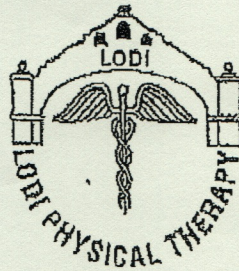


Aug. 4, 2008 9:08AM Lodi Physical Therapy  
07/15/2008 13:40 2094621123  
Jul. 14, 2008 2:04PM Physical Therapy

No. 7648 P. 2 of 01  
No. 6387 P. 1 of 01  
Avg 04, 2008 09:17

ORTHOPAEDIC MANUAL THERAPY  
INDUSTRIAL REHABILITATION  
SPORTS MEDICINE



631 South Ham Lane  
Lodi, CA 96242  
209/368-7433  
FAX: 209/368-4219

### Progress Report

Date: 7/14/08  
To: Dr. Rossman Re: Tiffany Anderson  
No. Visits Authorized: 6 Diagnosis: R knee effusion & sprain/strain  
No. Visits Completed: 6 DOI: 6/18/08

Patient Subjectively: Resolved      Improving X Unchanged      Worse     

Objective/Assessment: Swelling down to mild increase on R. Strength  
R hams 4/5 pain, R quads 5/5. McMurray's + grind (+) for  
pain R knee. Tender to palpation of R medial gastroc and  
hamstring tendons.

| Functional Goals                         | Status Update                      |
|--|------------------------------------|
| <u>1 R ham 3 pain</u>                    | <u>met</u>                         |
| <u>2 ↓ swelling to equal L</u>           | <u>within 1-1.5 cm</u>             |
| <u>3 able to amb on uneven ground</u>    | <u>not met</u>                     |
| <u>4 R HSP &amp; symptoms management</u> | <u>50% met - cont. over 4 wks.</u> |

# Authorized

Patient Has Received Treatment Consisting Of:

- Manual therapy
- Therapeutic Exercises
- Functional/Therapeutic Activities
- Self Care/Home Mgt. Training
- Gait Training
- Therapeutic Modalities:
  - E-Stim
  - U.S.
  - Ice/Heat
  - Traction

PLAN: Patient to continue current treatment program for 2 times per week for 4 weeks.

Recommend Discharge to Home Program      Gym Program      Other     

Reason For Discharge     

Therapist Signature:

*Renee Anderson PT*

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 and while under my care.

Physician Signature

*Dr. Rossman*

Date: 7.15.08

(M)



