

PREMIER PERSONNEL RESOURC 151202
 DOS: 5/06/13 DOI: 2/22/13 DOB: 3/26/67



US HealthWorks
 MEDICAL GROUP
LOWER QUADRANT
 (STRENGTH/ROM)
 REPORT

Patient: Santillan, Rosario
 Case # : 156-238753 Ref # : EMR/ Yb

mpappt
 5/10/13

Subjective/Functional Status: pain scale 0-10 constant ache pxs lumbar S1
I intense hurt sharpness. Radiates down (R leg. Ankle base/heel)
is same. Pain increased sitting 2hrs Standing 2hrs walking 2hrs
 AROM PROM STRENGTH bending

Findings/Observations

| Level | Motion | Left | Right | Left | Right | Left | Right |
|---------------|----------------------|------|-------|------|-------|------|-------|
| HIP: | | | | | | | |
| L1/2/3 | Hip Flexion (0-120) | 100% | 100% | 100% | 100% | 5/5 | 5/5 |
| L5/S1-2 | Hip Ext. (0-30) | | | | | | |
| L4/5-S1 | Hip Abd. (0-45) | | | | | | |
| L4/5-S1 | Hip Add. (0-30) | | | | | | |
| L4/5-S1 | Hip Int. Rot. (0-45) | | | | | | |
| L3/4/5-S1 | Hip Ext. Rot. (0-45) | | | | | | |
| KNEE: | | | | | | | |
| L2/3/4 | Knee Ext (0) | | | | | | |
| L5/S1/S2 | Knee Flex. (0-135) | | | | | | |
| ANKLE: | | | | | | | |
| L4/5 | Ankle DF (0-20) | | | | | | |
| S1/2 | Ankle PL (0-50) | | | | | | |
| L5/S1 | Ankle Ev. (0-15) | | | | | | |
| L5 | Ankle Inv. (0-35) | | | | | | |
| L4/5/S1 | EHL | | | | | | |

Spine: Active Range of Motion

| Movement | Thoracic | Lumbar | Findings/Observations |
|----------------|----------|--------|-----------------------|
| Flexion | X | 85 | |
| Extension | | 15 | |
| L Side Flexion | | 10 | |
| R Side Flexion | | 10 | |
| L Rotation | | 30 | |
| R Rotation | | 30 | |

Signature
 CA4021 (rev 08/09)

Date

PT 12314 5/10/13

DAILY THERAPY TREATMENT NOTE

Treatment Visit #: 5

Authorized Visits #: 6

PREMIER PERSONNEL RESOURC 151202

DOS: 5/06/13 DOI: 2/22/13 DOB: 3/26/67

Diagnosis:
R L B

Lumbar s/s

Auth Exp Date: _____

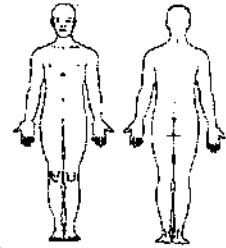
Patient: Santillan, Rosario

Case #: 156-238753 Ref #: EMR/ Yb

Subjective: Improved Same Worsened Pain level 0 1 2 3 4 5 6 7 8 9 10 See attached Report

Objective: (i.e. ROM, MMT, Posture, Girth, Color) See attached report

Evaluation: Re-evaluation Strength/ROM Progress Report FCE/Return to Work PAT
 Isokinetics _____ minutes: Custom Splint/Orthotic Sensory Eval Burn/Wound Care



refer L PPE

Time Modalities: (circle body parts) Right Left Both

15 Vaso-comp/Edema Control: Neck Shldr Arm Elbow Forearm Wrist/Hand/Finger/Thumb T/S L/S Hip Thigh Knee Leg Ankle/Foot

Electrical Stimulation: Neck Shldr Arm Elbow Forearm Wrist/Hand/Finger/Thumb T/S L/S Hip Groin Thigh Knee Leg Ankle/Foot
 IFC TENS H-Wave EMS Micro Pre-mod HV LV 2-50Hz

15 Hot/Cold Pack/Ice Massage to: Neck Shoulder Arm Elbow Forearm Wrist/Hand T/S L/S Hip Groin Thigh Knee Leg Ankle/Foot

Infrared Heat/Neck Shoulder Arm Elbow Forearm Wrist/Hand T/S L/S Hip Thigh Knee Leg Ankle/Foot

Infrared/Light Probe: _____ J/cm² Area: _____

Whirlpool/Fluido (_____ °F) to Arm Elbow Forearm Wrist/Hand Hip Thigh Knee Leg Ankle/Foot Other: _____

