

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

PATIENT'S NAME: Liffany Anderson

DATE: <u>7/28/08</u>	Subjective: <u>Pt had a long weekend so feels fatigued, but</u> <u>PKU is ok</u>
Visit #: <u>318</u>	Objective/Treatment: <input type="radio"/> Initial Evaluation / Re-evaluation Completed <input checked="" type="radio"/> E-Stim. To <u>(PKU)</u> Type <u>TTC</u> Setting <u>high</u> Time <u>15</u> <input type="radio"/> Ultrasound/Phonophoresis to _____ Cont. / Pulsed _____ % x _____ min. @ _____ W/cm ² <input type="radio"/> Traction: Cervical/Lumbar Cont/Inter. @ _____ lb. x _____ min. (on _____ /off _____) <input type="radio"/> Hot Pack to: _____ x _____ min. <input checked="" type="radio"/> Cold Pack to: <u>(PKU) (VSD)</u> x <u>15</u> min. <input type="radio"/> Aquatic Therapy, see flow sheet. x _____ min. <input checked="" type="radio"/> Therapeutic Exercises, see flow sheet. x <u>65</u> min. <u>Added star grid r step ups</u> <input type="radio"/> Therapeutic Activities, see flow sheet. x _____ min. <input type="radio"/> Manual Therapy Technique x _____ min.: _____ <input type="radio"/> Neuro-muscular re-educ, see flow sheet x _____ min.: _____ <input type="radio"/> HEP issued: _____ <input type="radio"/> Other, describe: _____ <input type="radio"/> Case Conference with PTA _____
Assessment: <u>Pt did well c new form 20. Pt feel. lts of</u> <u>thought to use proximal stab to r load in knee.</u>	
Plan: <input checked="" type="radio"/> Progress per treatment plan <input type="radio"/> Re-evaluate <input type="radio"/> Discharge Therapist: <u>Daniel Sauter, PT</u>	

RX 7-15-08 2x4

BVST authed

DATE: 	Subjective: _____
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Assessment: _____ 	
Plan: <input type="radio"/> Progress per treatment plan <input type="radio"/> Re-evaluate <input type="radio"/> Discharge Therapist: _____	

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