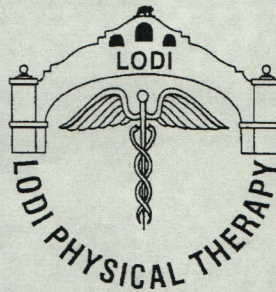


ORTHOPAEDIC MANUAL THERAPY  
INDUSTRIAL REHABILITATION  
SPORTS MEDICINE



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Lodi, CA 95242  
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June 25, 2008

WORK COMP CLAIM: VE0700184

Donald Rossman, M. D.  
Dameron Hospital, Rehab. Dept.  
420 W. Acacia St  
Stockton, Ca. 95203

INITIAL EVALUATION

Date of Eval: 06-25-08  
Diag: Knee effusion/ACL Sprain, Right  
Onset: 6-19-08

RE: **ANDERSON, Tiffany**

SUBJECTIVE: Thank you for your referral of Ms. Anderson to our clinic. She comes to us with complaint of right knee pain and swelling since climbing in/out of her truck for 2-days at work. She states that the swelling began the following morning and has persisted with activity but decreases with rest. At this time her symptoms are aggravated by standing greater than 15-minutes, walking greater than a quarter mile, keeping her knee bent while sitting in a chair, squatting, and going up stairs. Prior to injury she was able to work a full 8-hour day getting in/out of her trunk, walking on uneven surfaces, and able to walk for exercise when she gets home.

OBJECTIVE: Active range of motion of the knees is as follows:

Flexion	Bilaterally 135°
Extension	Right 0° leading to pain in the anterior knee Left: +2°

Manual muscle testing revealed mild weakness in the right knee and hip secondary to pain. Girth measurements revealed moderate swelling of the right knee. Both Anterior Drawer and varus and valgus special tests were performed and negative on the right. However, McMurray's special test and Grind special test were positive for pain in the right knee as well as tenderness with palpation along the anterior joint line.

ASSESSMENT/GOALS: Ms. Anderson presents with moderate swelling in the right knee, pain with rotational movements and decreased loading tolerance in the right knee. Goals are: 1. Patient able to recover full ROM of the right knee without pain in 3-weeks 2. Patient able to decrease swelling in the right knee to equal the left in 3-weeks 3. Patient able to perform a body weight squat with controlled symptoms in 6-weeks 4. Patient able to walk on uneven ground with controlled symptoms in 6-weeks. 5. Patient to be independent with home exercise program and symptoms management in 6-weeks.

TREATMENT PLAN: Therapeutic exercise, body mechanics training, soft tissue mobilization, stretching, ice, electrical stimulation, ultra sound, and to establish a home exercise program. She is to be seen 2 times a week for 2 weeks. Her rehab potential and prognosis are good. I will keep you apprised of this patient's progress.

DS/dt

*Danielle Sartori, PT*  
DANIELLE SARTORI, D.P.T.

RECEIVED  
JUN 25 2008  
AIMS-SACTO



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