Paraffin Bath Elbow Forearm Wrist/Hand Ankle/Foot

15 Mechanical Traction Cervical Lumbosacral Carpal Tunnel C-Trac Static: _____ lbs/mmHg

Interm: Hold 65 lbs/mmHg 30 sec/min Relax 40 lbs 10 sec/min

Ultrasound/Phonophoresis - Cont. or Pulsed _____ % @ _____ w/cm² _____ MHz to _____ (area)

Iontophoresis (_____ ml of Dexamethasone HCPCS: J5100 B.C.: 5052 Item# 226395) at _____ (milliamp-min)

Rehabilitation: _____ Area: _____ in clinic Extended wear: _____ hours

1a Myofascial Release/Soft Tissue Mobilization 4-5

Joint Mob/Manual Traction: Grade: I II III IV V: Body part: _____

Orthotic/Splinting Training/Taping _____

FAs/ADLs/KAs/ _____ Applied/Fitted/Instructed

Indiv Instruct HEP Injury Education DME/TENS Instruct Edema Control Krames book HCPCS: 99071 BC: 6860

Biofeedback: Facilitate Inhibit Muscle location/Action: _____ Hld: _____ s Rst: _____ s Reps: _____

Threshold: _____ µV Output: _____ µV Triode Electrode dispensed: HCPCS: A4556 BC: 3186 Item# 922301

Neuromuscular Re-education _____

Gait Training/Assistive Device Training Cane Crutches Walker _____

20 Supervised Therapeutic Exercises: by: PT PTA OT Aquatic Therapy initial 30 min ea additional 15 min

See Exercise Flow Sheet (in chart)

Established/Reviewed/Progressed Home Program See Handout/Booklet _____

Supplies: issued to facilitate HEP and/or supplement supervised clinic program _____

Skin checked and clear following treatment

Assessment: (specify below) Improved functional capacity Improving with limitations See attached Report

refer f PPE

pt talented f

Treatment Plan Reviewed by Supervising Therapist Physical Therapist of Record Transfer on file

Plan: progress therapeutic treatment program (specify below) perform Re-Eval / MMT&ROM/DC summary
 D/C from therapy: Has met goals / has reached plateau / is non-compliant See attached Report

MARIA KOEPEL, PT, BS

MK OR



DAILY THERAPY



Treatment Visit #: 4

Authorized Visits #: 6

PREMIER PERSONNEL RESOURC 151202
DOS: 5/03/13 DOI: 2/22/13 DOB: 3/26/67

Diagnosis: R L B Lumbar s/s

Patient: Santillan, Rosario

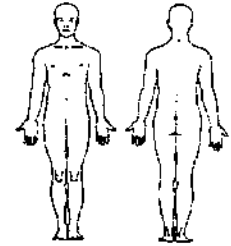
Auth Exp Date: _____

Case #: 156-238753 Ref #: EMR/ Yb

Subjective: Improved Same Worsened Pain level 0 1 2 3 4 5 6 7 8 9 10 See attached Report

Objective: (i.e. ROM, MMT, Posture, Girth, Color) See attached report

Evaluation: Re-evaluation Strength/ROM Progress Report FCE/Return to Work PAT
 Isokinetics _____ minutes: Custom Splint/Orthotic Sensory Eval Burn/Wound Care



Time Modalities: (circle body parts) Right Left Both

15 Vaso-comp/Edema Control: Neck Shlder Arm Elbow Forearm Wrist/Hand/Finger/Thumb T/S L/S Hip Thigh Knee Leg Ankle/Foot

Electrical Stimulation: Neck Shlder Arm Elbow Forearm Wrist/Hand/Finger/Thumb T/S L/S Hip Groin Thigh Knee Leg Ankle/Foot

IFC TENS EMS Micro Pre-mod HV LV 20-30

15 Hot/Cold Pack/Ice Massage to: Neck Shoulder Arm Elbow Forearm Wrist/Hand T/S L/S Hip Groin Thigh Knee Leg Ankle/Foot

Infrared Heat Neck Shoulder Arm Elbow Forearm Wrist/Hand T/S L/S Hip Thigh Knee Leg Ankle/Foot

Infrared/Light Probe: _____ J/cm² Area: _____

Whirlpool/Fluido (_____ °F) to Arm Elbow Forearm Wrist/Hand Hip Thigh Knee Leg Ankle/Foot Other: _____

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15 Mechanical Traction Cervical Lumbosacral Carpal Tunnel C-Trac Static: _____ lbs/mmHg

