

DAILY NOTE

PATIENT'S NAME:

Tiffany Anderson

DATE:

5/12/09

Visit #:

1, 4

Subjective: Pt feeling sick today so wants to skip cardio.

Objective/Treatment:

Initial Evaluation / Re-evaluation Completed

- E-Stim. To _____ Type _____ Time _____
- Ultrasound/Phonophoresis to _____ Cont. / Pulsed _____ % x _____ min. @ _____ W/cm²
- Traction: Cervical/Lumbar Cont/Inter. @ _____ lb. x _____ min. (on _____ /off _____)
- Hot Pack to: _____ x _____ min.
- Cold Pack to: _____ x _____ min.
- Aquatic Therapy, see flow sheet. x _____ min.
- Therapeutic Exercises, see flow sheet. x 50 min.
- Manual Therapy Technique x _____ min.:
- HEP issued:
- Case Conference with PTA.

Other, describe:

Assessment: Pt tolerated to well, but left right after 2° feeling ill. Pt did not want to do modalities

Plan: Progress per treatment plan Re-evaluate Discharge

Therapist: *Rachelle Siskin, PT*

RX 4/28/09 1X4 4 approved

DATE:

5/20/09

Visit #:

2, 4

Subjective: Pt has been feeling better, really to go back to work next week

Objective/Treatment:

Initial Evaluation / Re-evaluation Completed

- E-Stim. To ① knee Type TEC Time 15
- Ultrasound/Phonophoresis to _____ Cont. / Pulsed _____ % x _____ min. @ _____ W/cm²
- Traction: Cervical/Lumbar Cont/Inter. @ _____ lb. x _____ min. (on _____ /off _____)
- Hot Pack to: _____ x _____ min.
- Cold Pack to: ① knee x 15 min. supra 43.4
- Aquatic Therapy, see flow sheet. x _____ min. mid 38.4
- Therapeutic Exercises, see flow sheet. x 55 min. infra 36.5
- Manual Therapy Technique x _____ min.:
- HEP issued:
- Case Conference with PTA.

Other, describe:

Assessment: Pt did well & thru 20-10 cis pain medial ① knee.

Plan: Progress per treatment plan Re-evaluate Discharge

Fatig up & swelling Therapist: *Rachelle Siskin, PT*

ALPINE ORTHOPAEDIC R-2 FORM
(209) 948-3333
Patient: Tiffany Anderson

2488 N. CALIFORNIA STREET
STOCKTON, CA 95204
Account#: DI 168478

- Periodic report
 Change in work status
 Change in patient's condition
 Need surgery/hospitalization
 Need consultation referral

- Change in treatment
 Info requested by:
 Discharged
 Other:

PATIENT

Account: DI 168478
Tiffany Anderson
1416 Iris Dr #7
SS#: 549-23-5133

Doctor: Gary T Murata M.D.
Sex: female DOB: 08/22/1970
Lodi Ca 95242
Phone: 209 263-7132

CLAIM ADMINISTRATOR

A.I.M.S. Claim #: VE0700184 DOI: 06/19/08
Po Box 269120 Sacramento, CA 95826
Employer: Sj Co Mosquito Control

DIAGNOSIS

1. 836.1 /

WORK STATUS: This patient has been instructed to

- Remain off work until 7/8/09, and then on 7/8/09, light duty with no squatting, no climbing, intermittent walking and standing.
 Return to modified work with the following limitations and restrictions:
 Return to full duty with no limitations or restrictions.
Continue with: Modified Work Full Duty

Date of Exam: July 07, 2009 Part of Body: Right Knee

Subjective: Tiffany had much worse symptoms last week. On Thursday, she had a fair amount of swelling and discomfort. She is taking Motrin three times a day. Today her knee is very painful.

Objective: Mild antalgic gait pattern. Mild effusion of her knee. Tenderness along the lateral joint line.

Assessment: Continued symptoms following partial lateral meniscectomy which is performed over nine mths ago.

Plan: Light duty for one week. I will see her back in the office at that time. Return to work tomorrow. I told Tiffany I would give her up to one year to improve after her arthroscopic treatment before declaring her permanent and stationary. Hopefully modified work is available.

I have not violated Labor Code 139.3, and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury. Dated 7/14/09, at San Joaquin County, CA.

Gary T. Murata, M.D./sh