

Patient Name: Patient, Test
Date of Birth: 01/01/1990
Referring Physician(s): Direct Access
Visit No.: 1

Date of Initial Examination: 05/06/2013
Injury/Onset Date/Change of Status Date: Chronic, Insidious
Diagnosis: 724.00: Spinal stenosis, unspecified region
Treatment Diagnosis: 724.00: Spinal stenosis, unspecified region

Subjective

History of Present Condition/Mechanism of Injury: Test Patient is a 50 y/o FM referred by Dr. Healing - with primary Dx: Low back pain, intermittent radicular pain down into (L)LE and difficulty in walking for skilled PT services to evaluate and begin treatment. Test Patient

states she has been experiencing painful symptoms x 2 months, however it has progressed in severity affecting her overall functional status - especially over the last 2-4 weeks

Current Level of Function: Minimal to Severe antalgic/alterd gait pattern, difficulty with WB activities, activities of daily living, sitting (constantly shifting in chair), standing, transfers and walking. Test Patient states she can only tolerate sitting x 5 mins, standing x 10 mins and or walking x30 mins before moderate to severe return of painful symptoms. She has avoided lifting, bending/squatting and stairs secondary to increase in pain.

Prior Level of Function: Patient was independent in the following areas: ADLs, Self Care, Ambulation/Mobility.

Functional Limitations: Sleep, Self Care, ADLs

Aggravating Factors: Sitting

Primary Concern/Chief Complaint: Moderate low back pain and at rest and increases to Severe with weight bearing status, also C/O intermittent radicular pain down (L)hip/(L) LE - inflammation, decrease in AROM/PROM, decrease in flexibility, decrease in muscle / functional strength, decreased proprioception and static / dynamic balance.

Pain Scale: Worst: 8 Best: 4 Current: 6

Mental Status/Cognitive Function Appears Impaired? No

Medical History: Osteoarthritis, Diabetes Mellitus Type 1

Unexplained Weight Loss: No

General Health: Fair

Current Medications With Dosages: Not currently taking any medications

Patient Goals: " I would like my low back and radicular (L)LE pain to go away, so I can do more."

Objective

Inspection

Patient Consent

Patient/Parent/Guardian Consent Yes

Lower Extremity

Lower Extremity Functional Scale 6/80

Range of Motion

Comments

Lumbar AROM
Forward Bending 30°
Backward Bending 10°
Right Rotation 20°
Left Rotation 15°

Strength

Comments

Lumbar Spine MMT : not tested secondary to severe increase in pain with testing upon evaluation

Physical Therapy Initial Examination

Palpation

Palpation

Right Thoracic Paraspinals
Left Thoracic Paraspinals

Tender with increased tissue tension
Tender with increased tissue tension

Assessment

Assessment/Diagnosis: Moderate low back pain and at rest and increases to Severe with weight bearing status, also C/O intermittent radicular pain down (L)hip/(L) LE - inflammation, decrease in AROM/PROM, decrease in flexibility, decrease in muscle / functional strength, decreased proprioception and static / dynamic balance.

Patient Education: instructed patient in proper body mechanics and back safety.

Patient Demonstrates Compliance with Prescribed HEP

Rehab Potential: Good

Contraindications to Therapy: None

Patient Problems:

- Back pain

Short Term Goals:

1: (2 Weeks) | 0% | Aerobic capacity & muscle performance (strength, power, endurance) are improved by 25%

Plan

Frequency: 1 time visit only

Duration: N/A

Plan: Begin Plan as Outlined

Treatment to be provided:

Procedures

Therapeutic Exercises, Therapeutic Activity

Modalities

To Improve (Pain Relief, Decrease Inflammation, Increase Blood Flow, Improve Tissue Healing)



Jurgen Cowling, PT

License #SC-1448-GA-PT001833

Completed by Jurgen Cowling, PT on May 6, 2013 at 3:44 pm