Intermittent: Hold 10 lbs/mmHg 30 sec/min Relax 40 lbs 10 sec/min

Ultrasound/Phonophoresis - Cont. or Pulsed _____ % @ _____ w/cm² _____ MHz to _____ (area)

Iontophoresis (_____ ml of Dexamethasone HCPCS: J1100 B.C.: 5052 Item# 226395) at _____ (milliamp-min)

Rehabilitation: Area: _____ in clinic Extended wear: _____ hours

10 Myofascial Release/Soft Tissue Mobilization L/S

Joint Mob/Manual Traction: Grade: I III IV V: Body part: _____

Orthotic/Splinting Training/Taping _____ Applied/Fitted/Instructed

FAs/ADLs/KAs/ _____

Indiv Instruct HEP Injury Education DME/TENS Instruct Edema Control Krames book HCPCS: 99071 BC: 6860

Biofeedback: Facilitate Inhibit Muscle location/Action: _____ Hld: _____ s Rst: _____ s Reps: _____

Threshold: _____ µV Output: _____ µV Triode Electrode dispensed: HCPCS: A4556 BC: 3186 Item# 922301

Neuromuscular Re-education _____

Gait Training/Assistive Device Training Cane Crutches Walker _____

20 Supervised Therapeutic Exercises: by: PT PTA OT Aquatic Therapy initial 30 min ea additional 15 min

See Exercise Flow Sheet (in chart)

Established/Reviewed/Progressed Home Program See Handout/Booklet _____

Supplies: issued to facilitate HEP and/or supplement supervised clinic program _____

Skin checked and clear following treatment

Assessment: (specify below) Improved functional capacity Improving with limitations See attached Report

pt tolerated

Treatment Plan Reviewed by Supervising Therapist Physical Therapist of Record Transfer on file

Plan: progress therapeutic treatment program (specify below) perform Re-Eval/ MMT&ROM/DC summary

D/C from therapy: Has met goals / has reached plateau / is non-compliant See attached Report

RT next visit MARIA KOEPSSEL, PT, LLC



DAILY THERAPY TREATMENT



Treatment Visit #: 6

Authorized Visits #: 6

Auth Exp Date: _____

PREMIER PERSONNEL RESOURC 151202
DOS: 5/13/13 DOI: 2/22/13 DOB: 3/26/67

Diagnosis: lumbars
R L B

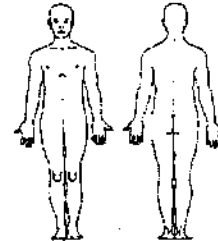
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Case #: 156-238753 Ref #: EMR/ Yb

Subjective: Improved Same Worsened Pain level 0 1 2 3 4 5 6 7 8 9 10 See attached Report

Objective: (i.e. ROM, MMT, Posture, Girth, Color) See attached report

Evaluation: Re-evaluation Strength/ROM Progress Report FCE/Return to Work PAT
 Isokinetics _____ minutes: Custom Splint/Orthotic Sensory Eval Burn/Wound Care



Time Modalities: (circle body parts) Right Left Both

15 Vaso-comp/Edema Control: Neck Shoulder Arm Elbow Forearm Wrist/Hand/Finger/Thumb T/S L/S Hip Thigh Knee Leg Ankle/Foot

15 Electrical Stimulation: Neck Shoulder Arm Elbow Forearm Wrist/Hand/Finger/Thumb T/S L/S Hip Groin Thigh Knee Leg Ankle/Foot
 IFC TENS H-Wave EMS Micro Pre-mod HV LV 20-150Hz

15 Hot/Cold Pack/Ice Massage to: Neck Shoulder Arm Elbow Forearm Wrist/Hand T/S L/S Hip Groin Thigh Knee Leg Ankle/Foot

15 Infrared Heat Neck Shoulder Arm Elbow Forearm Wrist/Hand T/S L/S Hip Thigh Knee Leg Ankle/Foot

15 Infrared/Light Probe: _____ J/cm² Area: _____

15 Whirlpool/Fluido (_____ °F) to Arm Elbow Forearm Wrist/Hand Hip Thigh Knee Leg Ankle/Foot Other: _____

15 Paraffin Bath Elbow Forearm Wrist/Hand Ankle/Foot

15 Mechanical Traction Cervical Lumbosacral Carpal Tunnel C-Trac Static: _____ lbs/mmHg
 Intermittent: Hold 60 lbs/mmHg 30 sec/min Relax 40 lbs 10 sec/min

