

Mobility Physical Therapy

19232 Seacliff Drive
Edmonds, WA 98002-
Phone (425) 555-7890 Fax (425) 555-3454

Physical Therapy

LUMBAR EVALUATION

Patient: Roe, Jane

Date 20-Apr-09

Dx #1 846.0 - Sprain (LS) - Right
#2 728.85 - Spasm of muscle

Date of Birth 15-Dec-56 **Age** 52

Gender Female

Claim 98178.1

Account 98178

Occupation Computer Programmer

Employer Rockville Industries

Employment Part Time

Date of Onset 06-Apr-09 **Start of Care** 20-Apr-09

Physician Rothschild, Earl NPI: 782390

Insurance Standard Insurance

History

MECHANISM OF INJURY

AA rearended while at complete stop; was driving; wearing seatbelt; looking up into rearview mirror when her vehicle was struck

PREVIOUS HISTORY OF TREATMENT

Denies prior Hx LB problems

PRIOR RELATED INJURIES

None reported

PRIOR LEVEL OF FUNCTION

Normal; independent living; working FT; mother of two young children

MEDICATIONS Ibuprofen
Zocor

MED HISTORY Feb 2001 Fx L humerus
Mar 2003 appendectomy

SURGERY DATE

Pain / Symptoms

CURRENT SYMPTOMS

deep ache along central lumbar spine; sharp shooting pains from spine laterally - frequently radiating into anterior pelvic regions; occasional pain in R post hip radiating into R post/medial thigh; 2+ muscle spasms R L2-S1; sleep interruption; ache and stiffness into both hips and knees and thoracic cage

PAIN LEVEL Pain current 6 Pain best 3 Pain wors 8 (scale of 0 to 10)

PAIN PATTERN

worsens with sitting and bending
can tolerate limited standing (1 - 2 minutes), must use hand on wall, etc. for support
less discomfort when walking short distances - level surfaces
sharp pain R hip with going up stairs, step up onto curb

Examination

VITAL SIGNS Blood pressure 132 / 72 Pulse 65

POSTURE / ASSYMETRY

flat LS spine stands with partial hip/knee flexion - R > L; minimal toe pickup, short stride slight thoracic kyphosis; bilateral shld protraction, neck flexion with slight tilt to R

TENDERNESS

Acute R L3, L4-, L5; moderate L lumbar paraspinals tenderness with palpation Acute tenderness R psoas

SENSORY / REFLEX

slight delay R knee jerk normal ankle reflexes no sensory impairment noted

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LUMBAR ROM	AROM
Flexion	42 deg
Extension	21 deg
R Lat bend	25 deg
L Lat bend	21 deg
Right rotation	
Left rotation	

STRENGTH	Muscle / Action	Right	Left
	quadriceps	4-	4
	hamstrings	4-	4
	ant tibialis	3+	4
	gastroc	4-	4+
	ext hallucis longus	3+	4

Cmts extensive guarding limits ROM testing
 electronic inclinometer used for testing

GAIT

Shortened stride, especially on R due to increased R hip and knees flx
 Minimal toe pickup, reduced arm swing
 FWB R and L during gait; weight shift to L when standing

OTHER FINDINGS

1. Excessive total sacral movement with fair + to - trunk muscle tone allows her to flex forward easily without flexing at lumbar spine, especially when stationary (sitting and standing)
2. Acute tenderness R lower psoas with light palpation
3. Tender L2 - coccyx - along spine

Functional Abilities

Independent in ADLs; driving self to/from work; ambulates short distances (50 to 75 ft), must stop to lean against wall, door, etc.
 Compensatory arm swing needed to walk

Assessment

Pain and muscle spasm limit full spinal ROM
 Good strength in trunk and LEs
 Extensive compensatory posture and movement

Goals

SHORT TERM GOALS

- Reduce pain and soft tissue irritability 1 week
- Improve spinal mobility 2 - 3 wks
- Improve postural control 2 - 3 wks

LONG TERM GOALS

- Regain functional spinal mobility 4 - 6 wks
- Restore functional postural control 4 - 6 wks
- Decrease pain to level 2 or less with activity

Plan of Treatment

Prone lying, pillow under hips and pelvis for 1 2 minutes or to tolerance
 Press-ups - raise upper trunk, support self on elbows and forearms, allow low back to relax and remain supported by underlying pillow
 When press-up position is well-tolerated, progress to prone push-ups, keep lower pelvis on pillow while extending elbows to lift upper trunk
 Standing bend backs 5x every 2 hours - place hands palm down on pelvis to limit movement to lower spine
 2 times per week for 5 - 6 weeks

Time Start 11:03 AM **Stop** 12:07 PM **Down time minutes** 6 **Explanation** bathroom break

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Today's Treatment Record

<u>Code</u>	<u>Description</u>	<u>Minutes</u>	<u>Units</u>	<u>Total</u>
97001	Physical therapy initial evaluation	30	1	30
97110	Therapeutic exercise	15	1	15
97140	Manual therapy techniques	15	1	15
Total Treatment Time				60



Don Rather, PT
License B78123
NPI 78229034

Reviewed by _____
Physician's Signature Date

In signing this document, physician certifies that rehabilitation is a medical necessity.