

DAILY NOTE

PATIENT'S NAME:

Tiffany Pedersen

DATE:

4/14/09

Visit #:

116

Subjective: Pt 40 pain in knee since cutting brush at work on 3/24/09 <sup>PS</sup> and going 74 inches. Aggs: sitting > 2-3 hrs, gas pedal, stepping up, ASD truck, squat, on/off toilet. Base: pn pills 4x/day, bike riding, ice, Ibuprofen

3x/day. PLOF? Pt has to be on feet 6 hrs per day, walk on uneven ground, ladders, get out of truck ~ 20x/day

Objective/Treatment:  Initial Evaluation / Re-evaluation Completed

E-Stim. To knee Type IFC Time 15

Ultrasound/Phonophoresis to med knee Cont. Pulsed 20 % x 6 min. @ 1.0 W/cm<sup>2</sup>

Traction: Cervical/Lumbar Cont/Inter. @ \_\_\_\_\_ lb. x \_\_\_\_\_ min. (on \_\_\_\_\_ /off \_\_\_\_\_)

Hot Pack to: \_\_\_\_\_ x \_\_\_\_\_ min.

Cold Pack to knee x 15 min. ✓ 82° 3 pain quads 475

Aquatic Therapy, see flow sheet. x \_\_\_\_\_ min. ✓ 130° 0 pain ham 575 @

Therapeutic Exercises, see flow sheet. x 15 min. 10° pain ~~med~~ DS hip add 575 @

Manual Therapy Technique x \_\_\_\_\_ min.:

HEP issued: Strength tender i palpation of pesansarini + med

Case Conference with PTA. gastro head. Post horn of lateral meniscus

Other, describe: \_\_\_\_\_ ligaments intact pt able to do 85° squat

Assessment: See eval

Plan:  Progress per treatment plan  Re-evaluate  Discharge

See eval Therapist: [Signature]

RX 4110109 BX 2 10NGTS and

DATE:

4/20/09

Visit #:

216

Subjective: Pt feels fine when taking pain pills.

Objective/Treatment:  Initial Evaluation / Re-evaluation Completed

E-Stim. To knee Type IFC Time 15

Ultrasound/Phonophoresis to \_\_\_\_\_ Cont. / Pulsed \_\_\_\_\_ % x \_\_\_\_\_ min. @ \_\_\_\_\_ W/cm<sup>2</sup>

Traction: Cervical/Lumbar Cont/Inter. @ \_\_\_\_\_ lb. x \_\_\_\_\_ min. (on \_\_\_\_\_ /off \_\_\_\_\_)

Hot Pack to: \_\_\_\_\_ x \_\_\_\_\_ min.

Cold Pack to knee x 15 min.

Aquatic Therapy, see flow sheet. x \_\_\_\_\_ min.

Therapeutic Exercises, see flow sheet. x 45 min.

Manual Therapy Technique x \_\_\_\_\_ min.:

HEP issued:

Case Conference with PTA

Other, describe: \_\_\_\_\_

Assessment: Pt tolerated knee ab well. Pt had no T

in knee pain p tx.

Plan:  Progress per treatment plan  Re-evaluate  Discharge

Therapist: [Signature]