15 Ultrasound/Phonophoresis - Cont. or Pulsed _____ % @ _____ w/cm² _____ MHz to _____ (area)

15 Iontophoresis (_____ ml of Dexamethasone HCPCS: J1100 B.C.: 5052 Item# 226395) at _____ (milliamp-min)

15 Rehabilitation: _____ Area: _____ in clinic Extended wear: _____ hours

15 Myofascial Release/Soft Tissue Mobilization 45

15 Joint Mob/Manual Traction: Grade: I II III IV V: Body part: _____

15 Orthotic/Splinting Training/Taping _____ Applied/Fitted/instructed

15 FAs/ADLs/KAs/ _____

15 Indiv Instruct HEP Injury Education DME/TENS Instruct Edema Control Krames book HCPCS: 99c71 BC: 6860

15 Biofeedback: Facilitate Inhibit Muscle location/Action: _____ Hld: _____ s Rst: _____ s Repr: _____

15 Threshold: _____ µV Output: _____ µV Triode Electrode dispensed: HCPCS: A4556 BC: 3186 Item# 922301

15 Neuromuscular Re-education _____

15 Gait Training/Assistive Device Training Cane Crutches Walker _____

20 Supervised Therapeutic Exercises: by: PT PTA OT Aquatic Therapy initial 30 min ea additional 15 min

20 See Exercise Flow Sheet (in chart) _____

Established/Reviewed/Progressed Home Program See Handout/Booklet _____

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Skin checked and clear following treatment

Assessment: (specify below) Improved functional capacity Improving with limitations See attached Report

15 lumbars

Treatment Plan Reviewed by Supervising Therapist Physical Therapist of Record Transfer on file

Plan: progress therapeutic treatment program (specify below) perform Re-Eval / MMT & ROM/DC summary

D/C from therapy: Has met goals / has reached plateau / is non-compliant See attached Report

Completed auth visits will need new MARIA LOPEZ, PT, BS

Faith to continue therapy Signature _____ License Number PT 12314



Treatment Visit #: 2
Authorized Visits #: 6

PREMIER PERSONNEL RESOURC 151202

DOS: 4/26/13 DOI: 2/22/13 DOB: 3/26/67

Diagnosis: R L B

Lumbar S/S

Patient: Santillan, Rosario

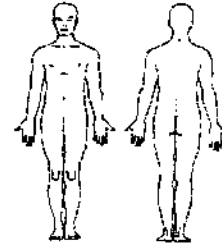
Case #: 156-238753 Ref #: EMR/ Yb

Auth Exp Date:

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Objective: (i.e. ROM, MMT, Posture, Girth, Color) See attached report

- Evaluation: Re-evaluation Strength/ROM Progress Report FCE/Return to Work PAT
Isokinetics minutes: Custom Splint/Orthotic Sensory Eval Burn/Wound Care



Time Modalities: (circle body parts) Right Left Both

Vaso-comp/Edema Control: Neck Shlder Arm Elbow Forearm Wrist/Hand/Finger/Thumb T/S L/S Hip Thigh Knee Leg Ankle/Foot

Electrical Stimulation: Neck Shlder Arm Elbow Forearm Wrist/Hand/Finger/Thumb T/S L/S Hip Groin Thigh Knee Leg Ankle/Foot
IFC TENS H-Wave EMS Micro Pre-mod HV LV

Hot/Cold Pack/Ice Massage to: Neck Shoulder Arm Elbow Forearm Wrist/Hand T/S L/S Hip Groin Thigh Knee Leg Ankle/Foot

Infrared Heat/Neck Shoulder Arm Elbow Forearm Wrist/Hand T/S L/S Hip Thigh Knee Leg Ankle/Foot

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Paraffin Bath Elbow Forearm Wrist/Hand Ankle/Foot

Mechanical Traction Cervical Lumbosacral Carpal Tunnel C-Trac Static: lbs/mmhg
Intermit: Hold lbs/mmhg sec/min Relax lbs sec/min

Ultrasound/Phonophoresis - Cont. or Pulsed % @ w/cm2 MHz to (area)

Iontophoresis (ml of Dexamethasone HCPCS: J1100 B.C.: 5052 Item# 226395) at (milliamp-min)

Rehabilitation: Area: in clinic Extended wear: hours

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See Exercise Flow Sheet (in chart)

Established/Reviewed/Progressed Home Program See Handout/Booklet

Supplies: issued to facilitate HEP and/or supplement supervised clinic program

Skin checked and clear following treatment

Assessment: (specify below) Improved functional capacity Improving with limitations See attached Report

