

ORTHOPAEDIC MANUAL THERAPY
INDUSTRIAL REHABILITATION
SPORTS MEDICINE



631 South Ham Lane
Lodi, CA 93242
209 / 388-7433
FAX: 209 / 388-4219

Progress Report

Date: 4/27/09
To: Dr. Muratan
No. Visits Authorized: 6
No. Visits Completed: 4

Re: Tiffany Anderson
Diagnosis: (2) lateral meniscus tear
DOI: 3/09

Patient Subjectively: Resolved Improving X Unchanged Worse

Objective/Assessment: AROM @ knee +3-128°. Pt has some discomfort
at end range flexion in medial @ knee. Pt still tender along
res anterior insertion @ knee. Pt has pain @ lateral skip
up/down from 9" step negotiating in/out of truck at work.
No visible swelling in @ knee.

Functional Goals:

- ① ROM 0-135° in 3 wks
- ② Keep body weight squat & pain in 3 wks.
- ③ Pt able to step up into
truck & control pain in 4 wks
- ④ Keep & manage symptoms
in 4 wks

Status Update:

- not met
- not met
- not met
- ongoing

Patient Has Received Treatment Consisting Of:

- Manual Therapy
- Therapeutic Exercises
- Functional/Therapeutic Activities
- Self Care/Home Mgt. Training.
- Gait Training
- Therapeutic Modalities:
- Electrical Stimulation
- Ice/Heat
- Ultrasound
- Traction

Plan: Patient to continue current treatment program for 3 times per week for 3 weeks.

Recommend Discharge To: Home Program Gym Program Other
Reason For Discharge:

Therapist Signature: [Signature] License #: 33410

PLEASE COMPLETE AND SIGN THE PRESCRIPTION BELOW TO CONTINUE TREATMENT.

I certify/re-certify the need for these services furnished under this plan of treatment while under my care.

Physician Signature: [Signature] Date: 4/28/09