

Mobility Physical Therapy

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

Physical Therapy

VISIT NOTE

Patient: Roe, Jane

Date 22-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

2 of 10 **Authorized visits**

Subjective

PATIENT'S COMMENTS

Very tired after last visit; improved sleep - increased to 6 hours w/out interruption; able to unload dishwasher and do load of laundry; less R hip and leg ache past 24 hours

Objective

ROM

improving lumbar lateral flexion right and left

STRENGTH

No change in overall strength noted, but postural control improving - trunk musculature endurance improved

PAIN Decreased at rest 3/ 10 **with activity** 4 / 10

better when lying supine with knees supported **worse when** forward bending or squatting

ADDITIONAL OBJECTIVE FINDINGS

1+ spasm R L4-L5

Moderate tenderness along spine - T12 - S1; tender R SI

Decreased tenderness R psoas

Assessment

Gradual improvement in L-spine mobility

Reduced overall tenderness

Proprioceptive responses improving - postural control more erect during both dynamic and static phases

Gait - no change; short stride persists

Plan of Treatment

1. Interferential therapy to LS region, followed by deep myofascial release, manual and AA stretching
2. Dorsal and lumbar ROM and L5 stabilization
3. Hamstring and hip adductor stretching - add to home exercise program
4. Increase repetitions during ball exercise in HEP
5. Progress to standing proprioceptive program as right pelvic pain continues to decrease
6. Emphasis on consistency for both HEP and application of cold packs pre and post activity

Time Start 10:45 AM **Stop** 11:17 AM

Today's Treatment Record

<u>Code</u>	<u>Description</u>	<u>Minutes</u>	<u>Units</u>	<u>Total</u>
97014	Electrical stim (unattended)	15	1	15
97110	Therapeutic exercise	15	1	15
97140	Manual therapy techniques	15	1	15
Total Treatment Time				45

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Don Rather

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License B78123

NPI 78229034