerated therapy well today. Pt performed squats with ease and was advanced to step downs on the lowest step. Pt was advanced to largest step on stair case and felt a "good" burn in quads and hamstrings. Pt started leg press at the 14 weight which was too advanced and the weight was dropped to 12. Pt felt his quads hamstrings and calves working. Pt reported this weight felt just right. Pt knees tracked appropriately over toes. Pt started with green TB on sidesteps but was advanced to the blue TB. Pt felt hip abductors working. Pt hip began to externally rotate towards the end.

Despite Pt rating of pain at the start of therapy, pt was able to help lift plinth table without increases in pain.

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking.

Complicating Factors: Excess weight, and COPD

Plan

Continue w/ LE strengthening and posterior chain exercises. Consider advancing exercises above as indicated.

Exercises/Activities

Session Timing:

Total session time: 45 min

Short Term Goals

- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Range of Motion
- Increase Strength

Long Term Goals

- Increase general fitness, strength, and mobility over next 30 days.
- Pt goal is to decrease pain by 80%.

In 8 weeks, pt will independently demonstrate improved core strength and efficiency.

Review of Systems

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Musculoskeletal

Current: Lower Back Pain / Symptoms

Neurological

Current: Dizzy spells (Transferring from supine to sit), Loss of balance (Pt lost balance after coming up from flexing fwd)

Signed: [REDACTED] Thu [REDACTED] 26:47 EST [REDACTED]

Signed: [REDACTED] Fri [REDACTED] 43:30 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reports pain [REDACTED] in R low back and described it as aching pain and localized to R low back. Pt denied any radiating pain down the R LE. Pt reported that pain started when he got out of bed this morning. Pt notes that taking a warm shower helps out with his back pain. Pt noted that he gets dizzy when getting up from chair and from bed in the morning. Pt states that he had no pain in his R shoulder.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, achiness, and stiffness in the following location(s): lower back bilaterally with insidious onset as a result of unspecified reason.

- Patient's average or typical pain is 8 out of 10.
- Symptoms present 100% of the day.

Timing:

Symptoms are worse in all day except when asleep.

Aggravating/Provocative Factors: Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Secondary Complaint:

Right Shoulder

Patient presents with dull pain, and stiffness in the following location(s): right shoulder radiating to No complaints of radiating pain.

- Patient's complaint is 8 out of 10, where 0 is not severe at all, and 10 is extremely severe.
- Patient's average or typical pain is 8 out of 10.

Aggravating/Provocative Factors: Driving, Lifting, and OH reaching.

Relieving Factors: Rest.

Objective

Vitals

Heart Rate: 84
SPO2: 94

Respiratory Rate: 16

BP: 120 / 72

Neurological

Patient was Alert and Oriented
x4

Musculoskeletal

Posture

The following postural deviations were observed:

- Head/cervical flexion +RxH
- Thoracic/lumbar flexion +RxT
- Pelvis/sacrum extension -RxP

Pt sits with post pelvic tilt and fwd head posture. No lateral lean ID in standing

Additional:

- 2x10 squats w/ UE support as needed. Pt needed verbal cues to correct form.
- 2/10 deadlifts w/ 5 lb dumbbell. Pt needed verbal cues maintain upright chest, flat back, and hinge at the hip.
- 2x10 bridges w/ 10 sec hold.
- 2x10 supine lat pull down w/ black TB w/ post. pelvic tilt. Pt needed tactile and verbal cueing to squeeze core and move pelvis into

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

post. pelvic tilt. Pt was instructed breathe in while pulling down and to breathe out when bringing arms back up.
- 4 way hip w/ 5 lb cuff weight around moving ankle. Pt needed verbal cueing to maintain upright posture, control trunk, and to bend contralateral knee.

Assessment

Diagnostic Statements:

Pt presents with chronic LBP with movement coordination deficits.

Assessment Statements:

Pt responded to treatment well. Pt was able to complete posterior chain exercises w/ no increase in back pain. Pt noted slight discomfort when performing the second set of bridges. Pt was instructed to squeeze glute and tighten core when conducting the bridge. Pt noted no increase in pain following verbal instruction. Pt often needed verbal cueing to maintain correct posture during exercises. Pt noted that his pain decreased from a [REDACTED] on NPRS to a 9/10 on NPRS following treatment session. Pt would benefit from continued physical therapy provided by SPT's.

Complicating Factors: Excess weight, and COPD

Plan

Continue w/ LE strengthening and posterior chain exercises. Pt would benefit from functional massage of right low back next treatment session.

Exercises/Activities

Session Timing:

Total session time: 45 min

Short Term Goals

- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Range of Motion
- Increase Strength

Long Term Goals

- Increase general fitness, strength, and mobility over next 30 days.
- Pt goal is to decrease pain by 80%.

In 8 weeks, pt will independently demonstrate improved core strength and efficiency.

Review of Systems

Musculoskeletal

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Current: Lower Back Pain / Symptoms

Neurological

Current: Dizzy spells (Transferring from supine to sit), Loss of balance (Pt lost balance after coming up from flexing fwd)

Signed: [REDACTED]) Thu [REDACTED] 53:05 EST [REDACTED]

Signed: [REDACTED] Mon [REDACTED] 42:08 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 58:32 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reports pain [REDACTED] in R low back and described it as aching pain. Pt reported pain started this morning when he got out of bed. Pt reports no falls. Pt cleared health screening at start of session and reported having sufficient resources at home.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, achiness, and stiffness in the following location(s): lower back bilaterally with insidious onset as a result of unspecified reason.

- Patient's average or typical pain is 8 out of 10.
- Symptoms present 100% of the day.

Timing:

Symptoms are worse in all day except when asleep.

Aggravating/Provocative Factors: Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Secondary Complaint:

Right Shoulder

Patient presents with dull pain, and stiffness in the following location(s): right shoulder.

- Patient's complaint is 8 out of 10, where 0 is not severe at all, and 10 is extremely severe.
- Patient's average or typical pain is 8 out of 10.

Aggravating/Provocative Factors: Driving, Lifting, and OH reaching.

Relieving Factors: Rest.

Objective

Vitals

Heart Rate: 83

Respiratory Rate: 16

BP: 126 / 86

SPO2: 95

Neurological

Patient was Alert and Oriented

x4

Musculoskeletal

Posture

The following postural deviations were observed:

- Head/cervical flexion +RxH
- Thoracic/lumbar flexion +RxT
- Pelvis/sacrum extension -RxP

Pt sits with post pelvic tilt and fwd head posture. No lateral lean ID in standing

Additional:

3x10 standing rows with blue theraband, tactile cues to draw shoulder blades down and back.

2x20 blue theraband seated twists. Cues to twist with trunk and not only arms.

Ambulated 220ft on level surfaces with suitcase carry resistance, bilateral 5lbs, lateral side stepping 55 ft w/ bilateral 5lbs, walked backwards 55 ft w/ bilateral 5lbs. Verbal cues to look up and maintain upright posture.

Standing squats, 2x15. Verbal cues to sit hips back, maintain upright posture and to keep feet spread apart.

Supine single knee to chest with strap on each side 3x30.

Assessment

Date of Service: [REDACTED]

Diagnostic Statements:

Pt presents with chronic LBP with movement coordination deficits.

Assessment Statements:

Pt was able to tolerate session well. Patient needed verbal and tactile cues throughout the session. Patient needed cueing on focusing on the exercises. Patient felt dizziness with transfers. Once patient regained balance the dizziness subsided.

Pt showed signs of pain on R lower back. Pt would benefit from skilled PT to address pain and endurance to improve functional capacity. Pt tolerated exercises well with increased magnitude.

Prognosis:

Pt has a fair prognosis to decrease his LBP and bilateral shoulder pain, and to participate in outdoor physical activity with his wife.

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking.

Complicating Factors: Excess weight, and COPD

Plan

Continue with LE strengthening exercises and UE shoulder and scapular exercises. Pt would benefit from incorporating deadlifts into treatment program and LE abduction. Also, include some core strengthening exercise to help with stability and low back pain. Pt may benefit from increased weight/intensity of all exercises as he is higher functioning.

Exercises/Activities

Session Timing:

Total session time: 45 min

Short Term Goals

- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Range of Motion
- Increase Strength

Long Term Goals

- Increase general fitness, strength, and mobility over next 30 days.
- Pt goal is to decrease pain by 80%.

In 8 weeks, pt will independently demonstrate improved core strength and efficiency.

Review of Systems

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Musculoskeletal

Current: Lower Back Pain / Symptoms

Neurological

Current: Dizzy spells (Transferring from supine to sit), Loss of balance (Pt lost balance after coming up from flexing fwd)

Signed: [REDACTED]) Thu [REDACTED] 54:42 EST [REDACTED]

Signed: [REDACTED] Fri [REDACTED] 34:36 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 18:53 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reports pain [REDACTED] in low back and described it as aching pain. Pt reported pain 9/10 pain in R shoulder and "slightly less pain" in L shoulder. Pt reports no falls. Pt cleared health screening at start of session and reported having sufficient resources at home.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, achiness, and stiffness in the following location(s): lower back bilaterally with insidious onset as a result of unspecified reason.

- Patient's average or typical pain is 8 out of 10.
- Symptoms present 100% of the day.

Timing:

Symptoms are worse in all day except when asleep.

Aggravating/Provocative Factors: Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Secondary Complaint:

Right Shoulder

Patient presents with dull pain, and stiffness in the following location(s): right shoulder.

- Patient's complaint is 8 out of 10, where 0 is not severe at all, and 10 is extremely severe.
- Patient's average or typical pain is 8 out of 10.

Aggravating/Provocative Factors: Driving, Lifting, and OH reaching.

Relieving Factors: Rest.

Objective

Vitals

Heart Rate: 72

Respiratory Rate: 16

BP: 140 / 55

SPO2: 94

Neurological

Patient was Alert and Oriented

x4

Musculoskeletal

Posture

The following postural deviations were observed:

- Head/cervical flexion +RxH
- Thoracic/lumbar flexion +RxT
- Pelvis/sacrum extension -RxP

Pt sits with post pelvic tilt and fwd head posture. No lateral lean ID in standing

Additional:

Pt side-lying petrissage to mid-lower back, parascapular region each side 15 minutes

3x10 standing rows with blue theraband, tactile cues to draw shoulder blades down and back

Ambulated 80ft on level surfaces with suitcase carry resistance, ALT hands every 10ft. Started out with 10 pounds, switched to 30 pounds. Verbal cues to engage core, tactile cues to engage scapular musculature

Squats down to treatment table, 3x10. Verbal cues to sit hips back, verbal cues to maintain distance from table, getting butt all the way down to table

Date of Service: [REDACTED]

Assessment

Diagnostic Statements:

Pt presents with chronic LBP with movement coordination deficits.

Assessment Statements:

Pt was able to tolerate session well. Patient needed verbal and tactile cues throughout the session. Patient needed cueing on focusing on the exercises. Patient felt dizziness following walking, pt was seated and dizziness subsided.

Pt showed signs of pain and limited ROM with R shoulder movements, especially in flexion and abduction. Pt would benefit from skilled PT to address pain and endurance to improve functional capacity. Pt tolerated exercises well with increased magnitude.

Prognosis:

Pt has a fair prognosis to decrease his LBP and bilateral shoulder pain, and to participate in outdoor physical activity with his wife.

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking.

Complicating Factors: Excess weight, and COPD

Diagnoses Codes

Plan

Continue with LE strengthening exercises and UE shoulder and scapular exercises. Add weighted bridge and heavier DB's for DL next time. Also, include some core strengthening exercise to help with stability and low back pain. Pt may benefit from increased weight/intensity of all exercises as he is higher functioning.

Exercises/Activities

Session Timing:

Total session time: 45 min

Dead bugs: 3x30sec

Isometric ball squeeze: 3 sec hold and continued the exercise for 30 sec

Wall walks: 3x 30sec bilateral

Wall walks to Y's: 3x30sec bilateral (try to do unilateral for effectiveness)

Rows w/ green TB: 2x20

Deadlifts off 4' step (30lbs): 5

Yoga Ball (seated) straight arm extension (blue band): 2x15-20 (Endurance)

Short Term Goals

- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

- Increase Range of Motion
- Increase Strength

Long Term Goals

- Increase general fitness, strength, and mobility over next 30 days.
- Pt goal is to decrease pain by 80%.

In 8 weeks, pt will independently demonstrate improved core strength and efficiency.

Review of Systems

Musculoskeletal

Current: Lower Back Pain / Symptoms

Neurological

Current: Dizzy spells (Transferring from supine to sit), Loss of balance (Pt lost balance after coming up from flexing fwd)

Signed: [REDACTED] Fri [REDACTED] 54:02 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 26:56 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 21:34 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reports pain 8/10 in low back and describes pain as nagging and 8/10 pain in R shoulder and 6/10 in L shoulder. Pt reports no falls. Pt goal is to walk with decreased low back pain. Pt reports that lumbar extension relieves symptoms.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, achiness, and stiffness in the following location(s): lower back bilaterally with insidious onset as a result of unspecified reason.

- Patient's average or typical pain is 8 out of 10.
- Symptoms present 100% of the day.

Timing:

Symptoms are worse in all day except when asleep.

Aggravating/Provocative Factors: Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Secondary Complaint:

Right Shoulder

Patient presents with dull pain, and stiffness in the following location(s): right shoulder.

- Patient's complaint is 8 out of 10, where 0 is not severe at all, and 10 is extremely severe.
- Patient's average or typical pain is 8 out of 10.

Aggravating/Provocative Factors: Driving, Lifting, and OH reaching.

Relieving Factors: Rest.

Objective

Vitals

Heart Rate: 71

Respiratory Rate: 23

BP: 126 / 74

SPO2: 95

Neurological

Patient was Alert and Oriented

x4

Musculoskeletal

Posture

The following postural deviations were observed:

- Head/cervical flexion +RxH
- Thoracic/lumbar flexion +RxT
- Pelvis/sacrum extension -RxP

Pt sits with post pelvic tilt and fwd head posture. No lateral lean ID in standing

Additional:

Assessment

Diagnostic Statements:

Pt presents with chronic LBP with movement coordination deficits.

Assessment Statements:

Pt was able to tolerate exercise well. Patient needed verbal and tactile cues throughout the session. Patient needed cueing on

Date of Service: [REDACTED]

focusing on the exercises. Patient felt dizziness with vertical acceleration.

Pt showed signs of pain and limited ROM with R shoulder movements, especially in flexion and abduction. Pt would benefit from skilled PT to address pain and endurance to improve functional capacity.

Prognosis:

Pt has a fair prognosis to decrease his LBP and bilateral shoulder pain, and to participate in outdoor physical activity with his wife.

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking.

Complicating Factors: Excess weight, and COPD

Diagnoses Codes

Plan

Continue with LE strengthening exercises and UE shoulder and scapular exercises. Add weighted bridge and heavier DB's for DL next time. Also, include some core strengthening exercise to help with stability and low back pain. Pt may benefit from OH or vestibular testing due to reports of being dizzy all the time.

Exercises/Activities

Session Timing:

Total session time: 45 min

Dead bugs: 3x30sec

Isometric ball squeeze: 3 sec hold and continued the exercise for 30 sec

Wall walks: 3x 30sec bilateral

Wall walks to Y's: 3x30sec bilateral (try to do unilateral for effectiveness)

Rows w/ green TB: 2x20

Deadlifts off 4' step (30lbs): 5 (2 reps pt felt dizziness, rested and completed 3 reps)

Yoga Ball (seated) straight arm extension (blue band): 2x15-20 (Endurance)

Short Term Goals

- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Range of Motion
- Increase Strength

Long Term Goals

- Increase general fitness, strength, and mobility over next 30 days.

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

- Pt goal is to decrease pain by 80%.

In 8 weeks, pt will independently demonstrate improved core strength and efficiency.

Review of Systems

Musculoskeletal

Current: Lower Back Pain / Symptoms

Neurological

Current: Dizzy spells (Transferring from supine to sit), Loss of balance (Pt lost balance after coming up from flexing fwd)

Signed: [REDACTED] Thu [REDACTED] 54:08 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 18:57 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 18:15 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Re-Exam

Date of Encounter: [REDACTED]

History of Present Illness

Pt reports pain 9/10 in low back and 8/10 pain in R shoulder. Pt reports that he sprained his L ankle the other day walking from living to bedroom. He used a cane for the following day. Pt reports no falls and that the ankle feels better. Pt saw the doctor on [REDACTED] for a routine wellness check. Pt goal is to walk with decreased low back pain. Pt reports that lumbar extension relieves symptoms.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, and stiffness in the following location(s): lower back bilaterally with insidious onset as a result of unspecified reason.

- Patient's average or typical pain is 8 out of 10.

Intensity of pain / tenderness noted:

35/10.

- Symptoms present 100% of the day.

Timing:

Symptoms are worse in all day except when asleep.

Aggravating/Provocative Factors: Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Secondary Complaint:

Right Shoulder

Patient presents with dull pain, and stiffness in the following location(s): right shoulder.

- Patient's complaint is 8 out of 10, where 0 is not severe at all, and 10 is extremely severe.
- Patient's average or typical pain is 8 out of 10.

Aggravating/Provocative Factors: Driving, Lifting, and OH reaching.

Relieving Factors: Rest.

Physical Examination

Vitals

Heart Rate: 62

Respiratory Rate: 10

BP: 124 / 62

SPO2: 97

The vitals were taken at the start of the session with the pt sitting on L arm.

6MWT: 294m

pre vitals: 99% SpO2, HR=80bpm

post vitals: 99% SpO2, HR=105bpm

FGA: 23/30

Neurological

Nerve Root Assessment - Deep Tendon Reflexes

- L 3-4 Nerve Root - Patellar Tendon - 2+, Average; Normal on the left and right

Nerve Root Assessment - Dermatome

- L2 - Medial Ant.Thigh - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- L3 - Medial Ant. Knee - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- L4 - Medial Foot - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right

Date of Service: [REDACTED]

- **L5 - Dorsum of Foot** - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- **S1 - Lateral Foot** - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right

Nerve Root Assessment - Myotome

- **L2 Nerve Root - Iliopsoas:** 4/5, Movement against gravity with some resistance on the left and right;
- **L3 Nerve Root - Quadricep:** 5/5, Movement against gravity with full resistance on the left and right;
- **L4 Nerve Root - Tibialis Anterior:** 5/5, Movement against gravity with full resistance on the left and right;
- **L5 Nerve Root - Extensor Hallucis Longus:** 5/5, Movement against gravity with full resistance on the left and right;
- **S1 Gastrocnemius / Soleus:** 5/5, Movement against gravity with full resistance on the left and right;

Patient was Alert and Oriented

x4

Musculoskeletal

Posture

The following postural deviations were observed:

- Head/cervical flexion +RxH
- Thoracic/lumbar flexion +RxT
- Pelvis/sacrum extension -RxP

Pt sits with post pelvic tilt and fwd head posture. No lateral lean ID in standing

Subluxation / Misalignment / Segmental Dysfunction

Segments found to be subluxated / misaligned / dysfunctional:

LLD: Weber-barstow indicates R longer. Knee height in hooklying shows R knee higher.

LLD measurements with tape measure:

- R= 85cm
- L= 83cm

Shoulder

ROM & Joint Play

ROM

Flexion (180°)

Right Active 148°

Abduction (180°)

Left Active 110°
Right Active 110°

Horizontal abd. (30°)

Left Active 20°
Right Active 15°

Abdomen / Gastrointestinal

Hx of gallbladder removal

Respiratory

COPD

Additional:

Assessment

Diagnostic Statements:

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Pt presents with chronic LBP with movement coordination deficits.

Assessment Statements:

Pt was reassessed via the 6MWT and FGA. Pt successfully completed outcome measures. He required verbal and tactile cueing throughout entire session. Pt showed signs of dizziness during horizontal and vertical head turns during FGA. Pt returned to normal within 30 seconds of sitting.

Pt showed signs of pain and limited ROM with R shoulder movements, especially in flexion and abduction. Pt would benefit from skilled PT to address pain and endurance to improve functional capacity.

Prognosis:

Pt has a fair prognosis to decrease his LBP, and to participate in outdoor physical activity with his wife.

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking.

Complicating Factors: Excess weight, and COPD

Diagnoses Codes

Plan

Continue with LE strengthening exercises and UE shoulder and scapular exercises. Add weighted bridge and heavier DB's for DL next time. Also, include some core strengthening exercise to help with stability and low back pain. Pt may benefit from OH or vestibular testing due to reports of being dizzy all the time.

Exercises/Activities

Session Timing:

Total session time: 45 min

2 units 97110

1 unit 97140

Short Term Goals

- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Range of Motion
- Increase Strength

Long Term Goals

- Increase general fitness, strength, and mobility over next 30 days.
- Pt goal is to decrease pain by 80%.

In 8 weeks, pt will independently demonstrate improved core strength and efficiency.

Labs and Imaging

MRI and CT scan of lungs for COPD, no imaging for LB

Signed: [REDACTED] Fri [REDACTED] 24:32 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 51:59 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reports back hurts worse than stepping on a lego. Pain 9.5-9.75/10. Says his shoulders are ok as long as he keeps it still. Pt reports back soreness after last week. Was so sick last week, couldn't get out of bed. Lost weight. Still recovering. Coughing from copd not the cold.

Takes baclofen 1xday 20mg. Takes it and goes right to bed.

Pt describes himself as being dizzy all day long. When asked about his medications, he said he did not know what he was all taking.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain and stiffness in the following location(s): lower back bilaterally with insidious onset as a result of unspecified reason.

- Patient's average or typical pain is 8 out of 10.

Intensity of pain / tenderness noted:

35/10.

- Symptoms present 100% of the day.

Timing:

Symptoms are worse in all day except when asleep

Aggravating/Provocative Factors: Bending and Sitting

Relieving Factors: Rest, Heat, Massage and sleep

Secondary Complaint:

Right Shoulder

Patient presents with dull pain and stiffness in the following location(s): right shoulder .

- Patient's complaint is 8 out of 10, where 0 is not severe at all, and 10 is extremely severe.

- Patient's average or typical pain is 8 out of 10.

Aggravating/Provocative Factors: Driving, Lifting and OH reaching

Relieving Factors: Rest

Objective

Vitals

Heart Rate: 81

Respiratory Rate: 16

BP: 120 / 76

SPO2: 97

The vitals were taken at the start of the session with the pt sitting on R arm.

