

**Patient Name:** Sarah Johnson  
**Date of Birth:** 05/15/1985  
**Start of Care:** 02/12/2025  
**Payer:** Blue Cross Blue Shield  
**Hospitalization:** None

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## Diagnosis

The patient has the following diagnoses: Med – other intervertebral disc displacement in the lumbar region (M51.2) with an onset date of 01/15/2025, Tx – radiculopathy in the lumbar region (M54.16) with an onset date of 01/15/2025, Tx – low back pain (M54.5) with an onset date of 01/10/2025, Tx – difficulty in walking (R26.2) with an onset date of 01/20/2025, and Tx – repeated falls (R29.6) with an onset date of 01/20/2025.

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## Treatment Approaches

- PT Evaluation
  - Therapeutic Exercises
  - Neuromuscular Reeducation
  - Gait Training Therapy
  - Therapeutic Activities
  - Electric Stimulation (as needed)
  - Diathermy Treatment and/or Microwave Therapy
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## Frequency, Duration, Intensity, Certified Period

- **Frequency:** 3 sessions per week
  - **Duration:** 6 weeks
  - **Intensity:** Moderate intensity with gradual progression
  - **Certified Period:** 02/12/2025 - 03/26/2025
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## **Plan of Treatment**

### **Short Term Goals**

1. Sarah will perform lumbar stabilization exercises with Min (A) and maintain proper posture and body mechanics to reduce pain during activities of daily living. (Target: 02/26/2025)
2. Sarah will increase left lower extremity strength to 4-/5 to improve gait stability and reduce radicular pain. (Target: 02/26/2025)
3. Sarah will safely perform sit-to-stand transfers with Min (A) and 10% verbal cues for proper sequencing. (Target: 02/26/2025)
4. Sarah will demonstrate improved sitting tolerance for at least 30 minutes without exacerbation of radicular symptoms. (Target: 02/26/2025)

### **Long Term Goals**

1. Sarah will achieve independent bed mobility without pain and with proper trunk control. (Target: 03/26/2025)
2. Sarah will ambulate 200 feet independently on level surfaces with a normalized gait pattern and without analgesia. (Target: 03/26/2025)
3. Sarah will safely perform lifting tasks up to 20 lbs using proper body mechanics without exacerbation of symptoms. (Target: 03/26/2025)
4. Sarah will report a decrease in pain levels from 8/10 to 2/10 on the Visual Analog Scale during daily activities. (Target: 03/26/2025)

### **Patient Goals**

- “To be able to sit comfortably at work and participate in family activities without pain.”

### **Potential for Achieving Goals**

- Sarah demonstrates good rehab potential as evidenced by high prior level of function, motivation to participate, insight regarding functional deficits, ability to follow multi-step directions, and strong family support.

### **Participation**

- Sarah is highly motivated to regain functional independence and reduce pain to resume work duties and family activities.
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## Initial Assessment / Current Level of Function & Underlying Impairments

### Factors Supporting Medical Necessity

- **Referral:** Referred by Primary Care Physician for PT evaluation and treatment due to herniated disc and radiculopathy.
  - **Medical History:** Herniated disc at L4-L5 with associated left lumbar radiculopathy.
  - **Complexities:** Chronic low back pain, limited sitting tolerance, and radicular symptoms exacerbated by prolonged sitting and lifting.
  - **Prior Treatment:** NSAIDs, muscle relaxants, and rest with minimal improvement.
  - **Prior Living Situation:** Independent with all activities of daily living.
  - **Discharge Plan:** Return to prior level of function without pain or mobility limitations.
  - **Prior Level of Function (PLOF):** Fully independent, active lifestyle with full-time employment.
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### Background Assessment

- **Precautions:** Avoid heavy lifting, prolonged sitting, and excessive lumbar flexion.
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### Joint ROM / Goniometric Measurements

- **AROM- Right Hip:** Flexion 0-120°, Extension 0-30°
  - **AROM- Right Ankle:** Dorsiflexion 0-15°, Plantarflexion 0-50°
  - **AROM- Left Hip:** Flexion 0-110° (Limited by pain), Extension 0-20°
  - **AROM- Left Ankle:** Dorsiflexion 0-10° (Decreased), Plantarflexion 0-50°
  - **LE ROM:** Decreased lumbar flexion and extension due to pain and muscle guarding.
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### Strength / Manual Muscle Testing

- **RLE:** 4+/5 throughout
  - **LLE:**
    - **Strength - Left Hip:** 3+/5 (Limited by pain)
    - **Strength - Left Knee:** 4-/5
    - **Strength - Left Ankle:** 3+/5 (Weakness noted)
  - **LE Strength:** Generalized weakness in the left lower extremity due to pain and radiculopathy.
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## Balance

- **Sitting Balance:** Fair, requires Min (A) for dynamic stability.
  - **Standing Balance:** Fair, increased sway noted with eyes closed.
  - **Balance Loss:** Reports occasional loss of balance when transitioning from sit to stand.
  - **Reactions & Strategies:** Delayed protective reactions noted on the left side.
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## Additional Abilities / Underlying Impairments

- **Cardiopulmonary Function:** Within normal limits.
  - **Tone and Posture:** Increased muscle tension in lumbar paraspinals.
  - **Pain and Edema:** Pain reported as 8/10 in the lower back and left leg.
  - **Coordination:** Mild deficits noted in left lower extremity coordination.
  - **Sensory Test Findings:** Decreased sensation in left L5 dermatome.
  - **Cognition:** Intact.
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## Visual Assessment

- **History and Analysis:** No visual impairments affecting balance or coordination.
  - **Testing:** WNL (Within Normal Limits).
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## Functional Assessment

- **Bed Mobility:** Requires Min (A) due to pain and decreased trunk control.
  - **Transfers:** Moderate difficulty with sit-to-stand transitions.
  - **Gait:** Antalgic gait with decreased weight bearing on the left leg.
  - **Gait Analysis:** Decreased stance phase and push-off on the left.
  - **Other Areas:** Difficulty with prolonged sitting and lifting tasks.
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## Objective Tests / Measures & Additional Analysis

- **Assessments:**
  - **Oswestry Disability Index (ODI):** 52% (Severe Disability)
  - **Timed Up and Go (TUG):** 18 seconds (Moderate fall risk)
- **Other:** Home Exercise Program needed for lumbar stabilization and strengthening.
- **Additional Analysis:**
  - **Trunk Strength:** Abdominals/Flexors - 4-/5, Extensors - 4-/5

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## Clinical Impressions

Sarah presents with lumbar disc herniation and associated radiculopathy causing pain and functional limitations. Her symptoms are exacerbated by sitting and lifting. She demonstrates good rehab potential to return to her prior level of function with skilled PT interventions, including lumbar stabilization exercises, neuromuscular reeducation, and gait training. She will benefit from pain management strategies, progressive strengthening, and body mechanics training to reduce pain and improve mobility.

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## Test/Measures and Outcomes

- **Oswestry Disability Index (ODI):** Target to reduce to < 20% by the end of treatment.
- **Visual Analog Scale (Pain):** Target to decrease from 8/10 to 2/10.
- **Timed Up and Go (TUG):** Target to improve to < 12 seconds.