

TSB, INC. dba LODI PHYSICAL THERAPY

631 S HAM LANE

LODI, CALIFORNIA 95242

DAILY NOTE

PATIENT'S NAME:

Tiffany Anderson

DATE:

9/19/08

Subjective: *00 pt had pre-op appt. scheduled for surgery on 9/19/08 Monday 9/22/08. pt knee a little sore from cleaning house.*

Visit #:

5/8

Objective/Treatment: Initial Evaluation / Re-evaluation Completed

E-Stim To *(R) knee* Type *EFC* Setting *Ungr* Time *15*

Ultrasound/Phonophoresis to _____ Cont. / Pulsed _____ % x _____ min. @ _____ W/cm²

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

Hot Pack to: _____ x _____ min.

Cold Pack to: *(L) knee* x *15* min.

Aquatic Therapy, see flow sheet. x _____ min.

Therapeutic Exercises, see flow sheet. x *05* 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 has good strength & ROM gait into surgery. No visible swelling.*

Plan: Progress per treatment plan Re-evaluate Discharge

plan to pt and cont. care & surgery.

Therapist:

Dorelle Dubay pt

Rx E 2708 2x4 E ADDITION EXP 10/4/08

DATE:

Visit #:

6/8

Subjective: _____

Objective/Treatment: Initial Evaluation / Re-evaluation Completed

E-Stim To _____ Type _____ Setting _____ Time _____

Ultrasound/Phonophoresis to _____ Cont. / Pulsed _____ % x _____ min. @ _____ W/cm²

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

Hot Pack to: _____ x _____ min.

Cold Pack to: _____ x _____ min.

Aquatic Therapy, see flow sheet. x _____ min.

Therapeutic Exercises, see flow sheet. x _____ 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: _____

RECEIVED

OCT 03 2008

AIMS SACTO

Plan: Progress per treatment plan Re-evaluate Discharge

Therapist: _____

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