Neurological

Patient was Alert and Oriented
x4

Musculoskeletal

Posture

The following postural deviations were observed:

- Head/cervical flexion +RxH
- Thoracic/lumbar flexion +RxT
- Pelvis/sacrum extension -RxP

Pt sits with post pelvic tilt and fwd head posture. No lateral lean ID in standing

Subluxation / Misalignment / Segmental Dysfunction

Segments found to be subluxated / misaligned / dysfunctional:

LLD: Weber-barstow indicates R longer. Knee height in hooklying shows R knee higher.

Date of Service: [REDACTED]

LLD measurements with tape measure:

- R= 85cm
- L= 83cm

Additional:

5 min on nustep. Medium resistance- didn't make pain better or worse
Squats in parallel bars with red thera band above knees. 3 sets x 10 reps
Says he's dizzy when he stands up from squat. Feels it in back
104bpm 98% after 2 sets of squats
Elevated Deadlift in parallel bars with 2 5lb dumb bells. Weights on top of 6 in step and step stool. 1x10 reps (first set)
Second set same weight, but weights on top on 6 in step only. 1x10 reps here.
Pt reports he is dizzy. Told him to breath in and out like he is blowing out a candle. Less dizzy after this. Back feels the same after doing 2nd set. 94% 78bpm after 2nd set of DL.
Seated pulleys with blue pulleys.
Shoulder Flexion 1x20 reps
Shoulder abduction 1x20 reps
Ceiling punches 1x20reps
Reports no increase in shoulder pain. Feel loose after but in pain
Seated Blue theraband band scap retraction 2x10 reps
Making nagging shoulder pain
Provided verbal and tactile cues
Blue band shoulder ER 2x10
Towel roll under armpit
Calf stretching against wall
2x10s each side
Supine stretching with red plastic dowel
Lat stretch with dowel in between hands
1x10 reps
Said shoulder pain gets worse as he goes through reps
Pt reports dizzy spells all the time.
Doesnt know what his meds are all for
Piriformis stretch in supine
No difference in back pain
3x30 sec hold
Glute Supine stretch for low back
Told pt to focus on breathing
2x30s
Supine hamstring stretch with green stretch out band
1x30s

Assessment

Diagnostic Statements:

Pt presents with chronic LBP with movement coordination deficits.

Assessment Statements:

Pt seemed to tolerate therapy well and did well with the new exercises. He needed a lot of verbal and tactile cueing during scapular retraction exercises and ER exercises. Pt did really well with squats and deadlifting. He did not show any signs of fatigue during DL. Pt complains of severe pain, but does not show signs. Presents with normal ambulation and gait strategies. He looked as if he was dizzy when going from supine to sitting after stretching. Pt showed signs of fatigue throughout sesion.

Prognosis:

Pt has a fair prognosis to decrease his LBP, and to participate in outdoor physical activity with his wife.

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

instability test, social support is active herself and desires him to participate in aerobic act such as walking.
Complicating Factors: Excess weight and COPD

Plan

Continue with LE strengthening exercises and UE shoulder and scapular exercises. Add weighted bridge and heavier DB's for DL next time. Also, include some core strengthening exercise to help with stability and low back pain. Pt may benefit from OH or vestibular testing due to reports of being dizzy all the time.

Exercises/Activities

Session Timing:

Total session time: 45 min
2 units 97110
1 unit 97140

Short Term Goals

Decrease Compensatory Patterns	Improve Biomechanical Function	Improve Gait
Increase Activities of Daily Living	Increase General Fitness	Increase Range of Motion
Increase Strength		

Long Term Goals

Increase general fitness, strength, and mobility over next 30 days.
Decrease subjective complaint of LBP and R shoulder pain from a [REDACTED] to a 7/10 at its worst in 12 weeks.

In 12 weeks, pt will independently demonstrate improved core strength and efficiency.

Signed: [REDACTED]) Fri [REDACTED] 00:22 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 24:55 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Patient reports no changes in medical status or prescriptions but fell in the shower this week. Pt states it was due to forgetting to put the mat down in the shower and he slipped. Pt reports falling backwards on his behind but states feeling fine because "there's a lot of cushion." Pt notes sharp pain in his low back (3/10) and pain deep in the R shoulder (8/10). Pt states feeling he could do 3 more laps of sidesteps.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, and stiffness in the following location(s): lower back bilaterally with insidious onset as a result of unspecified reason.

- Patient's average or typical pain is 8 out of 10.

Intensity of pain / tenderness noted:

3/10.

- Symptoms present 100% of the day.

Timing:

Symptoms are worse in all day except when asleep.

Aggravating/Provocative Factors: Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Secondary Complaint:

Right Shoulder

Patient presents with dull pain, and stiffness in the following location(s): right shoulder.

- Patient's complaint is 8 out of 10, where 0 is not severe at all, and 10 is extremely severe.
- Patient's average or typical pain is 8 out of 10.

Aggravating/Provocative Factors: Driving, Lifting, and OH reaching.

Relieving Factors: Rest.

Objective

Vitals

Heart Rate: 79

Respiratory Rate: 16

BP: 130 / 76

SPO2: 96

The vitals were taken at the start of the session with the pt sitting on R arm.

Nustep 5 minutes, resistance 4

Hamstring Stretch 4x30 seconds

Piriformis Stretch 2x20 seconds

Sidestepping with blue theraband around knees - 3 laps

Manual Therapy:

Soft tissue massage on back (more focus on lower lumbar) - 10 minutes

Neurological

Patient was Alert and Oriented

x4

Musculoskeletal

Posture

The following postural deviations were observed:

- Head/cervical flexion +RxH

Date of Service: [REDACTED]

- Thoracic/lumbar flexion +RxT
- Pelvis/sacrum extension -RxP

Pt sits with post pelvic tilt and fwd head posture. No lateral lean ID in standing

Subluxation / Misalignment / Segmental Dysfunction

Segments found to be subluxated / misaligned / dysfunctional:

LLD: Weber-barstow indicates R longer. Knee height in hooklying shows R knee higher.

LLD measurements with tape measure:

- R= 85cm
- L= 83cm

Additional:

Exercises Performed Today:

Manual therapy

- cross hand stretch lumbar 4x20 sec

Therex

- 4x1 min hamstring stretch in long sitting
- calf wall stretch 4x30 seconds
- pulleys 10x
- squats in // bars 2x8
- SLR, 1 leg at a time 2x10 each

Stairs

4 flights

Assessment

Diagnostic Statements:

Pt presents with chronic LBP with movement coordination deficits.

Assessment Statements:

Pt needed cueing to keep him from getting distracted. Pt needed cues on sidesteps to maintain squat and hips externally rotated. Pt tolerated exercises and manual therapy well and stated feeling relief especially after manual. Pt educated to hold stretches longer at home and in clinic.

Prognosis:

Pt has a fair prognosis to decrease his LBP, and to participate in outdoor physical activity with his wife.

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking.

Complicating Factors: Excess weight, and COPD

Diagnoses Codes

Plan

Continue performing LB, core, and LE strengthening exercises to improve strength, mobility and reduction of pain. Continue strengthening R shoulder as tolerated to reduce pain and assess if patient was performing HEP exercises. Evaluate dizziness with movements. Educate in HEP and encourage compliance.

Exercises/Activities

Session Timing:

Total session time: 45 min

2 units 97110

1 unit 97140

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Short Term Goals

- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Range of Motion
- Increase Strength

Long Term Goals

- Increase general fitness, strength, and mobility over next 30 days.
- Decrease subjective complaint of LBP and R shoulder pain from a [REDACTED] to a 7/10 at its worst in 12 weeks.

In 12 weeks, pt will independently demonstrate improved core tightness and efficiency.

Signed: [REDACTED]) Fri [REDACTED] 31:00 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Patient reports has been doing fine and reports no falls since last visit. Pt notes sharp R hip pain that goes across low back and pain in the R shoulder. Pt reports taking baclofen before bed every night for his pain and to help him sleep. He notes scheduling a doctor's appointment in 09/2022He reports pain [REDACTED] in the R hip. Pt reports keeping up with HEP and stretches but does not hold the stretch for long (x<10 seconds).

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, and stiffness in the following location(s): lower back bilaterally with insidious onset as a result of unspecified reason.

- Patient's complaint is 8 out of 10, where 0 is not severe at all, and 10 is extremely severe.
- Patient's average or typical pain is 8 out of 10.

Aggravating/Provocative Factors: Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Secondary Complaint:

Right Shoulder

Patient presents with dull pain, and stiffness in the following location(s): right shoulder.

Intensity of pain / tenderness noted:

11/10, anterior GH joint .

Aggravating/Provocative Factors: Driving, Lifting, and OH reaching.

Relieving Factors: Rest.

Objective

Vitals

Heart Rate: 72

Respiratory Rate: 16

BP: 136 / 72

SPO2: 95

The vitals were taken at the start of the session with the pt sitting on R arm.

Neurological

Patient was Alert and Oriented
x4

Musculoskeletal

Posture

The following postural deviations were observed:

- Head/cervical flexion +RxH
- Thoracic/lumbar flexion +RxT
- Pelvis/sacrum extension -RxP

Pt sits with post pelvic tilt and fwd head posture. No lateral lean ID in standing

Subluxation / Misalignment / Segmental Dysfunction

Segments found to be subluxated / misaligned / dysfunctional:

LLD: Weber-barstow indicates R longer. Knee height in hooklying shows R knee higher.

LLD measurements with tape measure:

- R= 85cm
- L= 83cm

Date of Service: [REDACTED]

Additional:

Exercises Performed Today:

Manual therapy

- cross hand stretch lumbar 4x20 sec

Therex

- 4x1 min hamstring stretch in long sitting

- calf wall stretch 4x30 seconds

- pulleys 10x

- squats in // bars 2x8

- SLR, 1 leg at a time 2x10 each

Stairs

4 flights

Assessment

Diagnostic Statements:

Pt presents with chronic LBP with movement coordination deficits.

Assessment Statements:

Pt needed cueing "work as you talk" to keep him from getting distracted. Pt need verbal cues for upright posture and feet position during squats. Pt instructed to perform pursed lip breathing throughout treatment session. During stairs, pt encouraged to use minimal to no hand rails to increase challenge. Pt tolerated manual therapy well and provided subjective relief. Pt educated on hold stretches longer at home, and the importance of mobility in R shoulder even when doctor said, "do not put it in the painful position", on types of "pain" vs "pull."

Prognosis:

Pt has a fair prognosis to decrease his LBP, and to participate in outdoor physical activity with his wife.

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking

Complicating Factors: Excess weight, and COPD

Diagnoses Codes

Plan

Continue performing LB, core, and LE strengthening exercises to improve strength, mobility and reduction of pain. Continue strengthening R shoulder as tolerated to reduce pain and assess if patient was performing HEP exercises. Evaluate dizziness with movements. Educate in HEP and encourage compliance.

Short Term Goals

- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Range of Motion
- Increase Strength

Long Term Goals

- Increase general fitness, strength, and mobility over next 30 days.
- Decrease subjective complaint of LBP and R shoulder pain from a [REDACTED] to a 7/10 at its worst in 12 weeks.

In 12 weeks, pt will independently demonstrate improved core tightness and efficiency.

[REDACTED]
Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 36:37 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Initial Exam

Date of Encounter: [REDACTED]

History of Present Illness

Patient reports has been doing fine and reports no falls since last visit. Pt notes sharp R hip pain that goes across low back and pain in the R shoulder. Pt reports taking baclofen before bed every night for his pain and to help him sleep. He notes scheduling a doctor's appointment in 09/2022He reports pain [REDACTED] in the R hip. Pt reports keeping up with HEP and stretches but does not hold the stretch for long (x<10 seconds).

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, and stiffness in the following location(s): lower back bilaterally with insidious onset as a result of unspecified reason.

- Patient's complaint is 8 out of 10, where 0 is not severe at all, and 10 is extremely severe.
- Patient's average or typical pain is 8 out of 10.

Aggravating/Provocative Factors: Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Secondary Complaint:

Right Shoulder

Patient presents with dull pain, and stiffness in the following location(s): right shoulder.

Intensity of pain / tenderness noted:

11/10, anterior GH joint .

Aggravating/Provocative Factors: Driving, Lifting, and OH reaching.

Relieving Factors: Rest.

Review of Systems

Musculoskeletal

Current: Lower Back Pain / Symptoms

Neurological

Current: Dizzy spells (Transferring from supine to sit), Loss of balance (Pt lost balance after coming up from flexing fwd)

SLUMP Test- inconclusive 2nd calf tightness

SLR test- inconclusive 2nd calf tightness

Pt only felt a pulling sensation in calves when tested. Pt had 1 pillow under his head for SLR and his feet were set 1 fist apart.

Physical Examination

Vitals

Heart Rate: 72

Respiratory Rate: 16

BP: 136 / 72

SPO2: 95

The vitals were taken at the start of the session with the pt sitting on R arm.

Neurological

Nerve Root Assessment - Deep Tendon Reflexes

- L 3-4 Nerve Root - Patellar Tendon - 2+, Average; Normal on the left and right

Nerve Root Assessment - Dermatome

- L2 - Medial Ant.Thigh - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- L3 - Medial Ant. Knee - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- L4 - Medial Foot - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits

Date of Service: [REDACTED]

on the right

- **L5 - Dorsum of Foot** - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- **S1 - Lateral Foot** - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right

Nerve Root Assessment - Myotome

- **L2 Nerve Root - Iliopsoas:** 4/5, Movement against gravity with some resistance on the left and right;
- **L3 Nerve Root - Quadricep:** 5/5, Movement against gravity with full resistance on the left and right;
- **L4 Nerve Root - Tibialis Anterior:** 5/5, Movement against gravity with full resistance on the left and right;
- **L5 Nerve Root - Extensor Hallucis Longus:** 5/5, Movement against gravity with full resistance on the left and right;
- **S1 Gastrocnemius / Soleus:** 5/5, Movement against gravity with full resistance on the left and right;

Patient was Alert and Oriented

x4

Musculoskeletal

Posture

The following postural deviations were observed:

- Head/cervical flexion +RxH
- Thoracic/lumbar flexion +RxT
- Pelvis/sacrum extension -RxP

Pt sits with post pelvic tilt and fwd head posture. No lateral lean ID in standing

Subluxation / Misalignment / Segmental Dysfunction

Segments found to be subluxated / misaligned / dysfunctional:

LLD: Weber-barstow indicates R longer. Knee height in hooklying shows R knee higher.

LLD measurements with tape measure:

- R= 85cm
- L= 83cm

Abdomen / Gastrointestinal

Hx of gallbladder removal

Respiratory

COPD

Additional:

Exercises Performed Today:

Manual therapy

- cross hand stretch lumbar 4x20 sec

Therex

- 4x1 min hamstring stretch in long sitting
- calf wall stretch 4x30 seconds
- pulleys 10x
- squats in // bars 2x8
- SLR, 1 leg at a time 2x10 each

Stairs

4 flights

Labs and Imaging

Date of Service: [REDACTED]

MRI and CT scan of lungs for COPD, no imaging for LB

Assessment

Diagnostic Statements:

Pt presents with chronic LBP with movement coordination deficits.

Assessment Statements:

Pt needed cueing "work as you talk" to keep him from getting distracted. Pt need verbal cues for upright posture and feet position during squats. Pt instructed to perform pursed lip breathing throughout treatment session. During stairs, pt encouraged to use minimal to no hand rails to increase challenge. Pt tolerated manual therapy well and provided subjective relief. Pt educated on hold stretches longer at home, and the importance of mobility in R shoulder even when doctor said, "do not put it in the painful position", on types of "pain" vs "pull."

Prognosis:

Pt has a fair prognosis to decrease his LBP, and to participate in outdoor physical activity with his wife.

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking

Complicating Factors: Excess weight, and COPD

Diagnoses Codes

Plan

Continue performing LB, core, and LE strengthening exercises to improve strength, mobility and reduction of pain. Continue strengthening R shoulder as tolerated to reduce pain and assess if patient was performing HEP exercises. Evaluate dizziness with movements. Educate in HEP and encourage compliance.

Short Term Goals

- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Range of Motion
- Increase Strength

Long Term Goals

- Increase general fitness, strength, and mobility over next 30 days.
- Decrease subjective complaint of LBP and R shoulder pain from a [REDACTED] to a 7/10 at its worst in 12 weeks.

In 12 weeks, pt will independently demonstrate improved core tightness and efficiency.

Date of Service: [REDACTED]

Upper Extremity Shoulder

Range of Motion

Left No restriction

Right Mild restriction

Palpation (all values are WNL except listed below) Moderate TOP

TOP = tenderness on palpation

ROM & Joint Play (all values are WNL except listed below)

ROM

Abduction (180°)

Right Active 160° +pain Right Passive 175°+empty

External rotation (80°)

Right Active 55°+pain

Flexion (180°)

Right Active 170° +pain Right Passive 175+empty

Internal rotation (90°)

Right Active 70°

Orthopedic (all values are WNL except listed below)

Impingement

Hawkins-Kennedy

Left Negative Right Positive

Painful arc

Left WNL Negative Right Positive

Passive Neer's

Right Positive

Manual Muscle Testing

Manual muscle testing was performed on the major muscle groups of the upper and lower extremities. The muscles were graded on the following scale from 0 to 5.

- 0 / 5: no contraction
- 1 / 5: muscle flicker, but no movement
- 2 / 5: movement possible, but not against gravity (test the joint in its horizontal plane)
- 3 / 5: movement possible against gravity, but not against resistance by the examiner
- 4 / 5: movement possible against some resistance by the examiner
- 5 / 5: normal strength

Flexion: L :5 R: 4 +pain Abduction L: 5 R: n/t 2° pain IR: L:5 R: 4- w/pain ER: L: 4 R: 3+ w/pain Elbow flexion : R: 4

Diagnoses

Diagnosis Codes:

Other Diagnosis Codes:

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Plan

Short Term Goals

Decrease Compensatory Patterns	Increase General Fitness	Improve Biomechanical Function
Increase Range of Motion	Improve Gait	Increase Strength
Increase Activities of Daily Living		

Long Term Goals

2. Increase general fitness, strength, and mobility over next 30 days.
4. Other: *Decrease subjective complaint of LBP and R shoulder pain from a [REDACTED] to a 7/10 at its worst in 12 weeks. In 12 weeks, pt will independently demonstrate improved core tightness and efficiency.*

Stretching Neuromuscular Re-Education / Therapeutic Exercises

Other: Scapular retraction in sitting 2x10 w/ 2s holds, flexion table slides 2x10; PLAN to add serratus push-up plus against the wall, ER AAROM, pulleys to tolerance. Also continue to encourage HEP for LBP.

Provider's Signature

Signed: [REDACTED] Wed [REDACTED] 04:08 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt states he still has LBP and radiating pain BIL arm. Pain on the L UE started recently and not sure when it started. Pt states he has not talked to his physician about the radiating pain down both arms. Pt states discomfort when ABD R shoulder. Pt states 9/10 LBP pain, 7/10 R UE pain, 9/10 L UE pain. Pt states no falls within the last week. Pt states he has been performing the HEP everyday.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, and stiffness in the following location(s): lower back bilaterally with insidious onset as a result of unspecified reason.

- Patient's complaint is 8 out of 10, where 0 is not severe at all, and 10 is extremely severe.
- Patient's average or typical pain is 8 out of 10.

Aggravating/Provocative Factors: Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Secondary Complaint:

Right Shoulder

Patient presents with dull pain, and stiffness in the following location(s): right shoulder.

Intensity of pain / tenderness noted:

11/10, anterior GH joint .

Aggravating/Provocative Factors: Driving, Lifting, and OH reaching.

Relieving Factors: Rest.

Objective

Vitals

Heart Rate: 76

BP: 119 / 79

SPO2: 95

The vitals were taken at the start of the session with the pt sitting on R arm.

Neurological

Patient was Alert and Oriented
x4

Musculoskeletal

Posture

The following postural deviations were observed:

- Head/cervical flexion +RxH
- Thoracic/lumbar flexion +RxT
- Pelvis/sacrum extension -RxP

Pt sits with post pelvic tilt and fwd head posture. No lateral lean ID in standing

Subluxation / Misalignment / Segmental Dysfunction

Segments found to be subluxated / misaligned / dysfunctional:

LLD: Weber-barstow indicates R longer. Knee height in hooklying shows R knee higher.

LLD measurements with tape measure:

- R= 85cm
- L= 83cm

Additional:

Date of Service: [REDACTED]

Exercises Performed Today:

Manual therapy:

1. Hamstring stretch in supine 30 secs on each side.
2. SL lumbar traction 30 secs on both sides
3. Lumbar functional massage 1 min on both sides

Therapeutic Activity:

1. Stairs 4 flights ascending and descending (192 steps) x2

Therapeutic Exercise:

1. Side steps (blue TB) 154 ft
2. Bridges 2x10

Assessment

Diagnostic Statements:

Pt presents with chronic LBP with movement coordination deficits.

Assessment Statements:

Pt needed cueing "work as you talk" to keep him from getting distracted. During stairs, pt needed verbal cueing to slowly descend the stairs to prevent falls and control lowering LE, shortness of breath noted after 4 flights of descending and ascending and so educated on performing pursed lip breathing. Pt required cues to breath in through the nose and blow out through pursed lips. Pt tolerated manual therapy well and provided subjective relief. Pt required verbal cueing and tactile cueing during bridges to lift up the hip by squeezing the glutes and tightening the core. During side stepping, pt needed cueing to keep the foot forward and bend his knee slightly. Pt was educated on performing seated hamstring stretches and side stepping with blue TB as a part of his HEP.

Prognosis:

Pt has a fair prognosis to decrease his LBP, and to participate in outdoor physical activity with his wife.

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking

Complicating Factors:

Excess weight, and COPD

Diagnoses Codes

Plan

Continue performing LB, core, and LE strengthening exercises to improve strength, mobility and reduction of pain. Continue strengthening R shoulder as tolerated to reduce pain and assess if patient was performing HEP exercises. Evaluate dizziness with movements. Educate in HEP and encourage compliance.

Short Term Goals

- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Range of Motion
- Increase Strength

Long Term Goals

- Increase general fitness, strength, and mobility over next 30 days.
- Decrease subjective complaint of LBP and R shoulder pain from a [REDACTED] to a 7/10 at its worst in 12 weeks.

In 12 weeks, pt will independently demonstrate improved core tightness and efficiency.

[REDACTED]
Phone: [REDACTED] Tax ID: [REDACTED]

[REDACTED]
Date of Service: [REDACTED]

Signed: [REDACTED] Fri [REDACTED] 37:02 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 18:19 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reported no recent falls. Pt reports he feels pain in his low back and overall constant full body ache; pt stated his pain rating is a 9/10 today. Pt stated he was adhering to HEP. Pt stated that he sometimes feels that performing sit to stand feels easier depending on his "tiredness level".