Handwritten assessment notes

Treatment Plan Reviewed by Supervising Therapist Physical Therapist of Record Transfer on file

Plan: progress therapeutic treatment program (specify below) perform Re-Eval/ MMT&ROM/DC summary
D/C from therapy: Has met goals / has reached plateau / is non-compliant See attached Report

PREMIER PERSONNEL RESOURC 151202

DOB: 4/24/13 DOI: 2/22/13 DOB: 3/26/67:althWorks
DIGITAL GROUP

NAME: Patient: Santillan, Rosario

START DATE Case # : 156-238753 Ref # : EMR/ Yb

IN CHART
THERAPIST: Marie Keypsele PT
DX: lumbar SCI

CLINICIAN'S INITIALS:

EXERCISE:

| EXERCISE: | Setting: | Date: | 3/27 | | 3/28 | | 3/29 | | 3/30 | | 3/31 | | 4/1 | | 4/2 | | 4/3 | | 4/4 | |
|-----------------------------|----------|-------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| | | | Wt. | Reps | Wt. | Reps | Wt. | Reps | Wt. | Reps | Wt. | Reps | Wt. | Reps | Wt. | Reps | Wt. | Reps | Wt. | Reps |
| Cat stretch | | 4/24 | | | 4/24 | 5/14 | 5/13 | 5/14 | 5/13 | 5/14 | 5/13 | 5/14 | 5/13 | 5/14 | 5/13 | 5/14 | 5/13 | 5/14 | 5/13 | 5/14 |
| bird back stretch | | 3/31 | 30 | 30 | 3/31 | 30 | 30 | 3/31 | 30 | 30 | 3/31 | 30 | 30 | 3/31 | 30 | 30 | 3/31 | 30 | 30 | 3/31 |
| wall lean stretch | | 3/30 | 30 | 30 | 3/30 | 30 | 30 | 3/30 | 30 | 30 | 3/30 | 30 | 30 | 3/30 | 30 | 30 | 3/30 | 30 | 30 | 3/30 |
| SKTC, lower trunk rotations | | 3/30 | 30 | 30 | 3/30 | 30 | 30 | 3/30 | 30 | 30 | 3/30 | 30 | 30 | 3/30 | 30 | 30 | 3/30 | 30 | 30 | 3/30 |
| pinpoint stretch HS stretch | | 3/30 | 30 | 30 | 3/30 | 30 | 30 | 3/30 | 30 | 30 | 3/30 | 30 | 30 | 3/30 | 30 | 30 | 3/30 | 30 | 30 | 3/30 |
| (symmetric subdominant | | 5/11 | 107 | 107 | 5/11 | 107 | 107 | 5/11 | 107 | 107 | 5/11 | 107 | 107 | 5/11 | 107 | 107 | 5/11 | 107 | 107 | 5/11 |
| 2-gluheads | | 1/19 | 107 | 107 | 1/19 | 107 | 107 | 1/19 | 107 | 107 | 1/19 | 107 | 107 | 1/19 | 107 | 107 | 1/19 | 107 | 107 | 1/19 |
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CLINICIAN: *[Signature]*
CLINICIAN: *[Signature]*
CLINICIAN: _____
CLINICIAN: _____
ST 4102 (Rev. 0/08)

PREMIER PERSONNEL RESOURC 151202

DOS: 4/24/13 DOI: 2/22/13 DOB: 3/26/67:althWorks
 Patient: Santillan, Rosario
 DIGITAL GROUP

NAME: —
 START Df Case # : 156-238753 Ref # : EMR/ Yb

THERAPEUT: Marie Kerpel PT
 DX: Number 5/1

IN CHART

| EXERCISE: | Setting: | Date: | | Wt. | Reps | Wt. | Reps | Wt. | Reps | Wt. | Reps | Wt. | Reps | Wt. | Reps | Wt. | Reps | Wt. | Reps | | |
|-------------------|--|-------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| | | Wt. | Reps | | | | | | | | | | | | | | | | | | |
| Cat stretch | Med back stretch | 4/24 | 5/14 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | |
| | | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 |
| wall lean stretch | SKTC, lower trunk rotational piriformis stretch, HS stretch (symetric Subdominial S-gluteals) | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | |
| | | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 |
| | | Wt. | Reps | Wt. | Reps | Wt. | Reps | Wt. | Reps | Wt. | Reps | Wt. | Reps | Wt. | Reps | Wt. | Reps | Wt. | Reps | Wt. | Reps |
| | | 107 | 107 | 107 | 107 | 107 | 107 | 107 | 107 | 107 | 107 | 107 | 107 | 107 | 107 | 107 | 107 | 107 | 107 | 107 | 107 |

