

## Physical Therapy Treatment Plan

**Patient Name:** Mason Williams

**Date of Birth:** 05/22/1968

**Start of Care:** 02/12/2025

**Payer:** Private Insurance

**Hospitalization:** None

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### Diagnosis

The patient has the following diagnoses: Med – spinal stenosis in the lumbar region with neurogenic claudication on the right side (M48.061) and left side (M48.062), both with an onset date of 01/15/2025, Tx – low back pain (M54.5) with an onset date of 01/15/2025, and Tx – myalgia (muscle pain) in the lumbar region (M79.1) with an onset date of 01/15/2025.

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### Treatment Approaches

- **PT Evaluation** (Initial evaluation of posture, mobility, strength, and pain levels to assess the severity of stenosis and functional limitations)
  - **Therapeutic Exercises** (Core strengthening, lumbar stabilization exercises, and gentle stretching of the lumbar spine to improve posture and mobility)
  - **Manual Therapy** (Gentle spinal mobilization and soft tissue techniques to address muscle tightness and improve spinal alignment)
  - **Postural Training** (Education on safe sitting, standing, and walking techniques to reduce strain on the lumbar spine and alleviate symptoms)
  - **Aquatic Therapy** (If available, use of water therapy to reduce load on the spine while improving strength and flexibility)
  - **Modalities** (TENS for pain management, ice for acute inflammation, and heat for muscle relaxation)
  - **Activity Modification** (Education on modifying daily activities, with an emphasis on avoiding prolonged standing and walking, and incorporating sitting or leaning forward when possible)
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### Frequency, Duration, Intensity, Certified Period

- **Frequency:** 2-3 sessions per week
  - **Duration:** 6-8 weeks
  - **Intensity:** Moderate intensity with gradual progression based on symptom response
  - **Certified Period:** 02/12/2025 - 04/06/2025
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## **Plan of Treatment**

### **Short Term Goals**

1. Mason will report a 30% reduction in low back pain and leg discomfort during standing and walking activities within 4 weeks (Target: 03/12/2025).
2. Mason will demonstrate improved posture and use of lumbar support while sitting and standing, with less reliance on leaning forward within 4 weeks (Target: 03/12/2025).
3. Mason will engage in 15 minutes of continuous walking with minimal discomfort, improving functional mobility, within 4 weeks (Target: 03/12/2025).
4. Mason will be able to perform lumbar stabilization exercises (e.g., pelvic tilts, bridges) with proper form and minimal discomfort within 4 weeks (Target: 03/12/2025).

### **Long Term Goals**

1. Mason will report a 50% reduction in low back and leg pain, with no significant discomfort during prolonged walking or standing, by the end of treatment (Target: 04/06/2025).
2. Mason will demonstrate the ability to perform activities of daily living (ADLs), such as walking and standing for 30 minutes or longer, without exacerbating symptoms by the end of treatment (Target: 04/06/2025).
3. Mason will achieve strength and endurance in the core and lower back muscles to support lumbar stability and reduce pain during functional activities by the end of treatment (Target: 04/06/2025).
4. Mason will achieve independent use of postural modifications during daily activities to reduce strain on the lumbar spine by the end of treatment (Target: 04/06/2025).

### **Patient Goals**

- "I want to be able to walk longer distances without pain in my back and legs."
- "I want to be able to stand for longer periods without feeling discomfort."

### **Potential for Achieving Goals**

- Mason has good potential for improvement due to his willingness to participate in therapy and commitment to managing his condition. His symptoms appear to be related to posture and activity levels, so with consistent therapeutic exercises and lifestyle adjustments, he can expect significant improvements.