History of Current Complaint:

Patient presents with LBP at "hinge" of pelvis and complaints of R middle delt pain and R elbow and tender to palpation. He also complains of BIL lower back pain.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, and stiffness in the following location(s): lower back bilaterally with insidious onset as a result of unspecified reason.

- Patient's complaint is 8 out of 10, where 0 is not severe at all, and 10 is extremely severe.
- Patient's average or typical pain is 8 out of 10.

Aggravating/Provocative Factors: Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Secondary Complaint:

Right Shoulder

Patient presents with dull pain, and stiffness in the following location(s): right shoulder.

Intensity of pain / tenderness noted:

11/10, anterior GH joint .

Aggravating/Provocative Factors: Driving, Lifting, and OH reaching.

Relieving Factors: Rest.

Objective

Vitals

Heart Rate: 85

BP: 126 / 70

SPO2: 97

The vitals were taken at the start of the session with the pt sitting on L arm.

Neurological

Patient was Alert and Oriented

x4

Musculoskeletal

Posture

The following postural deviations were observed:

- Head/cervical flexion +RxH
- Thoracic/lumbar flexion +RxT
- Pelvis/sacrum extension -RxP

Pt sits with post pelvic tilt and fwd head posture. No lateral lean ID in standing

Subluxation / Misalignment / Segmental Dysfunction

Segments found to be subluxated / misaligned / dysfunctional:

LLD: Weber-barstow indicates R longer. Knee height in hooklying shows R knee higher.

LLD measurements with tape measure:

- R= 85cm

- L= 83cm

Date of Service: [REDACTED]

Additional:

Exercises Performed Today:

Supine hamstring stretch, 2x30 sec each side

Functional massage to the low back performed in sidelying and prone for 5 minutes total

Stairs: 4 flights up and down, completed twice (192 stairs)

Used handrail on L side descending and R ascending, 2 person SBA

Vitals After in standing first round up/down 4 flights: 95% SPO₂, HR 107 bpm

Vitals After in standing second round up/down 4 flights: 96% SPO₂, HR 123 bpm

Resisted side steps with green TheraBand, 60 ft SBA

Used green band - 34ft each way 2x down and back

Vitals After round 1 in standing: 97% SPO₂, HR 107 bpm

Vitals After round 2 in standing: 97% SPO₂, HR 107 bpm

SA circles with small red bosu ball on wall 5x each direction, bilaterally, 3 sets.

Education: PT educated pt on

Assessment

Diagnostic Statements:

Pt presents with chronic LBP with movement coordination deficits.

Assessment Statements:

Pt tolerated PT well today. Pt requires frequent verbal redirection due to good natured but somewhat inappropriate comments. Hamstring stretch was performed in supine with hip fully flexed before extending the knee. Pt responded well to prone positioning while PT performed functional massage to low back region. Pt required verbal cueing to perform side stepping with correct alignment and during SA circles with bosu ball to keep shoulder from hiking too high.

Prognosis:

Pt has a fair prognosis to decrease his LBP, and to participate in outdoor physical activity with his wife.

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking

Complicating Factors: Excess weight, and COPD

Diagnoses Codes

Plan

Continue performing LB, core, and LE strengthening exercises to improve strength, mobility and reduction of pain 1x/week. Continue strengthening R shoulder as tolerated to reduce pain and assess if patient was performing HEP exercises. Evaluate dizziness with movements. Educate in HEP and encourage compliance.

Pt would benefit from posterior chain strengthening such as DL's and squats.

Strongly consider Circuit style training as opposed to counting reps.

Short Term Goals

- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

- Increase Range of Motion
- Increase Strength

Long Term Goals

- Increase general fitness, strength, and mobility over next 30 days.
- Decrease subjective complaint of LBP and R shoulder pain from a [REDACTED] to a 7/10 at its worst in 12 weeks.

In 12 weeks, pt will independently demonstrate improved core tightness and efficiency.

Signed: [REDACTED] Fri [REDACTED] 18:15 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 30:27 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reported no recent falls. Pt reports he feels better after PT and is enthusiastic to get started.

History of Current Complaint:

Patient presents with LBP at "hinge" of pelvis and complaints of R middle delt pain and R elbow and tender to palpation. He also complains of BIL lower back pain.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, and stiffness in the following location(s): lower back bilaterally with insidious onset as a result of unspecified reason.

- Patient's complaint is 8 out of 10, where 0 is not severe at all, and 10 is extremely severe.
- Patient's average or typical pain is 8 out of 10.

Aggravating/Provocative Factors: Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Secondary Complaint:

Right Shoulder

Patient presents with dull pain, and stiffness in the following location(s): right shoulder.

Intensity of pain / tenderness noted:

11/10, anterior GH joint .

Aggravating/Provocative Factors: Driving, Lifting, and OH reaching.

Relieving Factors: Rest.

Objective

Vitals

Heart Rate: 68

BP: 115 / 78

SPO2: 98

The vitals were taken at the start of the session with the pt sitting on R arm.

Neurological

Patient was Alert and Oriented

x4

Musculoskeletal

Posture

The following postural deviations were observed:

- Head/cervical flexion +RxH
- Thoracic/lumbar flexion +RxT
- Pelvis/sacrum extension -RxP

Pt sits with post pelvic tilt and fwd head posture. No lateral lean ID in standing

Subluxation / Misalignment / Segmental Dysfunction

Segments found to be subluxated / misaligned / dysfunctional:

LLD: Weber-barstow indicates R longer. Knee height in hooklying shows R knee higher.

LLD measurements with tape measure:

- R= 85cm

- L= 83cm

Additional:

Date of Service: [REDACTED]

Exercises Performed Today:

Supine hamstring stretch, 2x30 sec each side

Supine piriformis stretch, 2x30 sec each side

Functional massage to the low back performed in sidelying for 5 minutes total

Stairs: 4 flights up and down (96 stairs)

Used handrail on R side, 2 person SBA

Vitals After in seated position: 96% SPO2, HR 62 bpm after 4 flights of stairs up and down

Resisted side steps with green TheraBand, 60 ft SBA

Used green band - 34ft each way 3x

Vitals After in seated position: 97% SPO2, HR 85 bpm

TheraBand rows with blue TheraBand focusing on scapular retraction - 3 sets of 10 reps

Shoulder extension with blue TheraBand - 3 sets of 10 reps

Education:

Pt was provided blue TheraBand to perform shoulder exercises at home.

Assessment

Diagnostic Statements:

Pt presents with chronic LBP with movement coordination deficits.

Assessment Statements:

Pt tolerated PT well today. Pt requires frequent verbal redirection due to good natured but somewhat inappropriate comments. Pt reported pain in L calf during supine hamstring stretch that was relieved when leg was returned to neutral hip flexion. Hamstring stretch was performed in supine with hip fully flexed before extending the knee. Pt exhibited more tightness on R lumbar region. Pt required verbal cueing to increase step length and decrease speed. Pt was given blue theraband to take home and complete shoulder exercises.

Prognosis:

Pt has a fair prognosis to decrease his LBP, and to participate in outdoor physical activity with his wife.

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking

Complicating Factors: Excess weight, and COPD

Diagnoses Codes

Plan

Continue performing LB, core, and LE strengthening exercises to improve strength, mobility and reduction of pain. Continue strengthening R shoulder as tolerated to reduce pain and assess if patient was performing HEP exercises. Evaluate dizziness with movements. Educate in HEP and encourage compliance.

Pt would benefit from posterior chain strengthening such as DL's and squats.

Strongly consider Circuit style training as opposed to counting reps.

Short Term Goals

- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Range of Motion
- Increase Strength

[REDACTED]
Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Long Term Goals

- Increase general fitness, strength, and mobility over next 30 days.
- Decrease subjective complaint of LBP and R shoulder pain from a [REDACTED] to a 7/10 at its worst in 12 weeks.

In 12 weeks, pt will independently demonstrate improved core tightness and efficiency.

Signed: [REDACTED] Fri [REDACTED] 09:16 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 36:33 EST [REDACTED]

Date of Service: [REDACTED]

Lumbosacral Range of Motion

Rest = Restricted Pain = Painful with ROM
Flexion Pain **L Rotation** Pain

Upper Extremity Shoulder

Range of Motion

Left No restriction
Right Mild restriction

Palpation (all values are WNL except listed below) Moderate TOP

TOP = tenderness on palpation

ROM & Joint Play (all values are WNL except listed below)

ROM

Abduction (180°)

Right Active 160° +pain Right Passive 175°+empty

External rotation (80°)

Right Active 55°+pain

Flexion (180°)

Right Active 170° +pain Right Passive 175+empty

Internal rotation (90°)

Right Active 70°

Orthopedic (all values are WNL except listed below)

Impingement

Hawkins-Kennedy

Left Negative Right Positive

Painful arc

Left WNL Negative Right Positive

Passive Neer's

Right Positive

Manual Muscle Testing

Manual muscle testing was performed on the major muscle groups of the upper and lower extremities. The muscles were graded on the following scale from 0 to 5.

- 0 / 5: no contraction
- 1 / 5: muscle flicker, but no movement
- 2 / 5: movement possible, but not against gravity (test the joint in its horizontal plane)
- 3 / 5: movement possible against gravity, but not against resistance by the examiner
- 4 / 5: movement possible against some resistance by the examiner
- 5 / 5: normal strength

Flexion: L: 5 R: 4 +pain Abduction L: 5 R: n/t 2° pain IR: L:5 R: 4- w/pain ER: L: 4 R: 3+ w/pain Elbow flexion : R: 4

Diagnoses

Diagnosis Codes:

Other Diagnosis Codes:

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Plan

Short Term Goals

Decrease Compensatory Patterns	Increase General Fitness	Improve Biomechanical Function
Increase Range of Motion	Improve Gait	Increase Strength
Increase Activities of Daily Living		

Long Term Goals

2. Increase general fitness, strength, and mobility over next 30 days.
4. Other: *Decrease subjective complaint of LBP and R shoulder pain from a [REDACTED] to a 7/10 at its worst in 12 weeks. In 12 weeks, pt will independently demonstrate improved core tightness and efficiency.*

Stretching Neuromuscular Re-Education / Therapeutic Exercises

Other: Scapular retraction in sitting 2x10 w/ 2s holds, flexion table slides 2x10; PLAN to add serratus push-up plus against the wall, ER AAROM, pulleys to tolerance. Also continue to encourage HEP for LBP.

Provider's Signature

Signed: [REDACTED] Wed [REDACTED] 06:33 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reported current pain at [REDACTED] on NRPS for low back and 9/10 for R shoulder with radiating pain down to elbow. No recent falls reports. Pt stated that the doctor told him he may have OA at the R shoulder and reported that he is currently dealing with RA.

History of Current Complaint:

Patient presents with LBP at "hinge" of pelvis and complaints of R middle delt pain and R elbow and tender to palpation. He also complains of BIL lower back pain.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, and stiffness in the following location(s): lower back bilaterally with insidious onset as a result of unspecified reason.

- Patient's complaint is 8 out of 10, where 0 is not severe at all, and 10 is extremely severe.
- Patient's average or typical pain is 8 out of 10.

Aggravating/Provocative Factors: Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Secondary Complaint:

Right Shoulder

Patient presents with dull pain, and stiffness in the following location(s): right shoulder.

Intensity of pain / tenderness noted:

11/10, anterior GH joint .

Aggravating/Provocative Factors: Driving, Lifting, and OH reaching.

Relieving Factors: Rest.

Objective

Vitals

Heart Rate: 71

BP: 120 / 76

SPO2: 95

The vitals were taken at the start of the session with the pt sitting on R arm.

Neurological

Patient was Alert and Oriented

x4

Musculoskeletal

Posture

The following postural deviations were observed:

- Head/cervical flexion +RxH
- Thoracic/lumbar flexion +RxT
- Pelvis/sacrum extension -RxP

Pt sits with post pelvic tilt and fwd head posture. No lateral lean ID in standing

Subluxation / Misalignment / Segmental Dysfunction

Segments found to be subluxated / misaligned / dysfunctional:

LLD: Weber-barstow indicates R longer. Knee height in hooklying shows R knee higher.

LLD measurements with tape measure:

- R= 85cm
- L= 83cm

Date of Service: [REDACTED]

Additional:

Exercises Performed Today:

Stairs: 4 flights up and down (96 stairs)

Used handrail on R side, SBA

Vitals After: 95% SPO2, HR 85 bpm after 4 flights of stairs up and down

Supine hamstring stretch, 3x30 sec each side

Manual lumbar stretch performed in sidelying

Functional massage to the low back performed in sidelying

Leg press 11 plates (~100lbs) 2x15 reps

Wall walks with bosu ball 15x

SA circles with bosu ball on wall 5x each side

Resisted side steps with green thera band, 60 ft SBA

Education:

Pt educated on pursed lip breathing to control breathing.

Pt educated on icing shoulder for pain management.

Pt educated on seated hamstring stretches.

Assessment

Diagnostic Statements:

Pt presents with chronic LBP with movement coordination deficits.

Assessment Statements:

Pt tolerated PT fair today. He continues to have some complaints of dizziness with position changes from supine to sitting. He was able to complete all exercises with verbal and tactile cues today. Cues needed to slow and control movement, tighten core during exercises, and to stay on track today and focus on his exercises. After session pt stated that his pain decreased to [REDACTED] at his low back.

Prognosis:

Pt has a fair prognosis to decrease his LBP, and to participate in outdoor physical activity with his wife.

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking

Complicating Factors: Excess weight, and COPD

Diagnoses Codes

Plan

Continue performing LB, core, and LE strengthening exercises to improve strength, mobility and reduction of pain. Continue strengthening R shoulder as tolerated to reduce pain and assess if patient was performing HEP exercises. Evaluate dizziness with movements. Educate in HEP and encourage compliance.

Pt would benefit from posterior chain strengthening such as DL's and squats.

Strongly consider Circuit style training as opposed to counting reps.

Short Term Goals

- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

- Increase Range of Motion
- Increase Strength

Long Term Goals

- Increase general fitness, strength, and mobility over next 30 days.
- Decrease subjective complaint of LBP and R shoulder pain from a [REDACTED] to a 7/10 at its worst in 12 weeks.

In 12 weeks, pt will independently demonstrate improved core tightness and efficiency.

Signed: [REDACTED] 04:16 EST [REDACTED]

Signed: [REDACTED] Fri [REDACTED] 56:19 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 55:17 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reported current pain at 8.5/10 on NRPS. He stated it gets better with "massage". He also stated R middle deltoid pain when abducted at 90 degree or greater and R elbow pain. Pt stated he had to leave at 11:45 to go to Good Friday Communion, so the session was about 25 minutes

History of Current Complaint:

Patient presents with LBP at "hinge" of pelvis and complaints of R middle delt pain and R elbow and tender to palpation. He also complains of BIL lower back pain.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, and stiffness in the following location(s): lower back bilaterally with insidious onset as a result of unspecified reason.

- Patient's complaint is 8 out of 10, where 0 is not severe at all, and 10 is extremely severe.
- Patient's average or typical pain is 8 out of 10.

Aggravating/Provocative Factors: Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Secondary Complaint:

Right Shoulder

Patient presents with dull pain, and stiffness in the following location(s): right shoulder.

Intensity of pain / tenderness noted:

11/10, anterior GH joint .

Aggravating/Provocative Factors: Driving, Lifting, and OH reaching.

Relieving Factors: Rest.

Objective

Neurological

Patient was Alert and Oriented

x4

Musculoskeletal

Posture

The following postural deviations were observed:

- Head/cervical flexion +RxH
- Thoracic/lumbar flexion +RxT
- Pelvis/sacrum extension -RxP

Pt sits with post pelvic tilt and fwd head posture. No lateral lean ID in standing

Subluxation / Misalignment / Segmental Dysfunction

Segments found to be subluxated / misaligned / dysfunctional:

LLD: Weber-barstow indicates R longer. Knee height in hooklying shows R knee higher.

LLD measurements with tape measure:

- R= 85cm
- L= 83cm

5 minute STM to Bilateral paraspinal in side-lying

5 minute functional massage to R middle delt

Additional:

Date of Service: [REDACTED]

Exercises Performed Today:

hip hinge with cane 3x30 seconds

Green TB ER 2x30 seconds

Adjustable Dumbbell Deadlifts with weight on chair (weight on green) 3x30 seconds

SB Iso Holds in supine 2 x 15 seconds

Education:

Educated the patient on the importance of stretching at home to loosen up hamstrings.

Educated pt to complete supine core exercises at home to build core strength more quickly.

Assessment

Diagnostic Statements:

Pt presents with chronic LBP with movement coordination deficits.

Assessment Statements:

Pt tolerated PT fair today. He continued to have dizziness with position changes (potentially OH). He was able to complete all exercises with verbal and tactile cues today.

He required multiple VC's to stay on track today and focus on his exercises.

Prognosis:

Pt has a fair prognosis to decrease his LBP, and to participate in outdoor physical activity with his wife.

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking

Complicating Factors: Excess weight, and COPD

Diagnoses Codes

Plan

Continue performing LB, core, and LE strengthening exercises to improve strength, mobility and reduction of pain. Continue strengthening R shoulder as tolerated to reduce pain and assess if patient was performing HEP exercises. Evaluate dizziness with movements. Educate in HEP and encourage compliance.

Pt would benefit from posterior chain strengthening such as DL's and squats.

Strongly consider Circuit style training as opposed to counting reps.

Short Term Goals

- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Range of Motion
- Increase Strength

Long Term Goals

- Increase general fitness, strength, and mobility over next 30 days.
- Decrease subjective complaint of LBP and R shoulder pain from a 9.5/10 to a 7/10 at its worst in 12 weeks.

In 12 weeks, pt will independently demonstrate improved core tightness and efficiency.

[REDACTED]
Phone: [REDACTED] Tax ID: [REDACTED]

[REDACTED]
Date of Service: [REDACTED]

Signed: [REDACTED] Fri [REDACTED] 09:16 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 34:02 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Re-Exam

Date of Encounter: [REDACTED]

History of Present Illness

Pt reported current pain at [REDACTED] on NRPS. He states that pain gets better following therapy to a 8/10. At its best the pain is 6/10 following sleep or rest. Pt reported that dizziness is still the same and notices it when changing positions or standing up. It does not occur with head turns or rolling over in bed.

History of Current Complaint:

Patient presents with LBP at "hinge" of pelvis and complaints of R anterior shoulder pain that radiates down to the elbow and tender to palpation. He also complains of BIL lower back pain.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, and stiffness in the following location(s): lower back bilaterally with insidious onset as a result of unspecified reason.

- Patient's complaint is 8 out of 10, where 0 is not severe at all, and 10 is extremely severe.
- Patient's average or typical pain is 8 out of 10.

Aggravating/Provocative Factors: Bending, and Sitting.

Relieving Factors: Rest, Heat, Massage, and sleep.

Secondary Complaint:

Right Shoulder

Patient presents with dull pain, and stiffness in the following location(s): right shoulder.

Intensity of pain / tenderness noted:

11/10, anterior GH joint .

Aggravating/Provocative Factors: Driving, Lifting, and OH reaching.

Relieving Factors: Rest.

Review of Systems

Musculoskeletal

Current: Lower Back Pain / Symptoms

Neurological

Current: Dizzy spells (Transferring from supine to sit), Loss of balance (Pt lost balance after coming up from flexing fwd)

SLUMP Test- inconclusive 2* calf tightness

SLR test- inconclusive 2* calf tightness

Pt only felt a pulling sensation in calves when tested. Pt had 1 pillow under his head for SLR and his feet were set 1 fist apart.

Physical Examination

Vitals

Heart Rate: 70

BP: 130 / 90

SPO2: 95

The vitals were taken at the start of the session with the pt sitting on R arm.

Neurological

Patient was Alert and Oriented
x4

Musculoskeletal

Subluxation / Misalignment / Segmental Dysfunction

Segments found to be subluxated / misaligned / dysfunctional:

LLD: Weber-barstow indicates L longer. Knee height in hooklying shows L knee higher. Supine-->long sit: no change in findings indicating potential structural LLD. Further testing needed, including for pelvic torsion and with measuring tape.

Date of Service: [REDACTED]

Lumbar

Observation

Asymmetry:

Gait

Lordosis

L4 L transverse process dec excursion during flexion (ERS(L))
Pt walks with decr trunk rot
Hypo hypo

Palpation

Left

Right

Tenderness

Pt tender to palpation to paraspinals

Additional Findings: Ropiness

Tenderness

Pt tender to palpation to spinals

Additional Findings: Ropiness

Joint Play

L4

Left Restricted Restricted with
tenderness

ROM

Lumbar ROM

Flexion (60°)

Active WNL

Pt able to perform level 5 Sahrmann Core Stability test, but utilized an anterior tilt to perform levels 3-->5

Extension (25°)

Active WNL

Shoulder

Observation

shoulder hiking w/ R abd & flex. pain and wincing
LE strength Screen:

BIL hip strength: 4+/5

BIL knee flexion: 5/5

BIL dorsiflexion: 5/5

Saharan Progression: 3/5

3x10 BW squats, min A, verbal cueing to keep heels down when squatting

Dead bugs: 3x10/side, verbal cues and tactile cues to posterior pelvic tilt to brace core, verbal cues to perform exercise slow and controlled

Standing shoulder circles with red PB 3x10 CW, CCW, verbal cue to keep elbow extended when performing exercise

Supine leg press 2x10, 11#

Supine hamstring Stretch 1x:30 each leg

Supine piriformis stretch 1x:30 each leg

Provided education to patient to perform dead bugs in HEP.

Respiratory

COPD

Additional:

Exercises Performed Today:

Pelvic tilts- patient needed cues to pull belly button down, 10 reps with 3 second hold

Dead bugs- opp arm opp leg, 3x10 each side, with cue under back to keep back flat on table and belly button pulled in

Bridges- 10 reps with 5 second holds

Single leg glides- 10 on each side with 5 second holds

Date of Service: [REDACTED]

Side steps- green band, 6x5 meters down and back – patient reported feeling dizzy with this exercise (94% o2)(96% after some pursed lip breathing 93 HR), SBA

Squats- 2x10 reps with cue to keep his heels down (97% 115 HR), SBA

Education:

Educated the patient on the importance of stretching at home to loosen up hamstrings.

Educated pt to complete supine core exercises at home to build core strength more quickly.

Labs and Imaging

MRI and CT scan of lungs for COPD, no imaging for LB

Assessment

Diagnostic Statements:

Pt presents with chronic LBP with movement coordination deficits.