CLINICIAN: *[Signature]* CLINICIAN:
 CLINICIAN: *[Signature]* CLINICIAN:
 ST 4108 (Rev. 8/09)

PREMIER PERSONNEL RESOURC 151202

DOBS: 4/24/13 DOI: 2/22/13 DOB: 3/26/67 **althWorks**
SICAL GROUP

NAME: Patient: Santillan, Rosario


START D: case # : 156-238753 Ref # : EMR/ YB

THERAPIST: Marie Kopsel PT

DX: lumbar SL

IN CHART

| CLINICIAN'S INITIALS: | Setting: | Date: | Wt. | Reps | Wt. | Reps | Wt. | Reps | Wt. | Reps | Wt. | Reps | Wt. | Reps | Wt. | Reps | Wt. | Reps |
|-----------------------------|----------|-------|-----|------|------|------|-----|------|------|------|-----|------|------|------|-----|------|------|------|
| Cat stretch | | 4/24 | 3/ | 30 | 3/24 | 5/01 | 3/ | 30 | 3/24 | 5/13 | 3/ | 30 | 3/24 | 5/13 | 3/ | 30 | 3/24 | 5/13 |
| Mid back stretch | | | | | | | | | | | | | | | | | | |
| Wall lean stretch | | | | | | | | | | | | | | | | | | |
| SITC, lower trunk stability | | | | | | | | | | | | | | | | | | |
| piriform stretch HS stretch | | | | | | | | | | | | | | | | | | |
| isometric abdominal | | | | | | | | | | | | | | | | | | |
| gluteals | | | | | | | | | | | | | | | | | | |
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CLINICIAN:  CLINICIAN: _____
CLINICIAN: _____ CLINICIAN: _____
BT 4106 (REV 8/09)



111
(1/6)

REHABILITATION EVALUATION

PREMIER PERSONNEL RESOURC 151202
DOS: 4/24/13 DOI: 2/22/13 DOB: 3/26/67
Patient: Santillan, Rosario
Case # : 156-238753 Ref # : EMR/ Yb
Company:

Date of Surgery: _____ Next MD visit: 4/25/13
Referred by: Blesofsky, Marshall
Diagnosis: lumbar SL
ICD 9#:

Injury Mechanism: 46 y/o female reports sustaining injury when she lifted a heavy box (R) hand dominant.

PMH/Past Surgeries: Denies DM, HTN, CA, pregnancy
Surgeries: 1997 hernia repair

Medications: Naburnetone, Omeprazole, Orphenadrine, Tramadol, Polar Frost

Allergies:

Diagnostic Tests: Xray - abnormal straightening

Previous Tx: None - PT Chiro.

Social/Leisure Activities:

Occupation/Work Status: packer/ll med duty

Work Requirements: lifting, carrying, pulling, pushing, reaching

Symptoms-C/O: Rt side back pain - constant ache & intermittent sharpness. Radiates down legs (R>L), Numbness/tingling to same. No burning sensation.

Increase Symptoms: standing 2hrs, walking 2hrs, sitting 15min, bending.

Decrease Symptoms: heat, cold, medication.

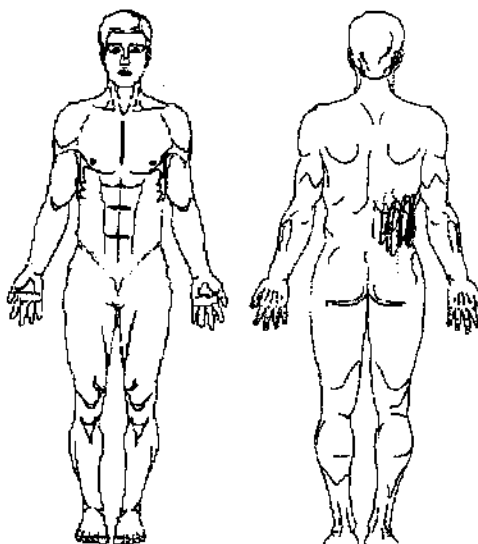
Pain: Current 8/10 Worst 8/10 Best 8/10
X same ___ better ___ worse

24 hour pain cycle:

am: noon: pm: night time:

Other/Special Questions:

Patient Goals: return to regular duties



PREMIER PERSONNEL RESOURC 151202

DOB: 4/24/13 DOI: 2/22/13 DOB: 3/26/67 **ADMISSION / DISCHARGE**

Patient: Santillan, Rosario

Case # : 156-238753 Ref # : EMR/ Yb

Use #:

