

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

PATIENT'S NAME: Tiffany Anderson

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| DATE: <u>12/3/08</u> Visit #: <u>5/8</u> | Subjective: <u>pt feeling better today. Pt up to 1 hr on the bike & g in swelling. Pt has not been walking to exercise.</u> |
| Objective/Treatment: <input type="radio"/> Initial Evaluation / Re-evaluation Completed <input type="radio"/> E-Stim. To _____ Type _____ Setting _____ Time _____ <input type="radio"/> Ultrasound/Phonophoresis to _____ Cont. / Pulsed _____ % x _____ min. @ _____ W/cm ² <input type="radio"/> Traction: Cervical/Lumbar Cont/Inter. @ _____ lb. x _____ min. (on _____ /off _____) <input type="radio"/> Hot Pack to: _____ x _____ min. <input type="radio"/> Cold Pack to: _____ x _____ min. <input type="radio"/> Aquatic Therapy, see flow sheet. x _____ min. <input checked="" type="radio"/> Therapeutic Exercises, see flow sheet. x <u>65</u> min. <input type="radio"/> Therapeutic Activities, see flow sheet. x _____ min. <input type="radio"/> Manual Therapy Technique x _____ min.: _____ <input type="radio"/> Neuro-muscular re-educ, see flow sheet x _____ min.: _____ <input type="radio"/> HEP issued: <input type="radio"/> Other, describe: _____ <input type="radio"/> Case Conference with PTA | |
| Assessment: <u>pt did well to turn up. Pt no longer using UE support on leg for large step up onto bent. Improved strength & control in @ knee.</u> | |
| Plan: <input checked="" type="radio"/> Progress per treatment plan <input type="radio"/> Re-evaluate <input type="radio"/> Discharge Therapist: <u>Danica Baker, PT</u> | |

RT 10/30/08 & approved

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| DATE: <u>12/5/08</u> Visit #: <u>6/8</u> | Subjective: <u>pt did a lot of walking and standing last night → ant it lino pain in @ knee.</u> |
| Objective/Treatment: <input type="radio"/> Initial Evaluation / Re-evaluation Completed <input checked="" type="radio"/> E-Stim. To <u>@ knee</u> Type <u>ETC</u> Setting <u>high</u> Time <u>15</u> <input type="radio"/> Ultrasound/Phonophoresis to _____ Cont. / Pulsed _____ % x _____ min. @ _____ W/cm ² <input type="radio"/> Traction: Cervical/Lumbar Cont/Inter. @ _____ lb. x _____ min. (on _____ /off _____) <input type="radio"/> Hot Pack to: _____ x _____ min. <input checked="" type="radio"/> Cold Pack to <u>@ knee</u> x <u>15</u> min. <input type="radio"/> Aquatic Therapy, see flow sheet. x _____ min. <input checked="" type="radio"/> Therapeutic Exercises, see flow sheet. x <u>65</u> min. <input type="radio"/> Therapeutic Activities, see flow sheet. x _____ min. <input type="radio"/> Manual Therapy Technique x _____ min.: _____ <input type="radio"/> Neuro-muscular re-educ, see flow sheet x _____ min.: _____ <input type="radio"/> HEP issued: <input type="radio"/> Other, describe: _____ <input type="radio"/> Case Conference with PTA | |
| Assessment: <u>no g in swelling or tenderness to palpation limited w/ & loading exercise & ↓ symptoms in @ knee</u> | |
| Plan: <input checked="" type="radio"/> Progress per treatment plan <input type="radio"/> Re-evaluate <input type="radio"/> Discharge Therapist: <u>Danica Baker, PT</u> | |

RECEIVED

JAN 15 2009

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