ORTHOPAEDIC MANUAL THERAPY
INDUSTRIAL REHABILITATION
SPORTS MEDICINE

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Progress Report

Date: 10/7/08
To: Dr. Muraton
No. Visits Authorized: ∝
No. Visits Completed: 8

Re: Tiffany Anderson
Diagnosis: s/p (R) knee arthroscopy
DOI: 6/19/08 DOS 9/22/08

Patient Subjectively: Resolved____ Improving X Unchanged____ Worse____

Objective/ Assessment: (R) knee ROM 0-132° c̄ discomfort (L) knee +2-135°, visible swelling at port holes and (R) knee. Dec. loading and activity tolerance. Pt. amb (I) s̄ AD and minimal limp favoring (R) LE. Pt having hard time c̄ stairs and doing stuff around the house s̄ ↑ in pain.

Functional Goals	Status Update
1) ROM 0-135° s̄ pain 2 wks	new
2) Pt able to ↑↓ 1 flight of stairs in 4 wks s̄ pain and step through gait pattern.	new
3) Pt able to clean house s̄ ↑ in symptoms in 4 wks	new
4) Pt to be (I) c̄ HEP & symptom management in 4 wks	new

Patient Has Received Treatment Consisting Of:

- ___ Manual therapy
- X Therapeutic Exercises
- ___ Functional/ Therapeutic Activities
- X Self Care/Home Mgt. Training
- ___ Gait Training
- X Therapeutic Modalities:
  - X E-Stim ___ U.S.
  - X (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: [signature] PT

PLEASE COMPLETE AND SIGN THE PERSCRIPTION BELOW TO CONTINUE TREATMENT.
I certify the need for these services furnished under this plan of treatment and while under my care.

Physician Signature [signature] Date: 10/9/08