

4-14-09

PT ~~3703~~

DUI 3-09

PROFESSOR OF HOPAEDIC MANUAL  
INDUSTRIAL REHABILITATION  
SPORTS MEDICINE



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**FAXED**  
4-15-09

### Physical Therapy Initial Evaluation

Date: 4/14/09 Name: Tiffany Anderson

Diagnosis: (P) lateral meniscus tear Date of Injury: 3/09

P.T.: Danielle Sartori Physician: Dr. Marata

History/Subjective Report/Complaints: pt was on (P) knee pain since cutting back brush at work in mid march. pt thinks MOI was walk up a steep grade. Her symptoms are tied by sitting 2-3 hrs, using the gas pedal, stepping up into the truck, squatting, and getting on/off the toilet.

Pain Level: 6-10/10

Prior Level of Functions: pt able to be on her feet 6 hrs per day walking on uneven ground, ladder 9ft, getting in/out of truck up to 2000/day.

Objective Data: AROM (P) knee 0-130°. Quad strength 4/5 hamstring strength 5/5. pt tender to palpation along pes anserine and medial gastroc tendon. pt also has tenderness to palpation of posterior horn of the lateral meniscus. pt able to do an 85% body weight squat w/ pain.

Assessment/Goals: pt presents w/ mild w/ strength & pain in (P) knee to do work and activity tolerance. Goals (1) pt able to recover from 0-135° in (P) knee & pain in 3 wks. (2) pt able to perform a deep body weight squat w/ pain in 3 wks. (3) pt able to step up into truck w/ controlled pain in 3 wks. (4) pt take (P) to HEP & symptom management in 3 wks.

- Treatment Plan: management in 3 wks
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Therapeutic Exercise     | <input type="checkbox"/> Manual Therapy                            | <input checked="" type="checkbox"/> Ice/Heat               |
| <input checked="" type="checkbox"/> Soft Tissue Mobilization | <input type="checkbox"/> Mechanical Traction                       | <input checked="" type="checkbox"/> Ultrasound             |
| <input type="checkbox"/> Neuromuscular Re-Education          | <input checked="" type="checkbox"/> Home Program/Patient Education | <input checked="" type="checkbox"/> Electrical Stimulation |
|  |  | <input type="checkbox"/> Other: _____                      |

Patient's Rehabilitation Potential Is:  Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor

Treatment Freq: 3 times per week for 2 weeks.

Therapist Signature: [Signature] License#: 33410