

**TSLL, INC. dba LODI PHYSICAL THERAPY**  
 631 S HAM LANE  
 LODI, CALIFORNIA 95242  
**DAILY NOTE**

PATIENT'S NAME: Tiffaney Anderson

DATE: 7/2/08 Subjective: Pt had some swelling p last to in the knee.

Visit #: 3/6 Objective/Treatment:  Initial Evaluation / Re-evaluation Completed

OE-Stim. To ① knee Type IFC Setting high Time 15  
 Cont./Pulsed \_\_\_\_\_ % x \_\_\_\_\_ min. @ \_\_\_\_\_ W/cm<sup>2</sup>

Ultrasound/Phonophoresis to \_\_\_\_\_ Cont./Pulsed \_\_\_\_\_ % x \_\_\_\_\_ min. (on \_\_\_\_\_ /off \_\_\_\_\_)

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

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

Cold Pack to: Vaso ① knee x 15 min. Ice + 85° elevation

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

Therapeutic Exercises, see flow sheet. x 50 min.

Therapeutic Activities, see flow sheet. x \_\_\_\_\_ min.

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

Neuro-muscular re-educ, see flow sheet x \_\_\_\_\_ min.:

HEP issued:

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

Assessment: Pt still had post knee pain on ball bridges @ ↑ have use leg normal next to. Pt like stretches & elevated new exercise well.

Plan:  Progress per treatment plan  Re-evaluate  Discharge

Therapist: Donald Sabawi, PT

**Rx 6/28/08 3x2(6)**

**6 visits done**

DATE: 7/7/08 Subjective: Pt stated that ① knee swelled up a lot the day p last as pt had lots of pain & hard time walking.

Visit #: 4 No Objective/Treatment:  Initial Evaluation / Re-evaluation Completed

OE-Stim. To ① knee Type IFC Setting high Time 15  
 Cont./Pulsed \_\_\_\_\_ % x \_\_\_\_\_ min. @ \_\_\_\_\_ W/cm<sup>2</sup>

Ultrasound/Phonophoresis to \_\_\_\_\_ Cont./Pulsed \_\_\_\_\_ % x \_\_\_\_\_ min. (on \_\_\_\_\_ /off \_\_\_\_\_)

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

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

Cold Pack to: Vaso ① knee x 15 min. Ice + 85° elevation

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

Therapeutic Exercises, see flow sheet. x 50 min.

Therapeutic Activities, see flow sheet. x \_\_\_\_\_ min.

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

Neuro-muscular re-educ, see flow sheet x \_\_\_\_\_ min.:

HEP issued:

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

Assessment: Pt tolerated this ex well. Pt still having slight discarn foot on bridges even 5 ball.

Plan:  Progress per treatment plan  Re-evaluate  Discharge

Therapist: Donald Sabawi, PT

**RECEIVED**

AUG 28 2008

**AIMS-SACTO**