Date:

| LEVEL | MOTION | AROM | | PROM | | STRENGTH | |
|-----------|----------------------|------|-------|------|-------|----------|-------|
| | | LEFT | RIGHT | LEFT | RIGHT | LEFT | RIGHT |
| L1/2/3 | Hip Flex. (0-120) | 100% | 100% | 100% | 100% | | |
| L5/S1-2 | Hip Ext. (0-30) | | | | | 5/5 | 3/5 |
| L4/5-S1 | Hip Abd. (0-45) | | | | | | |
| L4/5-S1 | Hip Add. (0-30) | | | | | | |
| L4/5-S1 | Hip Int. Rot. (0-45) | | | | | | |
| L3/4/5-S1 | Hip Ext. Rot. (0-45) | | | | | | |
| L2/3/4 | Knee Ext. (0) | | | | | | |
| L5/S1/S2 | Knee Flex (0-135) | | | | | | |
| L4/5 | Ankle DF (0-20) | | | | | | |
| S1/2 | Ankle PL (0-50) | | | | | | |
| L5/S1 | Ankle Ev. (0-15) | | | | | | |
| L5 | Ankle Inv. (0-35) | | | | | | |
| L4/5/S1 | EHL | | | | | | |
| | Abdominals | | | | | | |

Gait: Normal Antalgic but bearing full weight

Posture: Standing: lumbar lordosis

Sitting: WFL

Neurological:

Sensation: impaired R leg

Reflexes:

Patellar (L4) (L) (R)

Achilles (S1) (L) (R)

Babinski/Clonus (C7) (L) (R)

Dural Signs:

Other:

| Lumbar Spine Active Range of Motion (# painful) | |
|---|-----------------|
| Flexion | 15 (flex & ext) |
| Extension | 20 |
| L Side Flexion | 10 |
| R Side Flexion | 5 * |
| L Rotation | 25 |
| R Rotation | 20 * |

Special Tests:

(+) SLR (R leg)
 (+) SF distinction
 (-) compression

Functional Mobility:

Sit to Stand: painful
 Heel/Toe Walk: unable/painful
 Squat: (L) painful
 Balance: (R) painful (R > L)
(L) painful (R > L)

Palpation/Structural Alignment/Atrophy/Edema:

tenderness along (R) lateral L5 region

Other:

PREMIER PERSONNEL RESOURC 151202 EVALUATION / DISCHARGE

DOS: 4/24/13 DOI: 2/22/13 DOB: 3/26/67

Patient: Santillan, Rosario Case #: _____ Date: _____

Case # : 156-238753 Ref # : EMR/ Yb _____

refer to page one.
ASSESSMENT: *Painful lateral / H / S region + radiation down / H / leg*
↓ ROM + strength
impaired ADLs.

GOALS

| STG | LTG | | TIME FRAME |
|-------------------------------------|--------------------------|---|------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Increase strength <i>4 lbs</i> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Increase AROM <i>29 deg</i> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Restore prior function, including _____ | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Independent with strengthening home exercise program for continued carryover of functional gains made during skilled therapy. | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pt able to lift _____ # floor to knuckle and _____ # knuckle to shoulder to _____ | <i>4 w</i> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>reduce pain L2 (scapula)</i> | |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | |

Frequency: *3x/week* Estimated Length of Treatment: *4 weeks*

Therapy assessment, goals and treatment plan have been discussed with patient and patient is in agreement. Yes No

