

DAILY NOTE

PATIENT'S NAME:

Tiffany Anderson

DATE:

5/27/09

Subjective: PT had / in knee pain to 6-7/10 along anterior pt line by two end of the day at work.

Visit #:

3,4

Objective/Treatment:

Initial Evaluation / Re-evaluation Completed

- E-Stim. To ② knee Type IFC 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: ② knee x 15 min.
- Aquatic Therapy, see flow sheet. x _____ min.
- Therapeutic Exercises, see flow sheet. x 55 min.
- Manual Therapy Technique x _____ min.:
- HEP issued:
- Case Conference with PTA.

Arth supra 49.8 cm
mid 38.5 cm
ultra 36 cm

Other, describe: _____

Assessment: NOT any valid change in knee swelling p a day of work. PT 40 anterior, pt line pain, but able to complete all this so is ↑ in pain level. PT had had discomfort @ knee p this so.

Plan: Progress per treatment plan Re-evaluate Discharge

Therapist:

R. Mark Smith, PT

Rx 4/28/07

1X4

4/1

DATE:

Subjective:

Visit #:

1

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 _____ min.
- Manual Therapy Technique x _____ min.:
- HEP issued:
- Case Conference with PTA.

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JUN 05 2009

Assessment:

AIMS-SACRAMENTO

Plan: Progress per treatment plan Re-evaluate Discharge

Therapist:

Attention: John or Eddie

Alpine Orthopaedic Medical Group, Inc. ORTHOPAEDIC SURGERY

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2488 N. CALIFORNIA ST. STOCKTON, CA 95204 (209) 948-3333

DATE 5/1/09
It is my medical opinion that _____ D O I

Anderson Tiffany
is capable of resuming the activities of his/her occupation as described below:

WORK STATUS:
 Regular work as 5/26/09
 Modified work with limitations noted
 Unable to return to work until
Date: 5/26/09

WORK LIMITATION:
(✓) = partial capacity
(x) = no capacity
 Bending Reaching Lifting
 Climbing Standing _____ lbs.
 Pulling Pushing Sitting
[Signature] M.D.

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YOU HAVE AN APPOINTMENT WITH DOCTOR:

SALAMON CAHILL LEUNG WESTIN MURATA EAGER
 WINTER LE KAWAGUCHI ALEGRE BEEMAN

MON.	<u>TUES.</u>	WED.	THURS.	FRI.	<u>JUNE</u>					
JAN.	FEB.	MAR.	APR.	MAY	DEC.					
JULY.	AUG.	SEPT.	OCT.	NOV.						
1	2	3	4	5	6	7	8	<u>9</u>	10	
11	12	13	14	15	16	17	18	19	20	
21	22	23	24	25	26	27	28	29	30	31

TIME 2:10

Return to work 5/26
Lodi PT @ 3:00 5/27
Lodi PT @ 3:00 6/3
Alpine Dr. Murata @ 2:10 6/19
Lodi PT @ 3:00 6/11