### **Participation**

- Mason is motivated and actively engaged in his rehabilitation process, demonstrating a strong desire to return to regular physical activities and daily routines.
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## Initial Assessment / Current Level of Function & Underlying Impairments

### Factors Supporting Medical Necessity

- **Referral:** Mason was referred for physical therapy due to chronic low back pain and neurogenic claudication caused by lumbar spinal stenosis, significantly impacting his ability to walk and stand for prolonged periods.
  - **Medical History:** No significant comorbidities, but Mason has a long history of lumbar pain.
  - **Complexities:** Mason's pain worsens with prolonged standing and walking, limiting his ability to engage in regular physical activity.
  - **Prior Treatment:** No previous surgeries or invasive treatments. Mason has used over-the-counter pain medications and tried stretching on his own, with minimal relief.
  - **Prior Living Situation:** Active lifestyle with a job that requires extended periods of standing.
  - **Discharge Plan:** Return to full functional mobility and ability to stand and walk for extended periods.
  - **Prior Level of Function (PLOF):** Active with minimal limitations prior to the onset of symptoms.
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### Background Assessment

- **Precautions:** Avoid exacerbating pain by overexertion or extended periods of standing/walking. Use lumbar support when sitting for prolonged periods.
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### Joint ROM / Goniometric Measurements

- **Lumbar Spine Flexion/Extension (Right):** Limited with pain at end ranges
  - **Lumbar Spine Lateral Flexion:** Mild restriction noted with discomfort
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### Strength / Manual Muscle Testing

- **Core Strength (Right):** 4-/5 (Good-)
  - **Hip Flexors (Right):** 4/5 (Good)
  - **Hip Extensors (Right):** 4/5 (Good)
  - **Lower Back Muscles (Right):** 3+/5 (Fair+)
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## Balance

- **Standing Balance:** Mild difficulty with prolonged standing, requires support after 5-10 minutes
  - **Walking Balance:** Mild instability and increased pain with walking longer than 10 minutes
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## Additional Abilities / Underlying Impairments

- **Cardiopulmonary Function:** Normal
  - **Tone and Posture:** Mild postural abnormalities, with a tendency to lean forward to alleviate pain
  - **Pain and Edema:** Moderate low back pain radiating into the legs, with no significant edema noted
  - **Coordination:** No signs of coordination deficits
  - **Cognition:** Cognitively intact, understands the importance of treatment
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## Visual Assessment

- **History and Analysis:** Chronic low back pain and radiating leg symptoms consistent with lumbar spinal stenosis.
  - **Testing:** Straight leg raise test positive for nerve root irritation in the lumbar region.
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## Functional Assessment

- **Walking:** Difficulty walking for more than 5 minutes due to back and leg pain.
  - **Standing:** Difficulty standing for more than 10 minutes without exacerbating symptoms.
  - **Sitting:** Alleviates pain when leaning forward, but prolonged sitting causes mild discomfort.
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## Objective Tests / Measures & Additional Analysis

- **Assessments:**
    - **Back Pain Severity:** VAS 6/10, radiating into both legs
    - **Walking Test:** 10-minute walk test completed with increased pain and need to rest
    - **Straight Leg Raise Test:** Positive for nerve root irritation, indicative of stenosis
  - **Other:** Home Exercise Program (HEP) focusing on gentle lumbar stretching, core strengthening, and activity modifications.
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## Clinical Impressions

Mason is presenting with classic symptoms of lumbar spinal stenosis, with pain radiating into both legs and increased symptoms during standing and walking. The pain is relieved with sitting or leaning forward. With the appropriate combination of manual therapy, exercises for lumbar stabilization and strength, and postural training, Mason is expected to experience a reduction in pain and improvement in functional mobility.

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## Test/Measures and Outcomes

- **Pain Reduction:** Goal to reduce pain by 30% in the next 4 weeks with appropriate interventions.
- **Functional Mobility:** Goal to improve walking tolerance to 15 minutes with minimal pain by the end of treatment.
- **Core Strength:** Goal to achieve 4+/5 core strength by the end of treatment.
- **Postural Control:** Goal to reduce reliance on leaning forward by the end of treatment, improving functional sitting and standing posture.