Assessment Statements:

Pt tolerated PT fair today. He continued to have dizziness with position changes (potentially OH). He was able to complete all exercises with verbal and tactile cues today.

During walking, he demonstrated more medial/lateral movements and shorter step length BIL. He was able to change speeds from walking fast to slow. He required verbal cues to keep core engaged while walking.

Prognosis:

Pt has a fair prognosis to decrease his LBP, and to participate in outdoor physical activity with his wife.

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking

Complicating Factors: Excess weight, and COPD

Diagnoses Codes

Plan

Continue performing LB, core, and LE strengthening exercises to improve strength, mobility and reduction of pain. Continue strengthening R shoulder as tolerated to reduce pain and assess if patient was performing dead bugs as HEP. Evaluate dizziness with movements. Educate in HEP and encourage compliance.

Manual Therapy Techniques

Manual Therapy (97140)

Total Time: 8 min

Unit(s): 1

Hamstring stretch, piriformis stretch, SL lumbar traction, Functional massage to lumbar spine bilat

Other Regions

SL Functional Massage (side-bending)

Left Time: 8 min(s)

Exercises/Activities

Session Timing:

- 97112: 1 min - 0 unit
- 97530: 2 min - 0 unit

Exercises Performed Today:

- Gait: for 2.5 mins (97530) (2 laps fast)
- Monster Walks: 2 sets of 1 laps rep for 3 mins (RTB)
- ball on the wall : 10 reps (97110) (circles CW and CCW and flexion L and R)
- Rhythmic Stabilization: 2 sets for 1 min (97112)

Short Term Goals

- Decrease Compensatory Patterns

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

- Improve Biomechanical Function
- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Range of Motion
- Increase Strength

Long Term Goals

- Increase general fitness, strength, and mobility over next 30 days.
- Decrease subjective complaint of LBP and R shoulder pain from a [REDACTED] to a 7/10 at its worst in 12 weeks.

In 12 weeks, pt will independently demonstrate improved core tightness and efficiency.

Signed: [REDACTED] Fri [REDACTED] 09:17 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 17:50 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service:

Lumbosacral Range of Motion

Rest = Restricted Pain = Painful with ROM

ROM & Joint Play (all values are WNL except listed below)

Joint Play

L4

Left Restricted with tenderness

Observation (all values are WNL except listed below)

Asymmetry: L4 L transverse process dec excursion during flexion (ERS(L))

Gait Pt walks with decr trunk rot

Lordosis: hyper, normal, hypo

Upper Extremity Shoulder

Range of Motion

Left No restriction

Right Mild restriction

Palpation (all values are WNL except listed below) Moderate TOP

TOP = tenderness on palpation

Inc tenderness over R upper border of scapula and SC joint. Pt reports pain in general shoulder and upper arm during OH reaching (<90°) and driving. Pain is a dull to severe ache, frequent at rest.

ROM & Joint Play (all values are WNL except listed below)

Pain at end ROM: R Abduction, flexion, IR/ER

Date of Service: [REDACTED]

ROM

Abduction (180°)

Left Active WNL
Right Active WNL 160° +pain Right Passive 175°+empty

Adduction (35°)

Left Active WNL
Right Active WNL

Extension (50°)

Left Active WNL
Right Active WNL

External rotation (80°)

Left Active WNL
Right Active WNL 55°+pain

Flexion (180°)

Left Active WNL
Right Active WNL 170° +pain Right Passive 175+empty

Horizontal abd. (30°)

Left Active WNL
Right Active WNL

Horizontal add. (130°)

Left Active WNL
Right Active WNL

Internal rotation (90°)

Left Active WNL
Right Active WNL 70°

Joint Play

AC joint

Right inc symptoms

Scapula

Right Pain w/ elevation/depression

Special tests: + Hawkins Kennedy + Painful arc + Compression test + Neer's both ER/IR

Observation (all values are WNL except listed below)

shoulder hiking w/ R abd & flex. pain and wincing

Orthopedic (all values are WNL except listed below)

Impingement

Hawkins-Kennedy

Left Negative Right Positive

Painful arc

Left WNL Negative Right Positive

Passive Neer's

Right Positive

LE strength Screen: BIL hip strength: 4+/5 BIL knee flexion: 5/5 BIL dorsiflexion: 5/5 Saharan Progression: 3/5

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Manual Muscle Testing

Manual muscle testing was performed on the major muscle groups of the upper and lower extremities. The muscles were graded on the following scale from 0 to 5.

- 0 / 5: no contraction
- 1 / 5: muscle flicker, but no movement
- 2 / 5: movement possible, but not against gravity (test the joint in its horizontal plane)
- 3 / 5: movement possible against gravity, but not against resistance by the examiner
- 4 / 5: movement possible against some resistance by the examiner
- 5 / 5: normal strength

Flexion: L: 5 R: 4 +pain Abduction L: 5 R: n/t 2^o pain IR: L:5 R: 4- w/pain ER: L: 4 R: 3+ w/pain Elbow flexion : R: 4

Diagnoses

Diagnosis Codes:

Other Diagnosis Codes:

Plan

Short Term Goals

Decrease Compensatory Patterns	Increase General Fitness	Improve Biomechanical Function
Increase Range of Motion	Improve Gait	Increase Strength
Increase Activities of Daily Living		

Long Term Goals

2. Increase general fitness, strength, and mobility over next 30 days.
4. Other: Decrease subjective complaint of LBP and R shoulder pain from a [REDACTED] to a 7/10 at its worst in 12 weeks. In 12 weeks, pt will independently demonstrate improved core tightness and efficiency.

Stretching Neuromuscular Re-Education / Therapeutic Exercises

Other: Scapular retraction in sitting 2x10 w/ 2s holds, flexion table slides 2x10; PLAN to add serratus push-up plus against the wall, ER AAROM, pulleys to tolerance. Also continue to encourage HEP for LBP.

Provider's Signature

Signed: [REDACTED] Fri [REDACTED] 06:01 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reported pain rated at a 8/10 in the small of his low back on both sides. He also c/o 8/10 R anterior shoulder pain. He continued to c/o dizziness during supine to sit and with sit to stand. He reported feeling out of breath during side steps.

History of Current Complaint:

Patient presents with LBP at "hinge" of pelvis and complaints of R anterior shoulder pain that radiates down to the elbow and tender to palpation.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain and stiffness in the following location(s): lower back bilaterally with insidious onset as a result of unspecified reason.

- Patient's complaint is 8 out of 10, where 0 is not severe at all, and 10 is extremely severe.
- Patient's average or typical pain is 8 out of 10.

Aggravating/Provocative Factors: Bending and Sitting

Relieving Factors: Rest, Heat, Massage and sleep

Secondary Complaint:

Right Shoulder

Patient presents with dull pain and stiffness in the following location(s): right shoulder .

Intensity of pain / tenderness noted:

11/10, anterior GH joint .

Aggravating/Provocative Factors: Driving, Lifting and OH reaching

Relieving Factors: Rest

Objective

Vitals

Heart Rate: 74

BP: 130 / 80

SPO2: 95

The vitals were taken at the start of the session with the pt sitting on R arm.

Neurological

Patient was Alert and Oriented

x4

Musculoskeletal

Posture

The following postural deviations were observed:

- Head/cervical flexion +RxH
- Thoracic/lumbar flexion +RxT
- Pelvis/sacrum extension -RxP

Pt sits with post pelvic tilt and fwd head posture. No lateral lean ID in standing

Subluxation / Misalignment / Segmental Dysfunction

Segments found to be subluxated / misaligned / dysfunctional:

LLD: Weber-barstow indicates L longer. Knee height in hooklying shows L knee higher. Supine-->long sit: no change in findings indicating potential structural LLD. Further testing needed, including for pelvic torsion and with measuring tape.

Lumbar

Observation

Asymmetry:

Gait

L4 L transverse process dec excursion during flexion (ERS(L))

Pt walks with decr trunk rot

Date of Service: [REDACTED]

Lordosis	Hypo hypo	
Palpation		
Left		Right
Tenderness	Tenderness	
Pt tender to palpation to paraspinals	Pt tender to palpation to spinals	
Additional Findings: Ropiness	Additional Findings: Ropiness	
Joint Play		
L4		
Left Restricted	Restricted with	
tenderness		
ROM		
Lumbar ROM		
Flexion (60°)		
Active WNL		
Pt able to perform level 5 Sahrmann Core Stability test, but utilized an anterior tilt to perform levels 3-->5		
Extension (25°)		
Active WNL		

Shoulder**Observation**

shoulder hiking w/ R abd & flex. pain and wincing
 3x10 BW squats, min A, verbal cueing to keep heels down when squatting
 Dead bugs: 3x10/side, verbal cues and tactile cues to posterior pelvic tilt to brace core, verbal cues to perform exercise slow and controlled
 Standing shoulder circles with red PB 3x10 CW, CCW, verbal cue to keep elbow extended when performing exercise
 Supine leg press 2x10, 11#
 Supine hamstring Stretch 1x:30 each leg
 Supine piriformis stretch 1x:30 each leg
 Provided education to patient to perform dead bugs in HEP.

Respiratory

COPD

Additional:

Exercises Performed Today:

Pelvic tilts- patient needed cues to pull belly button down, 10 reps with 3 second hold
 Dead bugs- opp arm opp leg, 3x10 each side, with cue under back to keep back flat on table and belly button pulled in
 Bridges- 10 reps with 5 second holds
 Single leg glides- 10 on each side with 5 second holds
 Side steps- green band, 6x5 meters down and back – patient reported feeling dizzy with this exercise (94% o2)(96% after some pursed lip breathing 93 HR), SBA
 Squats- 2x10 reps with cue to keep his heels down (97% 115 HR), SBA

Education:

Educated the patient on the importance of stretching at home to loosen up hamstrings.
 Educated pt to complete supine core exercises at home to build core strength more quickly.

Assessment

Diagnostic Statements:

Pt presents with chronic LBP with movement coordination deficits.

Assessment Statements:

Pt tolerated PT fair today. He continued to have dizziness with position changes (potentially OH) and he reported SOB and dizziness when performing side stepping exercise although his SpO2 remained within a normal range. The dizziness resolved after about 30 seconds of standing resting break.

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Prognosis:

Pt has a fair prognosis to decrease his LBP, and to participate in outdoor physical activity with his wife.

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking

Complicating Factors: Excess weight and COPD

Plan

Continue performing LB, core, and LE strengthening exercises to improve strength, mobility and reduction of pain. Continue strengthening R shoulder as tolerated to reduce pain and assess if patient was performing dead bugs as HEP. Evaluate dizziness with movements. Educate in HEP and encourage compliance.

Manual Therapy Techniques

Manual Therapy (97140)

Total Time: 8 min

Unit(s): 1

Hamstring stretch, piriformis stretch, SL lumbar traction, Functional massage to lumbar spine bilat

Other Regions

SL Functional Massage (side-bending) Left Time: 8 min(s)

Exercises/Activities

Session Timing:

- 97112: 1 min - 0 unit
- 97530: 2 min - 0 unit

Exercises Performed Today:

- Leg presses : 3 sets of 10 reps with 11.0 lbs weight (97110)
- Gait: for 2.5 mins (97530) (2 laps fast)
- Monster Walks: 2 sets of 1 laps rep for 3 mins (RTB)
- ball on the wall : 10 reps (97110) (circles CW and CCW and flexion L and R)
- Rhythmic Stabilization: 2 sets for 1 min (97112)

Short Term Goals

Decrease Compensatory Patterns
Increase General Fitness

Improve Biomechanical Function
Increase Range of Motion

Increase Activities of Daily Living
Increase Strength

Long Term Goals

Increase general fitness, strength, and mobility over next 30 days.
Decrease subjective complaint of LBP and R shoulder pain.

Signed: [REDACTED] Fri [REDACTED] 33:04 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 15:08 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reported pain rated at a [REDACTED] in the small of his Low back on both sides. He also c/o R shoulder pain which is better than his back pain. He continued to c/o dizziness during supine to sit. Pt had a telehealth visit with his PCP and received new prescription for anti-inflammatory for his shoulder. At the end of the session he reported that his shoulder pain felt better at the end of the session. Patient stated that the level of exertion he experienced today during his exercises was at a 7/10

Patient reports pain is in the hinge of his back and in the anterior shoulder.

History of Current Complaint:

Patient presents with LBP at "hinge" of pelvis and complaints of R posterior shoulder pain that radiates down to the elbow and tender to palpation.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain and stiffness in the following location(s): lower back bilaterally with insidious onset as a result of unspecified reason.

- Patient's complaint is 9 out of 10, where 0 is not severe at all, and 10 is extremely severe.
- Patient's average or typical pain is 9 out of 10.

Aggravating/Provocative Factors: Bending and Sitting

Relieving Factors: Rest, Heat, Massage and sleep

Secondary Complaint:

Right Shoulder

Patient presents with dull pain and stiffness in the following location(s): right shoulder with insidious onset.

Intensity of pain / tenderness noted:

11/10, anterior GH joint .

Aggravating/Provocative Factors: Driving, Lifting and OH reaching

Relieving Factors: Rest

Other Complaint:

R sided Posterior Shoulder and dizziness from supine to short sitting

Objective

Vitals

Heart Rate: 74

BP: 130 / 80

SPO2: 95

Neurological

Patient was Alert and Oriented
x4

Musculoskeletal

Posture

The following postural deviations were observed:

- Head/cervical flexion +RxH
- Thoracic/lumbar flexion +RxT
- Pelvis/sacrum extension -RxP

Pt sits with post pelvic tilt and fwd head posture. No lateral lean ID in standing

Subluxation / Misalignment / Segmental Dysfunction

Segments found to be subluxated / misaligned / dysfunctional:

LLD: Weber-barstow indicates L longer. Knee height in hooklying shows L knee higher. Supine-->long sit: no change in findings

Date of Service: [REDACTED]

indicating potential structural LLD. Further testing needed, including for pelvic torsion and with measuring tape.

Lumbar

Observation

Asymmetry:

Gait

Lordosis

Palpation

Left

Right

Tenderness

Pt tender to palpation to paraspinals

Additional Findings: Ropiness

Tenderness

Pt tender to palpation to spinals

Additional Findings: Ropiness

Joint Play

L4

Left Restricted Restricted with
tenderness

ROM

Lumbar ROM

Flexion (60°)

Active WNL

Pt able to perform level 5 Sahrmann Core Stability test, but utilized an anterior tilt to perform levels 3-->5

Extension (25°)

Active WNL

Shoulder

Observation

shoulder hiking w/ R abd & flex. pain and wincing

3x10 BW squats, min A, verbal cueing to keep heels down when squatting

Dead bugs: 3x10/side, verbal cues and tactile cues to posterior pelvic tilt to brace core, verbal cues to perform exercise slow and controlled

Standing shoulder circles with red PB 3x10 CW, CCW, verbal cue to keep elbow extended when performing exercise

Supine leg press 2x10, 11#

Supine hamstring Stretch 1x:30 each leg

Supine piriformis stretch 1x:30 each leg

Provided education to patient to perform dead bugs in HEP.

Respiratory

COPD

Assessment

Diagnostic Statements:

Pt presents with chronic LBP with movement coordination deficits

Assessment Statements:

Pt tolerated PT well today. Continued to have slight dizziness upon supine to sitting. Dizziness resolved after about 5-10 seconds of just sitting and resting. During manual stretching, pt experienced greater stretch in R hamstring than in the L hamstring.

Piriformis stretch was tolerated well by the pt. Performed squats, dead bugs and shoulder CW and CCW exercises as a circuit.

During squats he required min A and verbal cues to keep his feet flat when squatting. Was able to follow task instructions after verbal cueing. During dead bugs, required verbal cues to perform exercise slowly. After squatting and supine dead bugs, as patient was sitting up, he felt dizzy. SPO2 and HR were taken and were 98% and 85 BPM respectively indicating a normal SPO2 and heart rate response to exercise. Educated pt on performing the dead bugs at home. At the end of the session, pt shoulder pain was slightly relieved, but the back pain seemed to stay the same. Patient tends to easily get off track and distracted.

Prognosis:

Pt has a fair prognosis to decr his LBP, and participate in outdoor physical activity with his wife

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone

Date of Service: [REDACTED]

instability present, social support is active herself and desires him to participate in aerobic act such as walking
Complicating Factors: Excess weight and COPD

Plan

Continue performing LB, core, and LE strengthening exercises to improve strength, mobility and reduction of pain. Continue strengthening R shoulder as tolerated to reduce pain and assess if patient was performing dead bugs as HEP. Evaluate dizziness with movements.

Manual Therapy Techniques

Manual Therapy (97140)

Total Time: 8 min

Unit(s): 1

Hamstring stretch, piriformis stretch, SL lumbar traction, Functional massage to lumbar spine bilat

Other Regions

SL Functional Massage (side-bending) Left Time: 8 min(s)

Exercises/Activities

Session Timing:

- 97112: 1 min - 0 unit
- 97530: 2 min - 0 unit

Exercises Performed Today:

- Leg presses : 3 sets of 10 reps with 11.0 lbs weight (97110)
- Gait: for 2.5 mins (97530) (2 laps fast)
- Monster Walks: 2 sets of 1 laps rep for 3 mins (RTB)
- ball on the wall : 10 reps (97110) (circles CW and CCW and flexion L and R)
- Rhythmic Stabilization: 2 sets for 1 min (97112)

Short Term Goals

Decrease Compensatory Patterns
Increase General Fitness

Improve Biomechanical Function
Increase Range of Motion

Increase Activities of Daily Living
Increase Strength

Long Term Goals

Increase general fitness, strength, and mobility over next 30 days.

Procedures

M40.46, M62.830

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reported pain rated at a [REDACTED] in the small of his Low back on both sides. He also c/o R shoulder pain which is better than his back pain. He continued to c/o dizziness during supine to sit. Pt had a telehealth visit with his PCP and received new prescription for anti-inflammatory for his shoulder. At the end of the session he reported that his shoulder pain felt better at the end of the session. Patient stated that the level of exertion he experienced today during his exercises was at a 7/10

History of Current Complaint:

Patient presents with LBP at "hinge" of pelvis and complaints of R posterior shoulder pain that radiates down to the elbow and tender to palpation.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain and stiffness in the following location(s): lower back bilaterally with insidious onset as a result of unspecified reason.

- Patient's complaint is 9 out of 10, where 0 is not severe at all, and 10 is extremely severe.
- Patient's average or typical pain is 9 out of 10.

Aggravating/Provocative Factors: Bending and Sitting

Relieving Factors: Rest, Heat, Massage and sleep

Secondary Complaint:

Right Shoulder

Patient presents with dull pain and stiffness in the following location(s): right shoulder with insidious onset.

Intensity of pain / tenderness noted:

11/10, anterior GH joint .

Aggravating/Provocative Factors: Driving, Lifting and OH reaching

Relieving Factors: Rest

Other Complaint:

R sided Posterior Shoulder and dizziness from supine to short sitting

Objective

Vitals

Heart Rate: 70

BP: 112 / 72

SPO2: 98

Neurological

Patient was Alert and Oriented
x4

Musculoskeletal

Posture

The following postural deviations were observed:

- Head/cervical flexion +RxH
- Thoracic/lumbar flexion +RxT
- Pelvis/sacrum extension -RxP

Pt sits with post pelvic tilt and fwd head posture. No lateral lean ID in standing

Subluxation / Misalignment / Segmental Dysfunction

Segments found to be subluxated / misaligned / dysfunctional:

LLD: Weber-barstow indicates L longer. Knee height in hooklying shows L knee higher. Supine-->long sit: no change in findings indicating potential structural LLD. Further testing needed, including for pelvic torsion and with measuring tape.

Lumbar

Date of Service: [REDACTED]

Observation

Asymmetry:

Gait

Lordosis

Palpation

Left

Right

Tenderness

Pt tender to palpation to paraspinals

Additional Findings: Ropiness

Joint Play

L4

Left Restricted Restricted with
tenderness

Tenderness

Pt tender to palpation to spinals

Additional Findings: Ropiness

ROM

Lumbar ROM

Flexion (60°)

Active WNL

Pt able to perform level 5 Sahrmann Core Stability test, but utilized an anterior tilt to perform levels 3-->5

Extension (25°)

Active WNL

Shoulder

Observation

shoulder hiking w/ R abd & flex. pain and wincing

3x10 BW squats, min A, verbal cueing to keep heels down when squatting

Dead bugs: 3x10/side, verbal cues and tactile cues to posterior pelvic tilt to brace core, verbal cues to perform exercise slow and controlled

Standing shoulder circles with red PB 3x10 CW, CCW, verbal cue to keep elbow extended when performing exercise

Supine leg press 2x10, 11#

Supine hamstring Stretch 1x:30 each leg

Supine piriformis stretch 1x:30 each leg

Provided education to patient to perform dead bugs in HEP.

Respiratory

COPD

Assessment

Diagnostic Statements:

Pt presents with chronic LBP with movement coordination deficits

Assessment Statements:

Pt tolerated PT well today. Continued to have slight dizziness upon supine to sitting. Dizziness resolved after about 5-10 seconds of just sitting and resting. During manual stretching, pt experienced greater stretch in R hamstring than in the L hamstring.

Piriformis stretch was tolerated well by the pt. Performed squats, dead bugs and shoulder CW and CCW exercises as a circuit.

During squats he required min A and verbal cues to keep his feet flat when squatting. Was able to follow task instructions after verbal cueing. During dead bugs, required verbal cues to perform exercise slowly. After squatting and supine dead bugs, as patient was sitting up, he felt dizzy. SPO2 and HR were taken and were 98% and 85 BPM respectively indicating a normal SPO2 and heart rate response to exercise. Educated pt on performing the dead bugs at home. At the end of the session, pt shoulder pain was slightly relieved, but the back pain seemed to stay the same. Patient tends to easily get off track and distracted.

Prognosis:

Pt has a fair prognosis to decr his LBP, and participate in outdoor physical activity with his wife

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking

Complicating Factors: Excess weight and COPD

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Plan

Continue performing LB, core, and LE strengthening exercises to improve strength, mobility and reduction of pain. Continue strengthening R shoulder as tolerated to reduce pain and assess if patient was performing dead bugs as HEP. Evaluate dizziness with movements.

