

DAILY NOTE

PATIENT'S NAME:

William Anderson

DATE:

1/8/08

Subjective: ~~It~~ ~~is~~ ~~strictly~~ ~~striving~~ ~~over~~ ~~med~~ ~~but~~ ~~scar~~ ~~on~~ ~~the~~  ~~knee~~. Pt has been taking it easy, but still sore.

Visit #:

2,8

Objective/Treatment:

Initial Evaluation / Re-evaluation Completed

- E-Stim. To the knee Type TFC 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: the knee x 15 min.
- Aquatic Therapy, see flow sheet. x \_\_\_\_\_ min.
- Therapeutic Exercises, see flow sheet x 65 min.
- Manual Therapy Technique x 5 min.: scar mobs @ med scars
- HEP issued:
- Case Conference with PTA
- Other, describe: \_\_\_\_\_

Assessment: Pt tender to deep scar mobs on the knee med. scar. Pt had pain from p scar mobs in non-WB.

Plan:  Progress per treatment plan  
plac to gym program.

Re-evaluate

Discharge

Therapist: William Anderson, PT

10:30:08

R approved

DATE:

1/10/08

Subjective: Pt felt good this AM until she started on the bike & bending -> ant jt line pain.

Visit #:

8,8

Objective/Treatment:

Initial Evaluation / Re-evaluation Completed

- E-Stim. To \_\_\_\_\_ Type \_\_\_\_\_ Time \_\_\_\_\_
- Ultrasound/Phonophoresis to ant knee Cont. / Pulsed 20% x 10 min. @ 1.0 W/cm<sup>2</sup>
- Traction: Cervical/Lumbar Cont/Inter. @ \_\_\_\_\_ lb. x \_\_\_\_\_ min. (on \_\_\_\_\_ /off \_\_\_\_\_)
- Hot Pack to: \_\_\_\_\_ x \_\_\_\_\_ min.
- Cold Pack to: knee x 15 min.
- Aquatic Therapy, see flow sheet. x \_\_\_\_\_ min.
- Therapeutic Exercises, see flow sheet. x 65 min.
- Manual Therapy Technique x \_\_\_\_\_ min.:
- HEP issued:
- Case Conference with PTA
- Other, describe: \_\_\_\_\_

RECEIVED

JAN 15 2008

AIMS-SACTO

Assessment: Pt has no visible swelling, ROM WFL, and good strength in the knee. Pt still has limited loading tolerance & ant knee jt pain. Pt doing well & HEP.

Plan:  Progress per treatment plan  
DIC to HEP

Re-evaluate

Discharge

Therapist: William Anderson, PT