

# SH, INC. dba LODI PHYSICAL THERAPY

631 S HAM LANE

LODI, CALIFORNIA 95242

DAILY NOTE

PATIENT'S NAME:

Tiffany Anderson

DATE:

10/10/08

Visit #:

1.8

Subjective: pt still very achy, stairs getting better  
still slow & using handrails

## Objective/Treatment:

- ☐ Initial Evaluation / Re-evaluation Completed
- ☐ E-Stim. To \_\_\_\_\_ Type \_\_\_\_\_ Setting \_\_\_\_\_ Time \_\_\_\_\_
- ☐ Ultrasound/Phonophoresis to \_\_\_\_\_ Cont. / Pulsed \_\_\_\_\_ % x \_\_\_\_\_ min. @ \_\_\_\_\_ W/cm<sup>2</sup>
- ☐ 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 60 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: \_\_\_\_\_
- ☐ Case Conference with PTA

add NE quads/hamstrings & pilates  
ring

Assessment: pt did well w new thurs. pt had discomfort  
in calf/pt resistance to resistance on reformer. pt  
doing well & no progression. pt will be at home

Plan:

☒ Progress per treatment plan

☐ Re-evaluate

☐ Discharge

Therapist:

Danika Sanborn, PT

RX 10/7/8

2x4

authorized

DATE:

10-15-08

Visit #:

2.8

Subjective: knee is doing well. Taking pain pills 4x/day.

## Objective/Treatment:

- ☐ Initial Evaluation / Re-evaluation Completed
- ☒ E-Stim. To R knee Type IFC Setting hi Time 15
- ☐ Ultrasound/Phonophoresis to \_\_\_\_\_ Cont. / Pulsed \_\_\_\_\_ % x \_\_\_\_\_ min. @ \_\_\_\_\_ W/cm<sup>2</sup>
- ☐ Traction: Cervical/Lumbar Cont/Inter. @ \_\_\_\_\_ lb. x \_\_\_\_\_ min. (on \_\_\_\_\_ /off \_\_\_\_\_)
- ☐ Hot Pack to: \_\_\_\_\_ x \_\_\_\_\_ min.
- ☒ Cold Pack to: R knee x 15 min.
- ☐ Aquatic Therapy, see flow sheet. x \_\_\_\_\_ min.
- ☒ Therapeutic Exercises, see flow sheet. x 60 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: \_\_\_\_\_
- ☐ Case Conference with PTA

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OCT 27 2008  
AUSA-S/CTO

Assessment: performed ther & 3 ↑ sk. corrected hip position & pilates ring.  
Encouraged pt to begin weaning off pain meds as tolerated.

Plan:

☒ Progress per treatment plan

☐ Re-evaluate

☐ Discharge

Therapist:

Alicia Lima, PT





# MEMORANDUM FOR THE RECORD

DATE: 10/10/54

TO: THE RECORDS SECTION

FROM: [Illegible]

SUBJECT: [Illegible]

[The body of the memorandum contains several paragraphs of text that are extremely faint and illegible due to the quality of the scan. The text appears to be organized into a standard memorandum format with a subject line and several paragraphs of descriptive text.]