Manual Therapy Techniques

Manual Therapy (97140)

Total Time: 8 min

Unit(s): 1

Hamstring stretch, piriformis stretch, SL lumbar traction, Functional massage to lumbar spine bilat

Other Regions

SL Functional Massage (side-bending)

Left Time: 8 min(s)

Exercises/Activities

Session Timing:

- 97112: 1 min - 0 unit
- 97530: 2 min - 0 unit

Exercises Performed Today:

- Leg presses : 3 sets of 10 reps with 11.0 lbs weight (97110)
- Gait: for 2.5 mins (97530) (2 laps fast)
- Monster Walks: 2 sets of 1 laps rep for 3 mins (RTB)
- ball on the wall : 10 reps (97110) (circles CW and CCW and flexion L and R)
- Rhythmic Stabilization: 2 sets for 1 min (97112)

Short Term Goals

Decrease Compensatory Patterns
Increase General Fitness

Improve Biomechanical Function
Increase Range of Motion

Increase Activities of Daily Living
Increase Strength

Long Term Goals

Increase general fitness, strength, and mobility over next 30 days.

Procedures

M40.46, M62.830

Signed: [REDACTED] Fri [REDACTED] 09:16 EST [REDACTED]

Signed: [REDACTED] Fri [REDACTED] 48:33 EST [REDACTED]

Signed: [REDACTED] Fri [REDACTED] 04:19 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reported pain rated at a [REDACTED] in the small of his Low back on both sides. He also c/o R shoulder pain rated at [REDACTED]. He continued to c/o dizziness during supine to sit. Pt had a telehealth visit with his PCP and received new prescription for anti-inflammatory for his shoulder. Pt is recovering from a cold.

History of Current Complaint:

Patient presents with LBP at "hinge" of pelvis and new complaints of R posterior shoulder pain that radiates down to the elbow and tender to palpation.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, and stiffness in the following location(s): lower back bilaterally with insidious onset as a result of unspecified reason.

Aggravating/Provocative Factors: Bending, Sleeping, and Sitting.

Relieving Factors: Rest, Heat, and Massage.

Secondary Complaint:

Right Shoulder

Patient presents with dull pain, and stiffness in the following location(s): right shoulder with insidious onset.

Intensity of pain / tenderness noted:

11/10, anterior GH joint .

Aggravating/Provocative Factors: Driving, Lifting, and OH reaching.

Relieving Factors: Rest.

Other Complaint:

R sided Posterior Shoulder and dizziness from supine to short sitting

Objective

Vitals

Heart Rate: 74

BP: 110 / 72

SPO2: 96

Neurological

Patient was Alert and Oriented
x4

Musculoskeletal

Subluxation / Misalignment / Segmental Dysfunction

Segments found to be subluxated / misaligned / dysfunctional:

LLD: Weber-barstow indicates L longer. Knee height in hooklying shows L knee higher. Supine-->long sit: no change in findings indicating potential structural LLD. Further testing needed, including for pelvic torsion and with measuring tape.

Lumbar

Observation

Asymmetry:

L4 L transverse process dec excursion during flexion (ERS(L))

Gait

Pt walks with decr trunk rot

Lordosis

Hypo hypo

Palpation

Left

Right

Tenderness

Tenderness

Date of Service: [REDACTED]

Pt tender to palpation to paraspinals
Additional Findings: Ropiness

Joint Play

L4

Left Restricted Restricted with
tenderness

Pt tender to palpation to spinals
Additional Findings: Ropiness

ROM

Lumbar ROM

Flexion (60°)

Active WNL

Pt able to perform level 5 Sahrmann Core Stability test, but utilized an anterior tilt to perform levels 3-->5

Extension (25°)

Active WNL

Respiratory

COPD

Assessment

Diagnostic Statements:

Pt presents with chronic LBP with movement coordination deficits

Assessment Statements:

Pt had bilateral compensated Trendelenburg sign during gait. During manual stretching, pt experienced greater stretch in the calf and ankle than the hamstring in L LE but sciatic nerve tension was relieved with increased hip flexion. Piriformis stretch was tolerated well by the pt. Pt experienced dizziness transitioning from supine to short sitting, but was resolved with time and water. Educated pt on sitting up more slowly but he did not follow directions. New shoulder exercises were initiated to focus on R shoulder pain. Pt tolerated exercises well but reduced weight on leg press. Pt required VC to go slowly on leg press and was able to independently correct it thereafter. Pt was educated on wall on the wall exercises.

Pt reported LBL decreased to [REDACTED] after therapy.

Prognosis:

Pt has a fair prognosis to decr his LBP, and participate in outdoor physical activity with his wife

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking

Complicating Factors: Excess weight, and COPD

Diagnoses Codes

Plan

Continue performing LB and LE strengthening exercises to improve strength, mobility and reduction of pain. Continue strengthening R shoulder as tolerated to reduce pain. Evaluate dizziness with movements.

Manual Therapy Techniques

Manual Therapy (97140)

Total Time: 8 min

Unit(s): 1

Hamstring stretch, piriformis stretch, SL lumbar traction, Functional massage to lumbar spine bilat

Other Regions

SL Functional Massage (side-bending)

Left Time: 8 min(s)

Exercises/Activities

Session Timing:

- 97112: 1 min - 0 unit
- 97530: 2 min - 0 unit

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Exercises Performed Today:

- Leg presses : 3 sets of 10 reps with 11.0 lbs weight (97110)
- Gait: for 2.5 mins (97530) (2 laps fast)
- Monster Walks: 2 sets of 1 laps rep for 3 mins (RTB)
- ball on the wall : 10 reps (97110) (circles CW and CCW and flexion L and R)
- Rhythmic Stabilization: 2 sets for 1 min (97112)

Short Term Goals

- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Range of Motion
- Increase Strength

Long Term Goals

- Increase general fitness, strength, and mobility over next 30 days.

Procedures

M40.46, M62.830

Signed: [REDACTED] Fri [REDACTED] 09:16 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 18:17 EST [REDACTED]

Date of Service: [REDACTED]

Observation (all values are WNL except listed below)

Asymmetry: L4 L transverse process dec excursion during flexion (ERS(L))

Gait Pt walks with decr trunk rot

Lordosis: hyper, normal, hypo hypo

Upper Extremity Shoulder

Range of Motion

Left No restriction

Right Mild restriction

Palpation (all values are WNL except listed below) Moderate TOP

TOP = tenderness on palpation

Inc tenderness over R upper border of scapula and SC joint. Pt reports pain in general shoulder and upper arm during OH reaching (<90°) and driving. Pain is a dull to severe ache, frequent at rest.

ROM & Joint Play (all values are WNL except listed below)

Pain at end ROM: R Abduction, flexion, IR/ER

ROM

Abduction (180°)

Left Active WNL

Right Active 160° +pain

Right Passive 175°+empty

Extension (50°)

Left Active WNL

External rotation (80°)

Left Active WNL

Right Active 55°+pain

Flexion (180°)

Left Active WNL

Right Active 170° +pain

Right Passive 175+empty

Internal rotation (90°)

Left Active WNL

Right Active 70°

Joint Play

AC joint

Right inc symptoms

Scapula

Right Pain w/ elevation/depression

Special tests: + Hawkin's Kennedy + Painful arc + Compression test + Neer's both ER/IR

Observation (all values are WNL except listed below)

shoulder hiking w/ R abd & flex. pain and wincing on way up and down.

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Orthopedic (all values are WNL except listed below)

Impingement

Hawkins-Kennedy

Left Negative Right Positive

Painful arc

Left WNL Negative Right Positive

Passive Neer's

Right Positive

Manual Muscle Testing

Manual muscle testing was performed on the major muscle groups of the upper and lower extremities. The muscles were graded on the following scale from 0 to 5.

- 0 / 5: no contraction
- 1 / 5: muscle flicker, but no movement
- 2 / 5: movement possible, but not against gravity (test the joint in its horizontal plane)
- 3 / 5: movement possible against gravity, but not against resistance by the examiner
- 4 / 5: movement possible against some resistance by the examiner
- 5 / 5: normal strength

Flexion: L:5 R: 4 +pain Abduction L: 5 R: n/t 2° pain IR: L:5 R: 4- w/pain ER: L: 4 R: 3+ w/pain Elbow flexion : R: 4

Diagnoses

Diagnosis Codes:

Other Diagnosis Codes:

Plan

Short Term Goals

Decrease Compensatory Patterns Increase General Fitness
Increase Range of Motion Increase Strength

Improve Biomechanical Function
Increase Activities of Daily Living

Long Term Goals

2. Increase general fitness, strength, and mobility over next 30 days.

Stretching Neuromuscular Re-Education / Therapeutic Exercises

Other: Scapular retraction in sitting 2x10 w/ 2s holds, flexion table slides 2x10; PLAN to add serratus push-up plus against the wall, ER AAROM, pulleys to tolerance. Also continue to encourage HEP for LBP.

Provider's Signature

Signed: [REDACTED] Wed [REDACTED] 11:03 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reported pain rated at a [REDACTED] in the small of his Low back on both sides. He also c/o R shoulder pain rated at 11/10. He said he was open to receiving therapy for his R shoulder. He continued to c/o dizziness during supine to sit.

History of Current Complaint:

Patient presents with LBP at "hinge" of pelvis and new complaints of R posterior shoulder pain that radiates down to the elbow and tender to palpation.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, and stiffness in the following location(s): lower back bilaterally with insidious onset as a result of unspecified reason.

Aggravating/Provocative Factors: Bending, Sleeping, and Sitting.

Relieving Factors: Rest, Heat, and Massage.

Secondary Complaint:

Right Shoulder

Patient presents with dull pain, and stiffness in the following location(s): right shoulder with insidious onset.

Intensity of pain / tenderness noted:

11/10, anterior GH joint .

Aggravating/Provocative Factors: Driving, Lifting, and OH reaching.

Relieving Factors: Rest.

Other Complaint:

R sided Posterior Shoulder and dizziness from supine to short sitting

Objective

Vitals

Heart Rate: 76

SPO2: 96

Respiratory Rate: 24

BP: 128 / 76

Neurological

Patient was Alert and Oriented
x4

Musculoskeletal

Subluxation / Misalignment / Segmental Dysfunction

Segments found to be subluxated / misaligned / dysfunctional:

LLD: Weber-barstow indicates L longer. Knee height in hooklying shows L knee higher. Supine-->long sit: no change in findings indicating potential structural LLD. Further testing needed, including for pelvic torsion and with measuring tape.

Lumbar

Observation

Asymmetry:

Gait

Lordosis

L4 L transverse process dec excursion during flexion (ERS(L))

Pt walks with decr trunk rot

Hypo hypo

Palpation

Left

Right

Tenderness

Tenderness

Date of Service: [REDACTED]

Pt tender to palpation to paraspinals
Additional Findings: Ropiness

Joint Play

L4

Left Restricted Restricted with
tenderness

Pt tender to palpation to spinals
Additional Findings: Ropiness

ROM

Lumbar ROM

Flexion (60°)

Active WNL

Pt able to perform level 5 Sahrmann Core Stability test, but utilized an anterior tilt to perform levels 3-->5

Extension (25°)

Active WNL

Respiratory

COPD

Assessment

Diagnostic Statements:

Pt presents with chronic LBP with movement coordination deficits

Assessment Statements:

Pt had bilateral compensated Trendelenburg sign during gait. During manual stretching, pt experienced greater stretch in the calf and ankle than the hamstring, so the stretch was withheld. Piriformis stretch was tolerated well by the pt. Pt experienced dizziness transitioning from supine to short sitting, but was resolved with time and water. New shoulder exercises were initiated to focus on R shoulder pain. New LE exercise was initiated to address low back pain and hip weakness. Pt tolerated exercises well and increased sets on leg press. Pt required VC to correct foot position on leg press and was able to independently correct it thereafter. Pt was educated on Wall clocks for R shoulder pain with RTB. Pt attempted BTB but it increased his R shoulder pain. Pt was educated on Wall clocks and monster walks for home, and was provided a RTB for home.

Prognosis:

Pt has a fair prognosis to decr his LBP, and participate in outdoor physical activity with his wife

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking

Complicating Factors: Excess weight, and COPD

Diagnoses Codes

Plan

Continue performing LB and LE strengthening exercises to improve strength, mobility and reduction of pain. Continue strengthening R shoulder as tolerated to reduce pain. Evaluate dizziness with movements.

Manual Therapy Techniques

Manual Therapy (97140)

Total Time: 8 min

Unit(s): 1

Hamstring stretch, piriformis stretch, SL lumbar traction, Functional massage to lumbar spine bilat

Other Regions

SL Functional Massage (side-bending)

Left Time: 8 min(s)

Exercises/Activities

Session Timing:

- 97530: 2 min - 0 unit

Exercises Performed Today:

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

- Leg presses : 3 sets of 10 reps with 11.5 lbs weight (97110)
- Gait: for 2.5 mins (97530) (2 laps)
- Monster Walks: 2 sets of 2 laps rep for 3 mins (RTB)
- Wall clocks: 3 sets of 1 revolution rep (RTB)

Short Term Goals

- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Range of Motion
- Increase Strength

Long Term Goals

- Increase general fitness, strength, and mobility over next 30 days.

Procedures

M40.46, M62.830

Signed: [REDACTED]) Fri [REDACTED] 35:22 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reported pain rated at a [REDACTED] in the small of his Low back on both sides. He also c/o R shoulder pain rated at 11/10. He said he was open to receiving therapy for his R shoulder. He continued to c/o dizziness during supine to sit.

History of Current Complaint:

Patient presents with LBP at "hinge" of pelvis and new complaints of R posterior shoulder pain that radiates down to the elbow and tender to palpation.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, and stiffness in the following location(s): lower back bilaterally with insidious onset as a result of unspecified reason.

Aggravating/Provocative Factors: Bending, Sleeping, and Sitting.

Relieving Factors: Rest, Heat, and Massage.

Secondary Complaint:

Right Shoulder

Patient presents with dull pain, and stiffness in the following location(s): right shoulder with insidious onset.

Intensity of pain / tenderness noted:

11/10, anterior GH joint .

Aggravating/Provocative Factors: Driving, Lifting, and OH reaching.

Relieving Factors: Rest.

Other Complaint:

R sided Posterior Shoulder and dizziness from supine to short sitting

Objective

Vitals

Heart Rate: 76

SPO2: 96

Respiratory Rate: 24

BP: 128 / 76

Neurological

Patient was Alert and Oriented
x4

Musculoskeletal

Subluxation / Misalignment / Segmental Dysfunction

Segments found to be subluxated / misaligned / dysfunctional:

LLD: Weber-barstow indicates L longer. Knee height in hooklying shows L knee higher. Supine-->long sit: no change in findings indicating potential structural LLD. Further testing needed, including for pelvic torsion and with measuring tape.

Lumbar

Observation

Asymmetry:

Gait

Lordosis

L4 L transverse process dec excursion during flexion (ERS(L))

Pt walks with decr trunk rot

Hypo hypo

Palpation

Left

Right

Tenderness

Tenderness

Date of Service: [REDACTED]

Pt tender to palpation to paraspinals
Additional Findings: Ropiness

Joint Play

L4

Left Restricted Restricted with
tenderness

Pt tender to palpation to spinals
Additional Findings: Ropiness

ROM

Lumbar ROM

Flexion (60°)

Active WNL

Pt able to perform level 5 Sahrmann Core Stability test, but utilized an anterior tilt to perform levels 3-->5

Extension (25°)

Active WNL

Respiratory

COPD

Assessment

Diagnostic Statements:

Pt presents with chronic LBP with movement coordination deficits

Assessment Statements:

Pt had bilateral compensated Trendelenburg sign during gait. During manual stretching, pt experienced greater stretch in the calf and ankle than the hamstring, so the stretch was withheld. Piriformis stretch was tolerated well by the pt. Pt experienced dizziness transitioning from supine to short sitting, but was resolved with time and water. New shoulder exercises were initiated to focus on R shoulder pain. New LE exercise was initiated to address low back pain and hip weakness. Pt tolerated exercises well and increased sets on leg press. Pt required VC to correct foot position on leg press and was able to independently correct it thereafter. Pt was educated on Wall clocks for R shoulder pain with RTB. Pt attempted BTB but it increased his R shoulder pain. Pt was educated on Wall clocks and monster walks for home, and was provided a RTB for home.

Prognosis:

Pt has a fair prognosis to decr his LBP, and participate in outdoor physical activity with his wife

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking

Complicating Factors: Excess weight, and COPD

Diagnoses Codes

Plan

Continue performing LB and LE strengthening exercises to improve strength, mobility and reduction of pain. Continue strengthening R shoulder as tolerated to reduce pain. Evaluate dizziness with movements.

Manual Therapy Techniques

Manual Therapy (97140)

Total Time: 8 min

Unit(s): 1

Hamstring stretch, piriformis stretch, SL lumbar traction, Functional massage to lumbar spine bilat

Other Regions

SL Functional Massage (side-bending)

Left Time: 8 min(s)

Exercises/Activities

Session Timing:

- 97530: 2 min - 0 unit

Exercises Performed Today:

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

- Leg presses : 3 sets of 10 reps with 11.5 lbs weight (97110)
- Gait: for 2.5 mins (97530) (2 laps)
- Monster Walks: 2 sets of 2 laps rep for 3 mins (RTB)
- Wall clocks: 3 sets of 1 revolution rep (RTB)

Short Term Goals

- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Range of Motion
- Increase Strength

Long Term Goals

- Increase general fitness, strength, and mobility over next 30 days.

Procedures

M40.46, M62.830

Signed: [REDACTED] Tue [REDACTED] 15:51 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reported of having [REDACTED] NRPS pain scale for his LB and 10/10 NRPS for R shoulder. Reported of significant R shoulder pain. After physician report, came to know it was osteoarthritis of R shoulder. Dizziness with fast movements during supine <> sit, sit-> stand. Reported of taking his medications before HEART.

History of Current Complaint:

Patient presents with LBP at "hinge" of pelvis and new complaints of R posterior shoulder pain that radiates down to the elbow and tender to palpation.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, and stiffness in the following location(s): lower back bilaterally with insidious onset as a result of unspecified reason.

Aggravating/Provocative Factors: Bending, Sleeping, and Sitting.

Relieving Factors: Rest, Heat, and Massage.

Secondary Complaint:

Patient presents with dull pain, and stiffness with insidious onset.

- Patient's complaint is 9 out of 10, where 0 is not severe at all, and 10 is extremely severe.

Intensity of pain / tenderness noted:

9/10, TTP AC joint, UT/upper scapula area.

Aggravating/Provocative Factors: Driving, Lifting, and OH reaching.

Relieving Factors: Rest.

Other Complaint:

R sided Posterior Shoulder radiating down elbow and dizziness with fast movements

Objective

Vitals

Heart Rate: 67
SPO2: 97

Respiratory Rate: 24

BP: 135 / 72

Neurological

Patient was Alert and Oriented
x4

Musculoskeletal

Posture

The following postural deviations were observed:

- Head/cervical flexion +RxH
- Thoracic/lumbar flexion +RxT
- Pelvis/sacrum extension -RxP

Pt sits with post pelvic tilt and fwd head posture. No lateral lean ID in standing

Subluxation / Misalignment / Segmental Dysfunction

Segments found to be subluxated / misaligned / dysfunctional:

LLD: Weber-barstow indicates L longer. Knee height in hooklying shows L knee higher. Supine-->long sit: no change in findings indicating potential structural LLD. Further testing needed, including for pelvic torsion and with measuring tape.

Lumbar

Observation

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Asymmetry: Gait Lordosis	L4 L transverse process dec excursion during flexion (ERS(L)) Pt walks with decr trunk rot Hypo hypo
Palpation	
Left	Right
Tenderness Pt tender to palpation to paraspinals Additional Findings: Ropiness	Tenderness Pt tender to palpation to spinals Additional Findings: Ropiness
Joint Play	
L4	
Left Restricted Restricted with tenderness	

ROM

Lumbar ROM

Flexion (60°)

Active WNL

Pt able to perform level 5 Sahrmann Core Stability test, but utilized an anterior tilt to perform levels 3-->5

Extension (25°)

Active WNL

Respiratory

COPD

Assessment

Diagnostic Statements:

Pt presents with chronic LBP with movement coordination deficits

Assessment Statements:

During MT, severe tightness in bil hamstring noted, passive stretch provided to improve flexibility. Subjective relief noted with SL lumbar traction and FM to lumbar area bilaterally. During supine > sit, pt reported of mild dizziness which resolved with rest and water. Throughout all interventions, pt complained of significant pain in the R shoulder and would like to work on it next session. Improvements noted with posture during hip hinge with grip stick and no VC was required to date. Pt required VC with performing bridges to keep feet apart and also with leg press to keep feet even. Educated the pt on using ice pack and hydration throughout the day to avoid DOMS. Overall, the patient seemed motivated and excited to come to therapy next week.

Pt responded well to treatment will continue to benefit from the NM re-education, ther ex, education, manual therapy, and ther act that physical therapy provides.

Prognosis:

Pt has a fair prognosis to decr his LBP, and participate in outdoor physical activity with his wife

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking

Complicating Factors: Excess weight, and COPD

Diagnoses Codes

Plan

Continue performing LB and LE strengthening exercises to improve strength, mobility and reduction of pain. Evaluate R shoulder and perform strengthening and MT. Evaluate dizziness with movements.

Manual Therapy Techniques

Manual Therapy (97140)

Total Time: 8 min

Unit(s): 1

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Hamstring stretch, piriformis stretch, SL lumbar traction, Functional massage to lumbar

Other Regions

SL Functional Massage (side-bending)

Left Time: 8 min(s)

Exercises/Activities

Session Timing:

- 97530: 2 min - 0 unit

Exercises Performed Today:

- Leg presses : 2 sets of 10 reps with 11.5 lbs weight (97110)
- Bridges : 2 sets of 10 reps (97110) (R TB around knees)
- standing hip hinge: 5 reps (97112)
- Gait: for 2.5 mins (97530) (2 laps)

Short Term Goals

- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Range of Motion
- Increase Strength

Long Term Goals

- Increase general fitness, strength, and mobility over next 30 days.

Procedures

M40.46, M62.830

Signed: [REDACTED] Fri [REDACTED] 09:16 EST [REDACTED]

Signed: [REDACTED] Fri [REDACTED] 16:32 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reported of having [REDACTED] NRPS pain scale for his LB and 10/10 NRPS for R shoulder. Reported of significant R shoulder pain. After physician report, came to know it was osteoarthritis of R shoulder. Dizziness with fast movements during supine <> sit, sit-> stand. Reported of taking his medications before HEART.

History of Current Complaint:

Patient presents with LBP at "hinge" of pelvis and new complaints of R posterior shoulder pain that radiates down to the elbow and tender to palpation.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, and stiffness in the following location(s): lower back bilaterally with insidious onset as a result of unspecified reason.

Aggravating/Provocative Factors: Bending, Sleeping, and Sitting.

