

Aug. 3. 2012 9:06AM

LQ PHYSICAL THERAPY



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Progress Report

Date: 7/31/2012

RE: Tiffany Anderson

DOB: 8/22/1970

To: Dr. Murata

PT: Danielle Sartori, PT

SOC: 12/15/2011

Patient Subjectively: ☐ Resolved ☒ Improving ☐ Unchanged

Diagnosis: 719.46, V54.9, 719.7

Objective/Assessment:

Onset: DOS: 11/21/2011

Ms. Anderson presents with decreased strength, stability, confidence and pain in her R knee which limits her ability to squat, lunge and ambulate on even and uneven surfaces. She reports that she feels about 60% back to normal with 3/10 pain at best and 9/10 pain at worst. Quadriceps strength is limited to 4-5/5 depending on the ROM bilaterally by pain on L 7/10 and R 5/10. Ms. Anderson's hamstring manual muscle test on her R leg also exacerbated R knee pain 5/10 with 4/5 strength compared to her L hamstring which tested 4/5 strength and 3/10 knee pain. Functionally, Ms. Anderson is able to perform 120° squats with 15 lbs resistance without reports of knee pain. Based on the subjective and objective data, Ms. Anderson will benefit from a supervised gym program to improve her functional status.

Visits: 12/12 work conditioning

Frequency:

Functional Goals:

Status Update:

1. Patient to be I with HEP in 2 weeks.
2. Patient able to ambulate 20 minutes for short community ambulation with 2/10 right knee pain in 6 visits.
3. Patient able to bend, squat and lunge with 2/10 right knee pain in 12 visits.
4. Patient able to ambulate on uneven surface, step in/out of truck and lift 30 lbs. with 2/10 right knee pain in 18-24 visits.

1. Met
2. Met
3. Met with 3/10 pain
4. Met with 3/10 pain

Plan of Care

- ☐ Continue Current Treatment:
☐ Home Program
☒ Supervised Gym Program: 3x/wk x 4 wks
☐ Other:
☐ Discharge Reason:

Treatment Received

- ☒ Therapeutic Exercise
☒ Soft Tissue Mobilization
☒ Neuromuscular Re-Education
☒ Manual Therapy
☒ Home Program/ Patient Education
☐ Ice/Heat
☐ Electrical Stimulation
☒ Other: work conditioning and supervised gym program

Therapist Signature:

Provider #: 33410

I have reviewed this plan of treatment, and recertify a continuing need for physical therapy services.

PHYSICIAN SIGNATURE:

DATE: 8/8/12

8/8/12