

Patient Name: Patient, Test
Date of Birth: 01/01/1990
Referring Physician(s): Direct Access
Date of Original Eval: 05/06/2013
Treatment Diagnosis: 724.00: Spinal stenosis, unspecified region

Date of Recertification: 05/06/2013
Injury/Onset Date/Change of Status Date: Chronic, Insidious
Diagnosis: 724.00: Spinal stenosis, unspecified region
Visit No.: 8

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 (improved from Minimal to Severe) antalgic/altered 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 10 mins (improved from 5 mins), standing x 15 mins (improved from 10 mins) and or walking x30 mins before moderate to severe return of painful symptoms. She no longer avoids 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.

Aggravating Factors: Sitting

Current Complaints / Gains: Mild 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.

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

Functional Deficit / Gains: Minimal (improved from Minimal to Severe) antalgic/altered 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 10 mins (improved from 5 mins), standing x 15 mins (improved from 10 mins) and or walking x30 mins before moderate to severe return of painful symptoms. She no longer avoids lifting, bending/squatting and stairs secondary to increase in pain.

Objective

Inspection

Patient Consent

Patient/Parent/Guardian Consent Yes

Lower Extremity

Lower Extremity Functional Scale 20/80 6

Range of Motion

*Previous Findings as of 2013-05-06

Comments

Lumbar AROM
 Forward Bending 40°
 Backward Bending 20°
 Right Rotation 30°
 Left Rotation 15°

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

Physical Therapy Recertification Note

Strength

**Previous Findings as of 2013-05-06*

Comments

Lumbar Spine MMT : Grossly graded at 3+/5

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

Palpation

Palpation

Right Thoracic Paraspinals

Tender with increased tissue tension

Left Thoracic Paraspinals

Tender with increased tissue tension

Assessment

Assessment/Diagnosis: Mild 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

Patient Problems:

- Back pain

Short Term Goals:

1: (2 Weeks) | 75% | Aerobic capacity & muscle performance (strength, power, endurance) are improved by 25% |

Summary/Recommendations: Patient is making good progress towards goal set at physical therapy evaluation, but requires additional skilled physical therapy at 1x a week x 4 weeks to meet unmet goal.

Plan

Frequency: 1 time visit only

Duration: N/A

Treatment to be provided:

Procedures

Therapeutic Exercises, Therapeutic Activity

Modalities

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



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Completed by Jurgen Cowling, PT on May 6, 2013 at 4:00 pm