Relieving Factors: Rest, Heat, and Massage.

Secondary Complaint:

Patient presents with dull pain, and stiffness with insidious onset.

- Patient's complaint is 9 out of 10, where 0 is not severe at all, and 10 is extremely severe.

Intensity of pain / tenderness noted:

9/10, TTP AC joint, UT/upper scapula area.

Aggravating/Provocative Factors: Driving, Lifting, and OH reaching.

Relieving Factors: Rest.

Other Complaint:

R sided Posterior Shoulder radiating down elbow and dizziness with fast movements

Objective

Vitals

Heart Rate: 67
SPO2: 97

Respiratory Rate: 24

BP: 135 / 72

Neurological

Patient was Alert and Oriented
x4

Musculoskeletal

Posture

The following postural deviations were observed:

- Head/cervical flexion +RxH
- Thoracic/lumbar flexion +RxT
- Pelvis/sacrum extension -RxP

Pt sits with post pelvic tilt and fwd head posture. No lateral lean ID in standing

Subluxation / Misalignment / Segmental Dysfunction

Segments found to be subluxated / misaligned / dysfunctional:

LLD: Weber-barstow indicates L longer. Knee height in hooklying shows L knee higher. Supine-->long sit: no change in findings indicating potential structural LLD. Further testing needed, including for pelvic torsion and with measuring tape.

Lumbar

Observation

Date of Service: [REDACTED]

Asymmetry:	L4 L transverse process dec excursion during flexion (ERS(L))	
Gait	Pt walks with decr trunk rot	
Lordosis	Hypo hypo	
Palpation		
	Left	Right
Tenderness		Tenderness
Pt tender to palpation to paraspinals		Pt tender to palpation to spinals
Additional Findings: Ropiness		Additional Findings: Ropiness
Joint Play		
L4		
Left Restricted	Restricted with	
tenderness		

ROM

Lumbar ROM

Flexion (60°)

Active WNL

Pt able to perform level 5 Sahrmann Core Stability test, but utilized an anterior tilt to perform levels 3-->5

Extension (25°)

Active WNL

Respiratory

COPD

Assessment

Diagnostic Statements:

Pt presents with chronic LBP with movement coordination deficits

Assessment Statements:

During MT, severe tightness in bil hamstring noted, passive stretch provided to improve flexibility. Subjective relief noted with SL lumbar traction and FM to lumbar area bilaterally. During supine > sit, pt reported of mild dizziness which resolved with rest and water. Throughout all interventions, pt complained of significant pain in the R shoulder and would like to work on it next session. Improvements noted with posture during hip hinge with grip stick and no VC was required to date. Pt required VC with performing bridges to keep feet apart and also with leg press to keep feet even. Educated the pt on using ice pack and hydration throughout the day to avoid DOMS. Overall, the patient seemed motivated and excited to come to therapy next week.

Pt responded well to treatment will continue to benefit from the NM re-education, ther ex, education, manual therapy, and ther act that physical therapy provides.

Prognosis:

Pt has a fair prognosis to decr his LBP, and participate in outdoor physical activity with his wife

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking

Complicating Factors: Excess weight, and COPD

Diagnoses Codes

Plan

Continue performing LB and LE strengthening exercises to improve strength, mobility and reduction of pain. Evaluate R shoulder and perform strengthening and MT. Evaluate dizziness with movements.

Manual Therapy Techniques

Manual Therapy (97140)

Total Time: 8 min

Unit(s): 1

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Hamstring stretch, piriformis stretch, SL lumbar traction, Functional massage to lumbar

Other Regions

SL Functional Massage (side-bending)

Left Time: 8 min(s)

Exercises/Activities

Session Timing:

- 97530: 2 min - 0 unit

Exercises Performed Today:

- Leg presses : 2 sets of 10 reps with 11.5 lbs weight (97110)
- Bridges : 2 sets of 10 reps (97110) (R TB around knees)
- standing hip hinge: 5 reps (97112)
- Gait: for 2.5 mins (97530) (2 laps)

Short Term Goals

- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Range of Motion
- Increase Strength

Long Term Goals

- Increase general fitness, strength, and mobility over next 30 days.

Procedures

M40.46, M62.830

Signed: [REDACTED] Sun [REDACTED] 59:26 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reported of having 9/10 NRPS scale pain that is "achy" and constant. Reported that LBP started when he was driving a truck to [REDACTED]. States that his R shoulder is also in pain and unable to sleep on the R side. Reports that heat alleviates shoulder pain. Pt wears a life alert like device around neck.

History of Current Complaint:

Patient presents with LBP at "hinge" of pelvis and new complaints of R posterior shoulder pain that radiates down to the elbow and tender to palpation. Also new complaints of dizziness during quick motions such as supine<>sit<> stands.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, and stiffness in the following location(s): lower back bilaterally with insidious onset as a result of unspecified reason.

Aggravating/Provocative Factors: Bending, Sleeping, and Sitting.

Relieving Factors: Rest, Heat, and Massage.

Secondary Complaint:

Patient presents with dull pain, and stiffness with insidious onset.

- Patient's complaint is 9 out of 10, where 0 is not severe at all, and 10 is extremely severe.

Intensity of pain / tenderness noted:

9/10, TTP AC joint, UT/upper scapula area.

Aggravating/Provocative Factors: Driving, Lifting, and OH reaching.

Relieving Factors: Rest.

Other Complaint:

R sided Posterior Shoulder radiating down elbow

Questions to ask Patient:

- Why were you referred to PT Heart? LBP, R shoulder
- Do you think PT Heart, or PT in general, can help you? Massage
- What activities do you have trouble doing now as a result of your condition? Putting on L shoe, walking long distances, OH reaching, driving

Objective

Vitals

Heart Rate: 75

Respiratory Rate: 16

BP: 138 / 82

SPO2: 96

Neurological

Nerve Root Assessment - Deep Tendon Reflexes

- L 3-4 Nerve Root - Patellar Tendon - 2+, Average; Normal on the left and right

Nerve Root Assessment - Dermatome

- L2 - Medial Ant.Thigh** - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- L3 - Medial Ant. Knee** - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- L4 - Medial Foot** - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- L5 - Dorsum of Foot** - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- S1 - Lateral Foot** - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits

Date of Service: [REDACTED]

on the right

Nerve Root Assessment - Myotome

- **L2 Nerve Root - Iliopsoas:** 4/5, Movement against gravity with some resistance on the left and right;
- **L3 Nerve Root - Quadricep:** 5/5, Movement against gravity with full resistance on the left and right;
- **L4 Nerve Root - Tibialis Anterior:** 5/5, Movement against gravity with full resistance on the left and right;
- **L5 Nerve Root - Extensor Hallucis Longus:** 5/5, Movement against gravity with full resistance on the left and right;
- **S1 Gastrocnemius / Soleus:** 5/5, Movement against gravity with full resistance on the left and right;

Patient was Alert and Oriented

x4

Musculoskeletal**Posture**

The following postural deviations were observed:

- Head/cervical flexion +RxH
- Thoracic/lumbar flexion +RxT
- Pelvis/sacrum extension -RxP

Pt sits with post pelvic tilt and fwd head posture. No lateral lean ID in standing

Subluxation / Misalignment / Segmental Dysfunction**Segments found to be subluxated / misaligned / dysfunctional:**

LLD: Weber-barstow indicates L longer. Knee height in hooklying shows L knee higher. Supine-->long sit: no change in findings indicating potential structural LLD. Further testing needed, including for pelvic torsion and with measuring tape.

Lumbar**Observation**

Asymmetry:	L4 L transverse process dec excursion during flexion (ERS(L))
Gait	Pt walks with decr trunk rot
Lordosis	Hypo hypo

Palpation

Left Right

Tenderness	Tenderness
Pt tender to palpation to paraspinals	Pt tender to palpation to spinals
Additional Findings: Ropiness	Additional Findings: Ropiness

Joint Play**L4**

Left Restricted Restricted with tenderness

TendernessPt tender to palpation to spinals
Additional Findings: Ropiness**ROM****Lumbar ROM****Flexion (60°)**Active WNL
Pt able to perform level 5 Sahrmann Core Stability test, but utilized an anterior tilt to perform levels 3-->5**Extension (25°)**

Active WNL

Abdomen / Gastrointestinal

Hx of gallbladder removal

Respiratory

COPD

Assessment

Date of Service: [REDACTED]

Diagnostic Statements:

Pt presents with chronic LBP with movement coordination deficits

Assessment Statements:

Tightness in the bil hamstrings noted during hamstring stretch, pt tolerated well to stretch and subjective relief noted. Pt reported of subjective relief with SL lumbar traction and lumbar functional massage. During supine to sit from mat table, pt reported of the room spinning and needed to take a break to minimize dizziness. Pt performed seated and standing hip hinges, needed VC to correct posture but did not push hips back to hinge instead squatted. Performed dead lifts and pt performed activity well w/o any symptoms. During trunk rotation with medicine ball, pt could not perform on the R side due to R shoulder pain. Muscle energy testing to bil LE, equal on both sides.

Pt responded well to treatment will continue to benefit from the NM re-education, ther ex, education, manual therapy, and ther act that physical therapy provides.

Pt was educated on CP to the low back and shoulder at home to reduce post-exercise soreness,

Prognosis:

Pt has a fair prognosis to decr his LBP, and participate in outdoor physical activity with his wife

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking

Complicating Factors: Excess weight, and COPD

Diagnoses Codes

Plan

Objectify the L LLD the previous PT reported. LB and LE strengthening exercises to improve strength, mobility and pain. Continuation of stretching to hamstring and piriformis.

Manual Therapy Techniques

Manual Therapy (97140)

Total Time: 8 min

Unit(s): 1

Other Regions

SL Functional Massage (side-bending) Left Time: 8 min(s)

Exercises/Activities

Session Timing:

Exercises Performed Today:

- Leg presses : 2 sets of 10 reps with 11 lbs weight (97110)
- Trunk rotation with medicine ball: 20 reps with 5 lbs weight (97110) (performed on only the L side d/t R shoulder pain)
- Bridges : 15 reps (97110)
- Seated hip hinge: 10 reps (97112)
- Hip Hinge with dowel while seated: 2 sets of 10 reps (97112) (Focusing on proper posture throughout range of motion)
- standing hip hinge: 10 reps (97112)
- Dead lifts: 5 reps (97530)

Short Term Goals

- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Range of Motion
- Increase Strength

Long Term Goals

- Increase general fitness, strength, and mobility over next 30 days.

[REDACTED]
Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Procedures

M40.46, M62.830

Signed: [REDACTED]) Fri [REDACTED] 02:40 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reported of having 9/10 NRPS scale pain that is "achy" and constant. Reported that LBP started when he was driving a truck to Florida. States that his R shoulder is also in pain and unable to sleep on the R side. Reports that heat alleviates shoulder pain. Pt wears a life alert like device around neck.

History of Current Complaint:

Patient presents with LBP at "hinge" of pelvis and new complaints of R posterior shoulder pain that radiates down to the elbow and tender to palpation.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, and stiffness in the following location(s): lower back bilaterally with insidious onset as a result of unspecified reason.

Aggravating/Provocative Factors: Bending, Sleeping, and Sitting.

Relieving Factors: Rest, Heat, and Massage.

Secondary Complaint:

Patient presents with dull pain, and stiffness with insidious onset.

- Patient's complaint is 9 out of 10, where 0 is not severe at all, and 10 is extremely severe.

Intensity of pain / tenderness noted:

9/10, TTP AC joint, UT/upper scapula area.

Aggravating/Provocative Factors: Driving, Lifting, and OH reaching.

Relieving Factors: Rest.

Other Complaint:

R sided Posterior Shoulder radiating down elbow

Questions to ask Patient:

- Why were you referred to PT Heart? LBP, R shoulder
- Do you think PT Heart, or PT in general, can help you? Massage
- What activities do you have trouble doing now as a result of your condition? Putting on L shoe, walking long distances, OH reaching, driving

Objective

Vitals

Heart Rate: 75

Respiratory Rate: 16

BP: 138 / 82

SPO2: 96

Neurological

Nerve Root Assessment - Deep Tendon Reflexes

- L 3-4 Nerve Root - Patellar Tendon - 2+, Average; Normal on the left and right

Nerve Root Assessment - Dermatome

- L2 - Medial Ant.Thigh** - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
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- L4 - Medial Foot** - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- L5 - Dorsum of Foot** - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- S1 - Lateral Foot** - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits

Date of Service: [REDACTED]

on the right

Nerve Root Assessment - Myotome

- **L2 Nerve Root - Iliopsoas:** 4/5, Movement against gravity with some resistance on the left and right;
- **L3 Nerve Root - Quadricep:** 5/5, Movement against gravity with full resistance on the left and right;
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Patient was Alert and Oriented

x4

Musculoskeletal**Posture**

The following postural deviations were observed:

- Head/cervical flexion +RxH
- Thoracic/lumbar flexion +RxT
- Pelvis/sacrum extension -RxP

Pt sits with post pelvic tilt and fwd head posture. No lateral lean ID in standing

Subluxation / Misalignment / Segmental Dysfunction**Segments found to be subluxated / misaligned / dysfunctional:**

LLD: Weber-barstow indicates L longer. Knee height in hooklying shows L knee higher. Supine-->long sit: no change in findings indicating potential structural LLD. Further testing needed, including for pelvic torsion and with measuring tape.

Lumbar**Observation**

Asymmetry:	L4 L transverse process dec excursion during flexion (ERS(L))
Gait	Pt walks with decr trunk rot
Lordosis	Hypo hypo

Palpation

Left Right

Tenderness	Tenderness
Pt tender to palpation to paraspinals	Pt tender to palpation to spinals
Additional Findings: Ropiness	Additional Findings: Ropiness

Joint Play**L4**

Left Restricted Restricted with tenderness

TendernessPt tender to palpation to spinals
Additional Findings: Ropiness**ROM****Lumbar ROM****Flexion (60°)**Active WNL
Pt able to perform level 5 Sahrmann Core Stability test, but utilized an anterior tilt to perform levels 3-->5**Extension (25°)**

Active WNL

Abdomen / Gastrointestinal

Hx of gallbladder removal

Respiratory

COPD

Assessment

Date of Service: [REDACTED]

Diagnostic Statements:

Pt presents with chronic LBP with movement coordination deficits

Assessment Statements:

Tightness in the bil hamstrings noted during hamstring stretch, pt tolerated well to stretch and subjective relief noted. Pt reported of subjective relief with SL lumbar traction and lumbar functional massage. During supine to sit from mat table, pt reported of the room spinning and needed to take a break to minimize dizziness. Pt performed seated and standing hip hinges, needed VC to correct posture but did not push hips back to hinge instead squatted. Performed dead lifts and pt performed activity well w/o any symptoms. During trunk rotation with medicine ball, pt could not perform on the R side due to R shoulder pain. Muscle energy testing to bil LE, equal on both sides.

Pt responded well to treatment will continue to benefit from the NM re-education, ther ex, education, manual therapy, and ther act that physical therapy provides.

Pt was educated on CP to the low back and shoulder at home to reduce post-exercise soreness,

Prognosis:

Pt has a fair prognosis to decr his LBP, and participate in outdoor physical activity with his wife

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking

Complicating Factors: Excess weight, and COPD

Diagnoses Codes

Plan

Objectify the L LLD the previous PT reported. LB and LE strengthening exercises to improve strength, mobility and pain. Continuation of stretching to hamstring and piriformis.

Manual Therapy Techniques

Manual Therapy (97140)

Total Time: 8 min

Unit(s): 1

Other Regions

SL Functional Massage (side-bending) Left Time: 8 min(s)

Exercises/Activities

Session Timing:

Exercises Performed Today:

- Leg presses : 2 sets of 10 reps with 11 lbs weight (97110)
- Trunk rotation with medicine ball: 20 reps with 5 lbs weight (97110) (performed on only the L side d/t R shoulder pain)
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- Dead lifts: 5 reps (97530)

Short Term Goals

- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Range of Motion
- Increase Strength

Long Term Goals

- Increase general fitness, strength, and mobility over next 30 days.

[REDACTED]
Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Procedures

M40.46, M62.830

Signed: [REDACTED] Tue [REDACTED] 21:14 EST [REDACTED]

Date of Service: [REDACTED]

Rehab Daily Note

Date of Service: [REDACTED]

Subjective

Patient presents with *Dull pain, Stiffness* in the following location(s): *Lower Back, Right Shoulder* reported as occurring on Insidious.

What makes the problem worse: *Bending, Sleeping, Sitting.*

What makes the problem better: *Rest, Heat, Massage.*

Patient presents with *Dull pain, Stiffness* in the following location(s): *Right Shoulder* reported as occurring on Insidious

What makes the problem worse: *Driving, Lifting, OH reaching.*

What makes the problem better: *Rest.*

Quality of pain / tenderness noted: *Achy, intense, diffuse. TTP AC joint, sometimes shoots down arm.*

Intensity of pain / tenderness noted: *9/10, TTP AC joint, UT/upper scapula area 9/10 at worst, 6/10 at best..*

Patient's complaint is *Frequent* and 9 out of 10, where 0 is not severe at all, and 10 is extremely severe.

Questions to ask Patient: 1) Why were you referred to PT Heart? LBP, R shoulder 2) Do you think PT Heart, or PT in general, can help you? Massage 3) What activities do you have trouble doing now as a result of your condition? Putting on L shoe, walking long distances, OH reaching, driving

Objective

Asymmetry / Misalignment

Segments found to be asymmetrical and / or misaligned:

LLD: Weber-barstow indicates L longer. Knee height in hooklying shows L knee higher. Supine-->long sit: no change in findings indicating potential structural LLD. Further testing needed, including for pelvic torsion and with measuring tape.

Cervical Spine

Distraction Test Right WNL

Possibly indicates Facet capsulitis

TOP = tenderness on palpation

Palpation No TOP Cervical radiculopathy TIC(Spurling's, distraction, ULTT1) negative

Cervical Range of Motion

Rest = Restricted Pain = Painful with ROM

Extension Rest R Lateral Flex Rest R Rotation Rest

no increase or recurrence of familiar pain

Lumbar Spine

Lumbosacral Range of Motion

Rest = Restricted Pain = Painful with ROM

Flexion Pain L Rotation Pain

ROM & Joint Play (all values are WNL except listed below)

Joint Play

L4

Left Restricted with tenderness

Observation (all values are WNL except listed below)

Asymmetry: L4 L transverse process dec excursion during flexion (ERS(L))

Gait Pt walks with decr trunk rot

Date of Service: [REDACTED]

Lordosis: hyper, normal, hypo hypo

Upper Extremity Shoulder

Range of Motion

Left No restriction

Right Mild restriction

Palpation (all values are WNL except listed below) Moderate TOP

TOP = tenderness on palpation

Inc tenderness over R upper border of scapula and SC joint. Pt reports pain in general shoulder and upper arm during OH reaching (<90°) and driving. Pain is a dull to severe ache, frequent at rest.

ROM & Joint Play (all values are WNL except listed below)

Pain at end ROM: R Abduction, flexion, IR/ER

ROM

Abduction (180°)

Left Active WNL

Right Active 160° +pain

Right Passive 175°+empty

Extension (50°)

Left Active WNL

External rotation (80°)

Left Active WNL

Right Active 55°+pain

Flexion (180°)

Left Active WNL

Right Active 170° +pain

Right Passive 175+empty

Internal rotation (90°)

Left Active WNL

Right Active 70°

Joint Play

AC joint

Right inc symptoms

Scapula

Right Pain w/ elevation/depression

Special tests: + Hawkins' Kennedy + Painful arc + Compression test + Neer's both ER/IR

Observation (all values are WNL except listed below)

shoulder hiking w/ R abd & flex. pain and wincing on way up and down.

Orthopedic (all values are WNL except listed below)

Impingement

Hawkins-Kennedy

Left Negative

Right Positive

Painful arc

Left WNL Negative

Right Positive

Passive Neer's

Right Positive

Manual Muscle Testing

Date of Service: [REDACTED]

Manual muscle testing was performed on the major muscle groups of the upper and lower extremities. The muscles were graded on the following scale from 0 to 5.

- 0 / 5: no contraction
- 1 / 5: muscle flicker, but no movement
- 2 / 5: movement possible, but not against gravity (test the joint in its horizontal plane)
- 3 / 5: movement possible against gravity, but not against resistance by the examiner
- 4 / 5: movement possible against some resistance by the examiner
- 5 / 5: normal strength

Flexion: L :5 R: 4 +pain Abduction L: 5 R: n/t 2° pain IR: L:5 R: 4- w/pain ER: L: 4 R: 3+ w/pain Elbow flexor R: 4

Assessment

Pt presents with insidious dull, diffuse R shoulder pain that sometimes affects into R brachium/elbow. Pt denies any trauma or previous shoulder injury. Pain is an average of 9/10 and decreases to a 7/10 w/ rest. Pt reports difficulty w ADLs including reaching, driving, and sleeping. Pt has COPD and uses a CPAP machine when he sleeps, limiting h to side and back sleeping. Pt sometimes sleeps w/ R arm overhead, which increases his pain. Negative for cervical radiculopathy. Shoulder testing revealed recurrence of familiar symptoms with OH movement, manual muscle testin scapular/AC joint play, and special testing. Impingement TIC (+), AC joint play and compression reproduced symptoms. Drop arm sign (-), mild strength deficits in ER/IR rule out full thickness rotator cuff tear. Pt would benefit from skilled physical therapy to decrease pain and improve mobility and strength. Pt demonstrates good prognosis i recovery based on family support, nature of condition, and previous level of function.

Other Diagnosis Codes:

Plan

Date: [REDACTED]

Short Term Goals

Decrease Compensatory Patterns Increase General Fitness
Increase Range of Motion Increase Strength

Improve Biomechanical Function
Increase Activities of Daily Living

Long Term Goals

2. Increase general fitness, strength, and mobility over next 30 days.

Stretching Neuromuscular Re-Education / Therapeutic Exercises

Other: Scapular retraction in sitting 2x10 w/ 2s holds, flexion table slides 2x10; PLAN to add serratus push-up plu against the wall, ER AAROM, pulleys to tolerance. Also continue to encourage HEP for LBP.
This was performed on this date of service .

Provider's Signature

[REDACTED]
Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Signed: [REDACTED] Fri 09:16 EST [REDACTED]
Signed: [REDACTED]) Fri 39:48 EST [REDACTED]
Signed: [REDACTED] | 09:07 EST [REDACTED]
Signed: [REDACTED] | 47:18 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reported having 10/10 pain when first coming into clinic and has had back pain since 1979. Pt also reported being out of breath from walking. Pt wears a life alert like device around neck. Pt sleeps laying down which relives the back pain and walking aggravates pain.

