

ASH, INC. dba LODI PHYSICAL THERAPY
631 S HAM LANE
LODI, CALIFORNIA 95242

DAILY NOTE

PATIENT'S NAME: Tiffany Anderson

DATE: 10/2/08	Subjective: <u>PT felt much better p last to. Felt good to move.</u>
Visit #: 7/8	<p>Objective/Treatment: <input type="radio"/> Initial Evaluation / Re-evaluation Completed</p> <p><input checked="" type="checkbox"/> E-Stim. To <u>(R) knee</u> Type <u>IFC</u> Setting <u>high</u> Time <u>15</u></p> <p><input type="checkbox"/> Ultrasound/Phonophoresis to _____ Cont. / Pulsed _____ % x _____ min. @ _____ W/cm²</p> <p><input type="checkbox"/> Traction: Cervical/Lumbar Cont/Inter. @ _____ lb. x _____ min. (on _____ /off _____)</p> <p><input type="checkbox"/> Hot Pack to: _____ x _____ min.</p> <p><input checked="" type="checkbox"/> Cold Pack to: <u>(R) knee</u> x <u>15</u> min. <u>✓ 129°</u></p> <p><input type="checkbox"/> Aquatic Therapy, see flow sheet. x _____ min.</p> <p><input checked="" type="checkbox"/> Therapeutic Exercises, see flow sheet. x <u>50</u> min.</p> <p><input type="checkbox"/> Therapeutic Activities, see flow sheet. x _____ min.</p> <p><input type="checkbox"/> Manual Therapy Technique x _____ min.:</p> <p><input type="checkbox"/> Neuro-muscular re-educ, see flow sheet x _____ min.:</p> <p><input type="checkbox"/> HEP issued:</p> <p><input type="checkbox"/> Other, describe: _____</p> <p><input type="checkbox"/> Case Conference with PTA</p>
	Assessment: <u>PT had ↑ ROM & improved exercise tolerance.</u>
	<p>Plan: <input checked="" type="checkbox"/> Progress per treatment plan <input type="checkbox"/> Re-evaluate <input type="checkbox"/> Discharge</p> <p>Therapist: <u>Ronnie Santos, PT</u></p>

RX all 7/108 FXU 8 Approved. DFD: 11/22/08

DATE: 10/7/08	Subjective: <u>PT still sore. in (R) knee. Feeling better to walk. PT only icing when it gets more painful.</u>
Visit #: 8/8	<p>Objective/Treatment: <input type="radio"/> Initial Evaluation / Re-evaluation Completed</p> <p><input checked="" type="checkbox"/> E-Stim. To <u>(R) knee</u> Type <u>IFC</u> Setting <u>high</u> Time <u>15</u></p> <p><input type="checkbox"/> Ultrasound/Phonophoresis to _____ Cont. / Pulsed _____ % x _____ min. @ _____ W/cm²</p> <p><input type="checkbox"/> Traction: Cervical/Lumbar Cont/Inter. @ _____ lb. x _____ min. (on _____ /off _____)</p> <p><input type="checkbox"/> Hot Pack to: _____ x _____ min.</p> <p><input checked="" type="checkbox"/> Cold Pack to: <u>(R) knee</u> x <u>15</u> min. <u>Add UK hamstrings & far quadr</u></p> <p><input type="checkbox"/> Aquatic Therapy, see flow sheet. x _____ min. <u>0-132°</u></p> <p><input checked="" type="checkbox"/> Therapeutic Exercises, see flow sheet. x <u>55</u> min.</p> <p><input type="checkbox"/> Therapeutic Activities, see flow sheet. x _____ min.</p> <p><input type="checkbox"/> Manual Therapy Technique x _____ min.:</p> <p><input type="checkbox"/> Neuro-muscular re-educ, see flow sheet x _____ min.:</p> <p><input type="checkbox"/> HEP issued:</p> <p><input type="checkbox"/> Other, describe: _____</p> <p><input type="checkbox"/> Case Conference with PTA</p>
	Assessment: <u>PT doing well to her job progression. ↑ ROM (R) knee. PT tolerating ↑ activity well.</u>
	<p style="text-align: center;">OCT 24 2008</p> <p>Plan: <input checked="" type="checkbox"/> Progress per treatment plan <input type="checkbox"/> Re-evaluate <input type="checkbox"/> Discharge</p> <p>Therapist: <u>Ronnie Santos, PT</u></p>