History of Current Complaint:

Patient presents with LBP at "hinge" of pelvis and new complaints of R posterior shoulder pain that radiates down to the elbow and tender to palpation.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, and stiffness in the following location(s): lower back bilaterally with insidious onset as a result of unspecified reason.

Aggravating/Provocative Factors: Bending, Sleeping, and Sitting.

Relieving Factors: Rest, Heat, and Massage.

Secondary Complaint:

Patient presents with dull pain, and stiffness with insidious onset.

- Patient's complaint is 9 out of 10, where 0 is not severe at all, and 10 is extremely severe.

Intensity of pain / tenderness noted:

9/10, TTP AC joint, UT/upper scapula area.

Aggravating/Provocative Factors: Driving, Lifting, and OH reaching.

Relieving Factors: Rest.

Other Complaint:

R sided Posterior Shoulder radiating down elbow

Questions to ask Patient:

- Why were you referred to PT Heart? LBP, R shoulder
- Do you think PT Heart, or PT in general, can help you? Massage
- What activities do you have trouble doing now as a result of your condition? Putting on L shoe, walking long distances, OH reaching, driving

Objective

Vitals

Heart Rate: 72

Respiratory Rate: 32

BP: 122 / 80

SPO2: 98

Neurological

Nerve Root Assessment - Deep Tendon Reflexes

- L 3-4 Nerve Root - Patellar Tendon - 2+, Average; Normal on the left and right

Nerve Root Assessment - Dermatome

- L2 - Medial Ant.Thigh** - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- L3 - Medial Ant. Knee** - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- L4 - Medial Foot** - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- L5 - Dorsum of Foot** - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- S1 - Lateral Foot** - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits

Date of Service: [REDACTED]

on the right

Nerve Root Assessment - Myotome

- **L2 Nerve Root - Iliopsoas:** 4/5, Movement against gravity with some resistance on the left and right;
- **L3 Nerve Root - Quadricep:** 5/5, Movement against gravity with full resistance on the left and right;
- **L4 Nerve Root - Tibialis Anterior:** 5/5, Movement against gravity with full resistance on the left and right;
- **L5 Nerve Root - Extensor Hallucis Longus:** 5/5, Movement against gravity with full resistance on the left and right;
- **S1 Gastrocnemius / Soleus:** 5/5, Movement against gravity with full resistance on the left and right;

Patient was Alert and Oriented

x4

Musculoskeletal**Posture**

The following postural deviations were observed:

- Head/cervical flexion +RxH
- Thoracic/lumbar flexion +RxT
- Pelvis/sacrum extension -RxP

Pt sits with post pelvic tilt and fwd head posture. No lateral lean ID in standing

Subluxation / Misalignment / Segmental Dysfunction**Segments found to be subluxated / misaligned / dysfunctional:**

LLD: Weber-barstow indicates L longer. Knee height in hooklying shows L knee higher. Supine-->long sit: no change in findings indicating potential structural LLD. Further testing needed, including for pelvic torsion and with measuring tape.

Lumbar**Observation**

Asymmetry:	L4 L transverse process dec excursion during flexion (ERS(L))
Gait	Pt walks with decr trunk rot
Lordosis	Hypo hypo

Palpation

Left Right

Tenderness	Tenderness
Pt tender to palpation to paraspinals	Pt tender to palpation to spinals
Additional Findings: Ropiness	Additional Findings: Ropiness

Joint Play**L4**

Left Restricted Restricted with tenderness

TendernessPt tender to palpation to spinals
Additional Findings: Ropiness**ROM****Lumbar ROM****Flexion (60°)**Active WNL
Pt able to perform level 5 Sahrmann Core Stability test, but utilized an anterior tilt to perform levels 3-->5**Extension (25°)**

Active WNL

Abdomen / Gastrointestinal

Hx of gallbladder removal

Respiratory

COPD

Assessment

Date of Service: [REDACTED]

Diagnostic Statements:

Pt presents with chronic LBP with movement coordination deficits

Assessment Statements:

Pt tolerated new exercises well with focus on core stability and quad and piriformis strengthening with emphasis on increased anterior tilt of the pelvis. Patient enjoys weighted exercises and would benefit from progression through entire dead lift sequencing to improve LBP.

Pts complaint of R shoulder pain and LBP that is believed to be referred pain from his gallbladder.

Pts responded well to muscle energy technique to level out alignment of LE. Pt also responded well to cervical traction but did not improve patients pain on shoulder.

Pt responded well to treatment will continue to benefit from the NM re-education, ther ex, education, manual therapy, and ther act that physical therapy provides.

HEP assigned with addition of hip hinges while seated. Will assess for completion next session.

Prognosis:

Pt has a fair prognosis to decr his LBP, and participate in outdoor physical activity with his wife

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking

Complicating Factors: Excess weight, and COPD

Diagnoses Codes

Plan

Objectify the L LLD the previous PT reported. If >3/8" a lift ought to be recommended.

5xSTS outcome measure to monitor LE strength

Manual Therapy Techniques

Manual Therapy (97140)

Total Time: 8 min

Unit(s): 1

Other Regions

SL Functional Massage (side-bending)

Left Time: 8 min(s)

Exercises/Activities

Session Timing:

Exercises Performed Today:

- Leg press machine: 2 sets of 10 reps (97110) (Per patient's request. On lvl 17 2 sets of 10)
- Trunk Rotation w/ ball throw: 2 sets of 10 reps with 5lb lb weight (performed bilaterally)

Short Term Goals

- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Range of Motion
- Increase Strength

Long Term Goals

- Increase general fitness, strength, and mobility over next 30 days.

Procedures

M40.46, M62.830

[REDACTED]
Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Signed: [REDACTED] Fri [REDACTED] 17:01 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reported having 10/10 pain when first coming into clinic and has had back pain since 1979. Pt also reported being out of breath from walking. Pt wears a life alert like device around neck. Pt sleeps laying down which relives the back pain and walking aggravates pain.

History of Current Complaint:

Patient presents with LBP at "hinge" of pelvis and new complaints of R posterior shoulder pain that radiates down to the elbow and tender to palpation.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, and stiffness in the following location(s): lower back bilaterally as a result of unspecified reason. This is a chronic condition.

Aggravating/Provocative Factors: Bending, and Sitting.

Relieving Factors: Rest, and Massage.

Secondary Complaint:

Patient presents with dull pain, and stiffness with insidious onset.

Intensity of pain / tenderness noted:

9/10, TTP AC joint, UT/upper scapula area.

Aggravating/Provocative Factors: Driving, Lifting, and OH reaching.

Relieving Factors: Rest.

Other Complaint:

R sided Posterior Shoulder radiating down elbow

Questions to ask Patient:

- 1) Why were you referred to PT Heart? LBP
- 2) Do you think PT Heart, or PT in general, can help you? Massage
- 3) What activities do you have trouble doing now as a result of your condition? Putting on L shoe

Objective

Vitals

Heart Rate: 72
SPO2: 98

Respiratory Rate: 32

BP: 122 / 80

Neurological

Nerve Root Assessment - Deep Tendon Reflexes

- L 3-4 Nerve Root - Patellar Tendon - 2+, Average; Normal on the left and right

Nerve Root Assessment - Dermatome

- **L2 - Medial Ant.Thigh** - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- **L3 - Medial Ant. Knee** - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- **L4 - Medial Foot** - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- **L5 - Dorsum of Foot** - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- **S1 - Lateral Foot** - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right

Date of Service: [REDACTED]

Nerve Root Assessment - Myotome

- **L2 Nerve Root - Iliopsoas:** 4/5, Movement against gravity with some resistance on the left and right;
- **L3 Nerve Root - Quadricep:** 5/5, Movement against gravity with full resistance on the left and right;
- **L4 Nerve Root - Tibialis Anterior:** 5/5, Movement against gravity with full resistance on the left and right;
- **L5 Nerve Root - Extensor Hallucis Longus:** 5/5, Movement against gravity with full resistance on the left and right;
- **S1 Gastrocnemius / Soleus:** 5/5, Movement against gravity with full resistance on the left and right;

Balance / Cerebellum

5TSTS: 11.22s (outcome measure - functional LE strength)

Patient was Alert and Oriented

x4

Musculoskeletal**Posture**

The following postural deviations were observed:

- Head/cervical flexion +RxH
- Thoracic/lumbar flexion +RxT
- Pelvis/sacrum extension -RxP

Pt sits with post pelvic tilt and fwd head posture. No lateral lean ID in standing

Subluxation / Misalignment / Segmental Dysfunction**Segments found to be subluxated / misaligned / dysfunctional:**

LLD: Weber-barstow indicates L longer. Knee height in hooklying shows L knee higher. Supine-->long sit: no change in findings indicating potential structural LLD. Further testing needed, including for pelvic torsion and with measuring tape.

Lumbar**Observation**

Asymmetry:	L4 L transverse process dec excursion during flexion (ERS(L))
Gait	Pt walks with decr trunk rot
Lordosis	Hypo hypo

Palpation

Left Right

Tenderness	Tenderness
Pt tender to palpation to paraspinals	Pt tender to palpation to spinals
Additional Findings: Ropiness	Additional Findings: Ropiness

Joint Play**L4**

Left Restricted Restricted with tenderness

TendernessPt tender to palpation to spinals
Additional Findings: Ropiness**ROM****Lumbar ROM****Flexion (60°)**Active WNL
Pt able to perform level 5 Sahrmann Core Stability test, but utilized an anterior tilt to perform levels 3-->5**Extension (25°)**

Active WNL

Shoulder

decreased functional IR.

Abdomen / Gastrointestinal

Hx of gallbladder removal

Date of Service: [REDACTED]

Respiratory

COPD

Assessment

Diagnostic Statements:

Pt presents with chronic LBP with movement coordination deficits

Assessment Statements:

Pt tolerated new exercises well with focus on core stability and quad and piriformis strengthening with emphasis on increased anterior tilt of the pelvis. Patient enjoys weighted exercises and would benefit from progression through entire dead lift sequencing to improve LBP.

Pts complaint of R shoulder pain and LBP that is believed to be referred pain from his gallbladder.

Pts responded well to muscle energy technique to level out alignment of LE. Pt also responded well to cervical traction but did not improve patients pain on shoulder.

Pt responded well to treatment will continue to benefit from the NM re-education, ther ex, education, manual therapy, and ther act that physical therapy provides.

HEP assigned with addition of hip hinges while seated. Will assess for completion next session.

Prognosis:

Pt has a fair prognosis to decr his LBP, and participate in outdoor physical activity with his wife

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking

Complicating Factors: Excess weight, and COPD

Diagnoses Codes

Plan

Objectify the L LLD the previous PT reported. If >3/8" a lift ought to be recommended.

5xSTS outcome measure to monitor LE strength

Manual Therapy Techniques

Manual Therapy (97140)

Total Time: 8 min

Unit(s): 1

Other Regions

SL Functional Massage (side-bending) Left Time: 8 min(s)

Massage Therapy

Massage Therapy (97124)

Manual unilateral lumbar traction to R lumbar spine in sidelying, QL stretch B. (8min)

Exercises/Activities

Session Timing:

Exercises Performed Today:

- Leg press machine: 2 sets of 10 reps (97110) (Per patient's request. On lvl 17 2 sets of 10)
- Trunk Rotation w/ ball throw: 2 sets of 10 reps with 5lb lb weight (performed bilaterally)

Short Term Goals

- Improve Biomechanical Function
- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

- Increase Stability
- Increase Strength

Long Term Goals

- Increase general fitness, strength, and mobility over next 30 days.
- Pt making progress toward donning shoes w/o LBP.

Procedures

M40.46, M62.830

Signed: [REDACTED] Wed [REDACTED] 40:06 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reported having 10/10 pain when first coming into clinic and has had back pain since 1979. Pt also reported being out of breath from walking. Pt wears a life alert like device around neck. Pt sleeps laying down which relives the back pain and walking aggravates pain.

History of Current Complaint:

Patient presents with LBP at "hinge" of pelvis and new complaints of R posterior shoulder pain that radiates down to the elbow and tender to palpation.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain and stiffness in the following location(s): lower back bilaterally as a result of unspecified reason.

Aggravating/Provocative Factors: Bending and Sitting

Relieving Factors: Rest and Massage

Other Complaint:

R sided Posterior Shoulder radiating down elbow

Questions to ask Patient:

- 1) Why were you referred to PT Heart? LBP
- 2) Do you think PT Heart, or PT in general, can help you? Massage
- 3) What activities do you have trouble doing now as a result of your condition? Putting on L shoe

Objective

Vitals

Heart Rate: 72
SPO2: 98

Respiratory Rate: 32

BP: 122 / 80

Neurological

Nerve Root Assessment - Deep Tendon Reflexes

- L 3-4 Nerve Root - Patellar Tendon - 2+, Average; Normal on the left and right

Nerve Root Assessment - Dermatome

- **L2 - Medial Ant.Thigh** - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- **L3 - Medial Ant. Knee** - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- **L4 - Medial Foot** - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- **L5 - Dorsum of Foot** - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- **S1 - Lateral Foot** - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right

Nerve Root Assessment - Myotome

- **L2 Nerve Root - Iliopsoas:** 4/5, Movement against gravity with some resistance on the left and right;
- **L3 Nerve Root - Quadricep:** 5/5, Movement against gravity with full resistance on the left and right;
- **L4 Nerve Root - Tibialis Anterior:** 5/5, Movement against gravity with full resistance on the left and right;
- **L5 Nerve Root - Extensor Hallucis Longus:** 5/5, Movement against gravity with full resistance on the left and right;
- **S1 Gastrocnemius / Soleus:** 5/5, Movement against gravity with full resistance on the left and right;

Balance / Cerebellum

Date of Service: [REDACTED]

Squat Balance
 Patient was Alert and Oriented
 x4

Left WNL

Right WNL

Musculoskeletal**Posture**

The following postural deviations were observed:

- Head/cervical flexion +RxH
- Thoracic/lumbar flexion +RxT
- Pelvis/sacrum extension -RxP

Pt sits with post pelvic tilt and fwd head posture. No lateral lean ID in standing

Lumbar**Observation**

Swelling:	Mild edema around LB with palpation		
Gait	Pt walks with decr trunk rot		
Heel walk (L4)	Left	Right	WNL
Lordosis	Hypo		
Toe raises, multiple (S1)	Left	Right	WNL

Palpation

Left

Right

Tenderness	Tenderness
Pt tender to palpation to paraspinals	Pt tender to palpation to spinals
Additional Findings: Ropiness	Additional Findings: Ropiness

Joint Play**L4**

Left Restricted Restricted with
 tenderness

ROM**Lumbar ROM****Flexion (60°)**

Active WNL
 Pt able to perform level 5 Sahrmann Core Stability test, but utilized an anterior tilt to perform levels 3-->5

Extension (25°)

Active WNL

Abdomen / Gastrointestinal

Hx of gallbladder removal

Respiratory

COPD

Assessment**Diagnostic Statements:**

Pt presents with chronic LBP with movement coordination deficits

Assessment Statements:

Pt tolerated new exercises well with focus on core stability and quad and piriformis strengthening with emphasis on increased anterior tilt of the pelvis. Patient enjoys weighted exercises and would benefit from progression through entire dead lift sequencing to improve LBP.

Pts complaint of R shoulder pain and LBP that is believed to be referred pain from his gallbladder.

Pts responded well to muscle energy technique to level out alignment of LE. Pt also responded well to cervical traction but did not improve patients pain on shoulder.

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Pt responded well to treatment will continue to benefit from the NM re-education, ther ex, education, manual therapy, and ther act that physical therapy provides.

HEP assigned with addition of hip hinges while seated. Will assess for completion next session.

Prognosis:

Pt has a fair prognosis to decr his LBP, and participate in outdoor physical activity with his wife

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking

Complicating Factors: Excess weight and COPD

Plan

Objectify the L LLD the previous PT reported. If >3/8" a lift ought to be recommended.

5xSTS outcome measure to monitor LE strength

Manual Therapy Techniques

Manual Therapy (97140)

Total Time: 8 min

Unit(s): 1

Other Regions

SL Functional Massage (side-bending) Left Time: 8 min(s)

Massage Therapy

Massage Therapy (97124)

Exercises/Activities

Session Timing:

Exercises Performed Today:

- Leg press machine: 2 sets of 10 reps (97110) (Per patient's request. On lvl 17 2 sets of 10)
- Trunk Rotation w/ ball throw: 2 sets of 10 reps with 5lb lb weight (performed bilaterally)

Short Term Goals

Decrease Compensatory Patterns

Improve Biomechanical Function

Improve Gait

Increase Activities of Daily Living

Increase General Fitness

Increase Stability

Increase Strength

Long Term Goals

Increase general fitness, strength, and mobility over next 30 days.

Procedures

M40.46, M62.830

[REDACTED]
Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Provider's Signature

Date of Service: [REDACTED]

Rehab Daily Note

Date of Service: [REDACTED]

Subjective

Patient presents with *Dull pain, Stiffness* in the following location(s): *Lower Back* reported as occurring on *Chronic*.

What makes the problem worse: *Bending, Sitting*.

What makes the problem better: *Rest, Massage*.

Patient presents with *Dull pain, Stiffness* in the following location(s): *Right Shoulder* reported as occurring on *Insidious*.

What makes the problem worse: *Driving, Lifting, OH reaching*.

What makes the problem better: *Rest*.

Intensity of pain / tenderness noted: *9/10, TTP AC joint, UT/upper scapula area*.

Patient's complaint is *Frequent* and out of 10, where 0 is not severe at all, and 10 is extremely severe.

Questions to ask Patient: 1) Why were you referred to PT Heart? LBP 2) Do you think PT Heart, or PT in general, can help you? Massage 3) What activities do you have trouble doing now as a result of your condition? Putting on L shoe

Objective

Balance / Vascular Tests

5TSTS: 11.22s (outcome measure - functional LE strength)

Asymmetry / Misalignment

Segments found to be asymmetrical and / or misaligned:

LLD: Weber-barstow indicates L longer. Knee height in hooklying shows L knee higher. Supine-->long sit: no change in findings indicating potential structural LLD. Further testing needed, including for pelvic torsion and with measuring tape.

Cervical Spine

TOP = tenderness on palpation

Palpation No TOP Cervical radiculopathy TIC(Spurling's, distraction, ULTT1) negative

Cervical Range of Motion

Rest = Restricted Pain = Painful with ROM

Extension Rest R Lateral Flex Rest R Rotation Rest
no increase or recurrence of familiar pain

Lumbar Spine

Lumbosacral Range of Motion

Rest = Restricted Pain = Painful with ROM

Flexion Pain L Rotation Pain

ROM & Joint Play (all values are WNL except listed below)

Joint Play

L4

Left Restricted with tenderness

Observation (all values are WNL except listed below)

Asymmetry: L4 L transverse process dec excursion during flexion (ERS(L))

Gait Pt walks with decr trunk rot

Lordosis: hyper, normal, hypo hypo

Upper Extremity Shoulder

Date of Service: [REDACTED]

Palpation (all values are WNL except listed below) Moderate TOP

TOP = tenderness on palpation

Inc tenderness over R upper border of scapula and SC joint. Pt reports pain in general shoulder and upper arm during OH reaching (<90°) and driving. Pain is a dull to severe ache, frequent at rest.

ROM & Joint Play (all values are WNL except listed below)

ROM

Abduction (180°)

Right Active 145° +pain

Flexion (180°)

Right Active 150° +pain

Joint Play

Scapula

Right WNL

Time limited joint play assessment. time limited further special tests.

Observation (all values are WNL except listed below)

shoulder hiking w/ R abd & flex. pain and wincing on way up and down.

Orthopedic (all values are WNL except listed below)

decreased functional IR.

Assessment

Pt presents w/ history of chronic low back pain and new insidious onset of R shoulder pain. Pt describes LBP as an intense aching that occurs most of the day and is relieved with lying in supine. Aggravating factors include forward bending to pick up items and sitting for long periods of time. Extension does not increase symptoms and patient states he performs similar "stretches" i.e., thoracolumbar extension, at home to decrease pain. Pt describes R shoulder pain as an intense ache that is felt globally throughout the shoulder region including the brachium, sometimes extending to the elbow. OH reaching and driving aggravate shoulder pain, which is sometimes relieved by rest. Pt reports his PC suspects OA of the shoulder. Special testing ruled out cervical radiculopathy. R shoulder flexion and abduction ROM revealed limitation with pain, as well as compensatory scapular hiking. Neer's test was positive. Further testing is required to assess pt condition. Pt responded well to lumbar traction, and reported no change with BQL MMS. Treatment for LBP will continue to consist of LE and abdominal strengthening, manual techniques to decrease pain and increase mobility, as well as addition of repeated motions into extension to decrease pain. Low-intensity flexion exercises may be utilized once motor control and abdominal strength have improved.

M54. 5 - Low Back Pain

M62. 81 - Generalized Weakness

Other Diagnosis Codes:

Plan

Short Term Goals

Increase General Fitness
Increase Stability

Improve Biomechanical Function
Increase Strength

Improve Gait
Increase Activities of Daily Living

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Long Term Goals

2. Increase general fitness, strength, and mobility over next 30 days.

General Therapies

Manual Therapy Technique. *Manual unilateral lumbar traction to R lumbar spine in sidelying, QL stretch B. (8m)*
This was performed on this date of service .

Provider's Signature

Signed: [REDACTED] Fri [REDACTED] 19:36 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reported having 10/10 pain when first coming into clinic and has had back pain since 1979. Pt also reported being out of breath from walking. Pt wears a life alert like device around neck. Pt sleeps laying down which relives the back pain and walking aggravates pain.

History of Current Complaint:

Patient presents with LBP at "hinge" of pelvis and new complaints of R posterior shoulder pain that radiates down to the elbow and tender to palpation.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain and stiffness in the following location(s): lower back bilaterally as a result of unspecified reason.

Aggravating/Provocative Factors: Bending and Sitting

Relieving Factors: Rest and Massage

Other Complaint:

R sided Posterior Shoulder radiating down elbow

Questions to ask Patient:

- 1) Why were you referred to PT Heart? LBP
- 2) Do you think PT Heart, or PT in general, can help you? Massage
- 3) What activities do you have trouble doing now as a result of your condition? Putting on L shoe

Objective

Vitals

Heart Rate: 72
SPO2: 98

Respiratory Rate: 32

BP: 122 / 74

Neurological

Nerve Root Assessment - Deep Tendon Reflexes

- L 3-4 Nerve Root - Patellar Tendon - 2+, Average; Normal on the left and right

Nerve Root Assessment - Dermatome

- **L2 - Medial Ant.Thigh** - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- **L3 - Medial Ant. Knee** - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- **L4 - Medial Foot** - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- **L5 - Dorsum of Foot** - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- **S1 - Lateral Foot** - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right

Nerve Root Assessment - Myotome

- **L2 Nerve Root - Iliopsoas:** 4/5, Movement against gravity with some resistance on the left and right;
- **L3 Nerve Root - Quadricep:** 5/5, Movement against gravity with full resistance on the left and right;
- **L4 Nerve Root - Tibialis Anterior:** 5/5, Movement against gravity with full resistance on the left and right;
- **L5 Nerve Root - Extensor Hallucis Longus:** 5/5, Movement against gravity with full resistance on the left and right;
- **S1 Gastrocnemius / Soleus:** 5/5, Movement against gravity with full resistance on the left and right;

Balance / Cerebellum

Date of Service: [REDACTED]

Squat Balance
 Patient was Alert and Oriented
 x4

Left WNL

Right WNL

Musculoskeletal**Posture**

The following postural deviations were observed:

- Head/cervical flexion +RxH
- Thoracic/lumbar flexion +RxT
- Pelvis/sacrum extension -RxP

Pt sits with post pelvic tilt and fwd head posture. No lateral lean ID in standing

Lumbar**Observation**

Swelling:	Mild edema around LB with palpation		
Gait	Pt walks with decr trunk rot		
Heel walk (L4)	Left	Right	WNL
Lordosis	Hypo		
Toe raises, multiple (S1)	Left	Right	WNL

Palpation

Left

Right

Tenderness	Tenderness
Pt tender to palpation to paraspinals	Pt tender to palpation to spinals
Additional Findings: Ropiness	Additional Findings: Ropiness

Joint Play**L4**

Left Restricted Restricted with
 tenderness

ROM**Lumbar ROM****Flexion (60°)**

Active WNL
 Pt able to perform level 5 Sahrmann Core Stability test, but utilized an anterior tilt to perform levels 3-->5

Extension (25°)

Active WNL

Abdomen / Gastrointestinal

Hx of gallbladder removal

Respiratory

COPD

Assessment**Diagnostic Statements:**

Pt presents with chronic LBP with movement coordination deficits

Assessment Statements:

Pt tolerated new exercises well with focus on core stability and quad and piriformis strengthening with emphasis on increased anterior tilt of the pelvis. Patient enjoys weighted exercises and would benefit from progression through entire dead lift sequencing to improve LBP.

Pts complaint of R shoulder pain and LBP that is believed to be referred pain from his gallbladder.

Pts responded well to muscle energy technique to level out alignment of LE. Pt also responded well to cervical traction but did not improve patients pain on shoulder.

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Pt responded well to treatment will continue to benefit from the NM re-education, ther ex, education, manual therapy, and ther act that physical therapy provides.

HEP assigned with addition of hip hinges while seated. Will assess for completion next session.

Prognosis:

Pt has a fair prognosis to decr his LBP, and participate in outdoor physical activity with his wife

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking

Complicating Factors: Excess weight and COPD

Plan

Objectify the L LLD the previous PT reported. If >3/8" a lift ought to be recommended.

5xSTS outcome measure to monitor LE strength

Manual Therapy Techniques

Manual Therapy (97140)

Total Time: 8 min

Unit(s): 1

Other Regions

SL Functional Massage (side-bending) Left Time: 8 min(s)

Massage Therapy

Massage Therapy (97124)

Exercises/Activities

Session Timing:

Exercises Performed Today:

- Leg press machine: 2 sets of 10 reps (97110) (Per patient's request. On lvl 17 2 sets of 10)
- Trunk Rotation w/ ball throw: 2 sets of 10 reps with 5lb lb weight (performed bilaterally)

Short Term Goals

Decrease Compensatory Patterns

Improve Biomechanical Function

Improve Gait

Increase Activities of Daily Living

Increase General Fitness

Increase Stability

Increase Strength

Long Term Goals

Increase general fitness, strength, and mobility over next 30 days.

Procedures

M40.46, M62.830

Signed: [REDACTED] Fri [REDACTED] 10:34 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

History of Current Complaint:

Patient presents with LBP at "hinge" of pelvis and new complaints of R posterior shoulder pain that radiates down to the elbow and tender to palpation.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain and stiffness in the following location(s): lower back bilaterally as a result of unspecified reason.

Aggravating/Provocative Factors: Bending and Sitting

Relieving Factors: Rest and Massage

Other Complaint:

R sided Posterior Shoulder radiating down elbow

Questions to ask Patient:

- 1) Why were you referred to PT Heart? LBP
- 2) Do you think PT Heart, or PT in general, can help you? Massage
- 3) What activities do you have trouble doing now as a result of your condition? Putting on L shoe

Objective

Vitals

Heart Rate: 72
SPO2: 97

Respiratory Rate: 32

BP: 118 / 80

Neurological

Nerve Root Assessment - Deep Tendon Reflexes

- L 3-4 Nerve Root - Patellar Tendon - 2+, Average; Normal on the left and right

Nerve Root Assessment - Dermatome

- L2 - Medial Ant.Thigh - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- L3 - Medial Ant. Knee - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- L4 - Medial Foot - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- L5 - Dorsum of Foot - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- S1 - Lateral Foot - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right

Nerve Root Assessment - Myotome

- L2 Nerve Root - Iliopsoas: 4/5, Movement against gravity with some resistance on the left and right;
- L3 Nerve Root - Quadricep: 5/5, Movement against gravity with full resistance on the left and right;
- L4 Nerve Root - Tibialis Anterior: 5/5, Movement against gravity with full resistance on the left and right;
- L5 Nerve Root - Extensor Hallucis Longus: 5/5, Movement against gravity with full resistance on the left and right;
- S1 Gastrocnemius / Soleus: 5/5, Movement against gravity with full resistance on the left and right;

Balance / Cerebellum

Squat Balance

Patient was Alert and Oriented
x4

Left WNL

Right WNL

Date of Service: [REDACTED]

Musculoskeletal**Posture**

The following postural deviations were observed:

- Head/cervical flexion +RxH
- Thoracic/lumbar flexion +RxT
- Pelvis/sacrum extension -RxP

Pt sits with post pelvic tilt and fwd head posture. No lateral lean ID in standing

Lumbar**Observation**

Swelling:	Mild edema around LB with palpation		
Gait	Pt walks with decr trunk rot		
Heel walk (L4)	Left Right WNL		
Lordosis	Hypo		
Toe raises, multiple (S1)	Left Right WNL		

Palpation

	Left	Right
Tenderness		
Pt tender to palpation to paraspinals		

Additional Findings: Ropiness

Joint Play**L4**

Left Restricted Restricted with
tenderness

Tenderness

Pt tender to palpation to spinals
Additional Findings: Ropiness

ROM**Lumbar ROM****Flexion (60°)**

Active WNL
Pt able to perform level 5 Sahrmann Core Stability test, but utilized an anterior tilt to perform levels 3-->5

Extension (25°)

Active WNL

Abdomen / Gastrointestinal

Hx of gallbladder removal

Respiratory

COPD

Assessment**Diagnostic Statements:**

Pt presents with chronic LBP with movement coordination deficits

Assessment Statements:

Pt tolerated new exercises well with focus on core stability with emphasis on increased anterior tilt of the pelvis. Patient enjoys weighted exercises and would benefit from progression through entire dead lift sequencing to improve LBP.

Pts complaint of R shoulder pain was not appropriately assessed but could be a cervical issue and would benefit with further testing t next session.

Pt responded well to treatment will continue to benefit from the NM re-education, ther ex, education, manual therapy, and ther act that physical therapy provides.

HEP assigned with addition of hip hinges while seated. Will assess for completion next session.

Prognosis:

Pt has a fair prognosis to decr his LBP, and participate in outdoor physical activity with his wife

Reasons for Prognosis:

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking
Complicating Factors: Excess weight and COPD

Plan

Objectify the L LLD the previous PT reported. If >3/8" a lift ought to be recommended.
5xSTS outcome measure to monitor LE strength

Manual Therapy Techniques

Manual Therapy (97140)

Total Time: 8 min

Unit(s): 1

Other Regions

SL Functional Massage (side-bending) Left Time: 8 min(s)

Massage Therapy

Massage Therapy (97124)

Exercises/Activities

Session Timing:

Exercises Performed Today:

- Fast walking: (97110) (540ft with a pacer ahead)
- Dying bugs : 3 sets of 10 reps (97110) (Holding neutral pelvis and modified with only LE movement due to R Shldr pain)
- Double Knee to Chest w/ SB: 2 sets of 10 reps (97530) (can time for 2 minutes instead)
- Supine Bicycle: 2 sets of 10 reps (97112) (10 reps on each side)
- Hip Hinge with dowel while seated: 2 sets of 10 reps (97112) (Focusing on proper posture throughout range of motion)
- Leg press machine: 2 sets of 10 reps (97110) (Per patient's request. On lvl 17 2 sets of 10)

Short Term Goals

Decrease Compensatory Patterns
Increase Activities of Daily Living
Increase Strength

Improve Biomechanical Function
Increase General Fitness

Improve Gait
Increase Stability

Long Term Goals

Increase general fitness, strength, and mobility over next 30 days.

Procedures

M40.46, M62.830

Signed: [REDACTED]) Fri [REDACTED] 48:44 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

History of Current Complaint:

Patient presents with LBP at "hinge" of pelvis and new complaints of R posterior shoulder pain that radiates down to the elbow and tender to palpation.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain, and stiffness in the following location(s): lower back bilaterally as a result of unspecified reason.

Aggravating/Provocative Factors: Bending, and Sitting.

Relieving Factors: Rest, and Massage.

Other Complaint:

R sided Posterior Shoulder radiating down elbow

Questions to ask Patient:

- 1) Why were you referred to PT Heart? LBP
- 2) Do you think PT Heart, or PT in general, can help you? Massage
- 3) What activities do you have trouble doing now as a result of your condition? Putting on L shoe

Objective

Vitals

Heart Rate: 72
SPO2: 97

Respiratory Rate: 32

BP: 118 / 80

Neurological

Nerve Root Assessment - Deep Tendon Reflexes

- L 3-4 Nerve Root - Patellar Tendon - 2+, Average; Normal on the left and right

Nerve Root Assessment - Dermatome

- L2 - Medial Ant.Thigh - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- L3 - Medial Ant. Knee - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- L4 - Medial Foot - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- L5 - Dorsum of Foot - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- S1 - Lateral Foot - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right

Nerve Root Assessment - Myotome

- L2 Nerve Root - Iliopsoas: 4/5, Movement against gravity with some resistance on the left and right;
- L3 Nerve Root - Quadricep: 5/5, Movement against gravity with full resistance on the left and right;
- L4 Nerve Root - Tibialis Anterior: 5/5, Movement against gravity with full resistance on the left and right;
- L5 Nerve Root - Extensor Hallucis Longus: 5/5, Movement against gravity with full resistance on the left and right;
- S1 Gastrocnemius / Soleus: 5/5, Movement against gravity with full resistance on the left and right;

Balance / Cerebellum

Squat Balance

Patient was Alert and Oriented
x4

Left WNL

Right WNL

Date of Service: [REDACTED]

Musculoskeletal

Posture

The following postural deviations were observed:

- Head/cervical flexion +RxH
- Thoracic/lumbar flexion +RxT
- Pelvis/sacrum extension -RxP

Pt sits with post pelvic tilt and fwd head posture. No lateral lean ID in standing

Lumbar

Observation

Swelling:	Mild edema around LB with palpation
Gait	Pt walks with decr trunk rot
Heel walk (L4)	Left Right WNL
Lordosis	Hypo
Toe raises, multiple (S1)	Left Right WNL

Palpation

Left	Right
------	-------

Tenderness	Tenderness
Pt tender to palpation to paraspinals	Pt tender to palpation to spinals
Additional Findings: Ropiness	Additional Findings: Ropiness

Joint Play

L4

Left Restricted Restricted with tenderness

ROM

Lumbar ROM

Flexion (60°)

Active WNL
Pt able to perform level 5 Sahrmann Core Stability test, but utilized an anterior tilt to perform levels 3-->5

Extension (25°)

Active WNL

Abdomen / Gastrointestinal

Hx of gallbladder removal

Respiratory

COPD

Assessment

Diagnostic Statements:

Pt presents with chronic LBP with movement coordination deficits

Assessment Statements:

Pt tolerated new exercises well with focus on core stability with emphasis on increased anterior tilt of the pelvis. Patient enjoys weighted exercises and would benefit from progression through entire dead lift sequencing to improve LBP.

Pts complaint of R shoulder pain was not appropriately assessed but could be a cervical issue and would benefit with further testing t next session.

Pt responded well to treatment will continue to benefit from the NM re-education, ther ex, education, manual therapy, and ther act that physical therapy provides.

HEP assigned with addition of hip hinges while seated. Will assess for completion next session.

Prognosis:

Date of Service: [REDACTED]

Pt has a fair prognosis to decr his LBP, and participate in outdoor physical activity with his wife

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking

Complicating Factors: Excess weight, and COPD

Diagnoses Codes

Plan

Objectify the L LLD the previous PT reported. If >3/8" a lift ought to be recommended.

5xSTS outcome measure to monitor LE strength

Manual Therapy Techniques

Manual Therapy (97140)

Total Time: 8 min

Unit(s): 1

Other Regions

SL Functional Massage (side-bending)

Left Time: 8 min(s)

Massage Therapy

Massage Therapy (97124)

Exercises/Activities

Session Timing:

Exercises Performed Today:

- Fast walking: (97110) (540ft with a pacer ahead)
- Dying bugs : 3 sets of 10 reps (97110) (Holding neutral pelvis and modified with only LE movement due to R Shldr pain)
- Double Knee to Chest w/ SB: 2 sets of 10 reps (97530) (can time for 2 minutes instead)
- Supine Bicycle: 2 sets of 10 reps (97112) (10 reps on each side)
- Hip Hinge with dowel while seated: 2 sets of 10 reps (97112) (Focusing on proper posture throughout range of motion)
- Leg press machine: 2 sets of 10 reps (97110) (Per patient's request. On lvl 17 2 sets of 10)

Short Term Goals

- Decrease Compensatory Patterns
- Improve Biomechanical Function
- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Stability
- Increase Strength

Long Term Goals

- Increase general fitness, strength, and mobility over next 30 days.
- Decr LBP pain so that pt can perform dressing activities without painful restrictions in 30 days.

Procedures

M40.46, M62.830

Date of Service: [REDACTED]

Physical Therapy Initial Exam

Date of Encounter: [REDACTED]

History of Present Illness

History of Current Complaint:

Patient presents with LBP and decr hipROM in L hip flex and ER combo 2^o LBP. He reports having difficulty putting on his shoes on his L LE.

Primary Complaint:

Bilateral Lower back

Patient presents with dull pain in the following location(s): lower back bilaterally as a result of unspecified reason.

Aggravating/Provocative Factors: Bending, and Sitting.

Relieving Factors: Rest, and Massage.

Questions to ask Patient:

- 1) Why were you referred to PT Heart? LBP
- 2) Do you think PT Heart, or PT in general, can help you? Massage
- 3) What activities do you have trouble doing now as a result of your condition? Putting on L shoe

Review of Systems

Musculoskeletal

Current: Lower Back Pain / Symptoms

Neurological

Current: Dizzy spells (Transferring from supine to sit), Loss of balance (Pt lost balance after coming up from flexing fwd)

SLUMP Test- inconclusive 2^o calf tightness

SLR test- inconclusive 2^o calf tightness

Pt only felt a pulling sensation in calves when tested. Pt had 1 pillow under his head for SLR and his feet were set 1 fist apart.

Physical Examination

Vitals

Heart Rate: 62

BP: 118 / 72

Neurological

Nerve Root Assessment - Deep Tendon Reflexes

- L 3-4 Nerve Root - Patellar Tendon - 2+, Average; Normal on the left and right

Nerve Root Assessment - Dermatome

- L2 - Medial Ant.Thigh - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- L3 - Medial Ant. Knee - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- L4 - Medial Foot - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- L5 - Dorsum of Foot - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right
- S1 - Lateral Foot - The dermatome for this nerve root was found to be within normal limits on the left and within normal limits on the right

Nerve Root Assessment - Myotome

- L2 Nerve Root - Iliopsoas: 4/5, Movement against gravity with some resistance on the left and right;
- L3 Nerve Root - Quadricep: 5/5, Movement against gravity with full resistance on the left and right;
- L4 Nerve Root - Tibialis Anterior: 5/5, Movement against gravity with full resistance on the left and right;
- L5 Nerve Root - Extensor Hallucis Longus: 5/5, Movement against gravity with full resistance on the left and right;

Date of Service: [REDACTED]

- **S1 Gastrocnemius / Soleus:** 5/5, Movement against gravity with full resistance on the left and right;

Balance / Cerebellum**Squat Balance**

Patient was Alert and Oriented
x4

Left WNL

Right WNL

Musculoskeletal**Posture**

The following postural deviations were observed:

Pt sits with post pelvic tilt and fwd head posture. No lateral lean ID in standing

Lumbar**Observation**

Swelling:	Mild edema around LB with palpation		
Gait	Pt walks with decr trunk rot		
Heel walk (L4)	Left	Right	WNL
Lordosis	Hypo		
Toe raises, multiple (S1)	Left	Right	WNL

Palpation

Left

Right

Tenderness	Tenderness
Pt tender to palpation to paraspinals	Pt tender to palpation to paraspinals
Additional Findings: Ropiness	Additional Findings: Ropiness

Joint Play**L4**

Left Restricted Restricted with tenderness

ROM**Lumbar ROM****Flexion (60°)**

Active WNL

Pt able to perform level 5 Sahrmann Core Stability test, but utilized an anterior tilt to perform levels 3-->5

Extension (25°)

Active WNL

Abdomen / Gastrointestinal

Hx of gallbladder removal

Respiratory

COPD

Labs and Imaging

MRI and CT scan of lungs for COPD, no imaging for LB

Assessment**Diagnostic Statements:**

Pt presents with chronic LBP with movement coordination deficits

Assessment Statements:

Pt reported LBP and incr LBP with L hip flex and ER combo and refused to ascend the stairs prior to the appointment. Pt did not report a history of trauma or date of onset. Pt did not present with scoliosis, kyphosis, or other skeletal deformities. In gait, the patient lands flat-footed, lacks DF, and has little to no trunk rotation. Upon visual examination of the LB, there was no sill indicating spondylolisthesis and pt reported no tingling or numbness in LEs. When pt was asked to point to his pain, he pointed right above B

Date of Service: [REDACTED]

PSIS, but did not experience pain with SIJ provocation testing (Post SIJ stress test, sacral thrusts).

Neurodynamic testing was inconclusive 2* to calf tightness B, but pt does report difficulty squatting without a wide BOS 2* "tightness" indicating that the patient may experience neural tension when squatting without a wide BOS. This calf tightness causes the patient to be unable to reach past neutral DF in B ankles. When the prone instability test was performed the patient reported his pain at L3-L4 with PA pressure. Upon raising his B LE with L4 PA pressure, the patient reported a slight decr in pain at L4 indicating that the patient is a good candidate for core strengthening. The patient's performance on the Sahrmann's Core stability test supports that the patient would benefit from core strengthening. When pt was asked to perform trunk fwd flex, pt demonstrated aberrant movement upon coming back up.

Pt reported his pain decr with paraspinal massage, after initial tenderness, and SL lumbar traction to L LB. After the session pt did descend the stairs and performed a fast walk to his car. Pt was then educated on the benefits of walking on LBP and was instructed to walk outside with his wife each time she routinely walked outside for his HEP. Pt was educated on how to log roll and the importance of maintaining a neutral spine whilst transferring in and out of bed. Pt was educated in his care about the importance of and position of neutral spine sitting whilst driving.

Pt responded well to treatment will continue to benefit from the NM re-education, ther ex, education, manual therapy, and ther act that physical therapy provides.

Prognosis:

Pt has a fair prognosis to decr his LBP, and participate in outdoor physical activity with his wife

Reasons for Prognosis:

Complicating factors, age, previous non-compliance to HEP, good social support, presence of aberrant movement, positive prone instability test, social support is active herself and desires him to participate in aerobic act such as walking

Complicating Factors: Excess weight, and COPD

Diagnoses Codes

Plan

Objectify the L LLD the previous PT reported. If >3/8" a lift ought to be recommended.

5xSTS outcome measure to monitor LE strength

Manual Therapy Techniques

Manual Therapy (97140)

Total Time: 3 min

Unit(s): 0

Other Regions

SL lumbar traction Left Time: 3 min(s)

Massage Therapy

Massage Therapy (97124)

Total Time: 3 min

Lumbar

Paraspinals Left Right Time: 3 min(s)

Exercises/Activities

Session Timing:

Exercises Performed Today:

- Fast walking- outside: (97110) (40ft)

Short Term Goals

Decrease Compensatory Patterns

Improve Biomechanical Function

Improve Gait

Increase Activities of Daily Living

Increase General Fitness

Increase Stability

Increase Strength

Long Term Goals

Increase general fitness, strength, and mobility over next 30 days.

Decr LBP pain so that pt can perform dressing activities without painful restrictions in 30 days.

[REDACTED]
Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Procedures

M40.46, M62.830

Signed: [REDACTED] Mon [REDACTED] 10:18 EST [REDACTED]

Signed: [REDACTED] Fri [REDACTED] 19:13 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Initial Exam

Date of Encounter: [REDACTED]

History of Present Illness

History of Current Complaint:

Patient presents with LBP and LE/trunk weakness. Previous PT reported that the patient presented on evaluation with left anterior rotated innominate and leg length discrepancy of a "long" left LE. Previous PT also reported that patient was non-compliant with HEP.

Questions to ask Patient:

- 1) What hobbies do you have? Are they difficult to do now?
- 2) Why were you referred to PT Heart?
- 3) Do you think PT Heart, or PT in general, can help you?
- 4) What activities do you have trouble doing now as a result of your condition?
- 5) How many steps into your home?
- 6) How many floors in your home? If more than one, how many steps to get to other floors?
- 7) Any change in the floor surface in your home? Hardwood? Tile? Carpet?
- 8) Any pets?

Review of Systems

Musculoskeletal

Current: Lower Back Pain / Symptoms

Neurological

SLUMP Test

Neurodynamic tests for...

- Sciatic nerve: R leg ; L leg