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Strengthening | <input checked="" type="checkbox"/> Postural education/exercise | <input type="checkbox"/> Heat |
| <input type="checkbox"/> Stretching | <input checked="" type="checkbox"/> Body mechanics/Joint protection training | <input type="checkbox"/> Ice |
| <input checked="" type="checkbox"/> Stabilization | <input checked="" type="checkbox"/> Joint mobilizations | <input checked="" type="checkbox"/> Traction |
| <input checked="" type="checkbox"/> A/AA/PROM | <input type="checkbox"/> Soft tissue mobilization | <input checked="" type="checkbox"/> US/Phono |
| <input type="checkbox"/> Neuromuscular re-ed | <input checked="" type="checkbox"/> Home exercise program | <input type="checkbox"/> Iontophoresis |
| <input type="checkbox"/> Gait training | <input checked="" type="checkbox"/> Tape/brace support | <input checked="" type="checkbox"/> E-Stim |
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Symptom management | <input type="checkbox"/> SEMG Biofeedback |
| <input type="checkbox"/> ADL training | <input checked="" type="checkbox"/> Work conditioning | <input type="checkbox"/> Whirlpool |
| <input type="checkbox"/> Paraffin | <input type="checkbox"/> Splinting/Orthotic training | <input type="checkbox"/> TENS issue & instruction |
| <input type="checkbox"/> Post Injury PAT | <input checked="" type="checkbox"/> Balance/Proprioceptive training | <input type="checkbox"/> VASO-Compression |
| <input type="checkbox"/> Recommend Discharge | <input type="checkbox"/> Follow up with Physician | <input checked="" type="checkbox"/> Patient Education |
| <input checked="" type="checkbox"/> Reusable Electrodes dispensed | <input type="checkbox"/> Iontophoresis Electrodes dispensed | <input checked="" type="checkbox"/> Continue with therapy |
| <input checked="" type="checkbox"/> Other/Supplies Dispensed: _____ | | |

Today's Treatment:

Time: *10:50* Patient education regarding nature of their injury.
45 Home exercises as per handouts/log.
PT Eval
refer to daily PT to note

Time: _____

HCPCS: A8300
DPT130
STRETCH OUT STRAP WITH ILLUSTRATED INSTRUCTION BDD

Treatment Plan Discussed/Reviewed with PTA

Signature: *[Signature]*

MARIA HOLPSEL, PT, BS

Lic # PT 12614

DAILY THERAPY TREATMENT NOTE

Treatment Visit #: 1

Authorized Visits #: 6

Auth Exp Date: _____

PREMIER PERSONNEL RESOURC 151202
DOS: 4/24/13 DOI: 2/22/13 DOB: 3/26/67

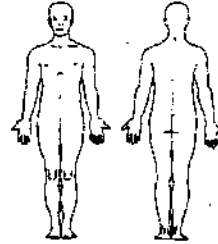
Diagnosis: R L B
lumbar s/s

Patient: Santillan, Rosario
Case # : 156-238753 Ref # : EMR/ Yb

Subjective: Improved Same Worsened Pain level 0 1 2 3 4 5 6 7 8 9 10 See attached Report

Objective: (i.e. ROM, MMT, Posture, Girth, Color) See attached report

Evaluation: Re-evaluation Strength/ROM Progress Report FCE/Return to Work PAT
 Isokinetics _____ minutes : Custom Splint/Orthotic Sensory Eval Burn/Wound Care



Time **Modalities: (circle body parts)** Right Left Both

15 Vaso-comp/Edema Control: Neck Shlder Arm Elbow Forearm Wrist/Hand/Finger/Thumb T/S U/S Hip Thigh Knee Leg Ankle/Foot
 Electrical Stimulation: Neck Shlder Arm Elbow Forearm Wrist/Hand/Finger/Thumb T/S L/S Hip Groin Thigh Knee Leg Ankle/Foot
 IFC TENS H-Wave EMS Micro Pre-mod HV LV 20-30 sec

15 Hot/Cold Pack/Ice Massage to: Neck Shoulder Arm Elbow Forearm Wrist/Hand T/S U/S Hip Groin Thigh Knee Leg Ankle/Foot
 Infrared Heat Neck Shoulder Arm Elbow Forearm Wrist/Hand T/S L/S Hip Thigh Knee Leg Ankle/Foot
 Infrared/Light Probe: _____ J/ cm² Area: _____
 Whirlpool/Fluido (_____ °F) to Arm Elbow Forearm Wrist/Hand Hip Thigh Knee Leg Ankle/Foot Other: _____
 Paraffin Bath Elbow Forearm Wrist/Hand Ankle/Foot
 Mechanical Traction Cervical Lumbosacral Carpal Tunnel C-Trac Static: _____ lbs/mmhg
 Intermittent: Hold _____ lbs/mmhg _____ sec/min Relax _____ lbs _____ sec/min
 Ultrasound/Phonophoresis - Cont. or Pulsed _____ % @ _____ w/cm² _____ MHz to _____ (area)
 Iontophoresis (_____ ml of Dexamethasone HCPCS: J1100 B.C.: 5052 Item# 226395) at _____ (milliamp-min)
Rehabilitation: Area: _____ in clinic Extended wear: _____ hours

10 Myofascial Release/Soft Tissue Mobilization L/S
 Joint Mob/Manual Traction: Grade: I II III IV V: Body part: _____
 Orthotic/Splinting Training/Taping _____ Applied/Fitted/Instructed
 FAs/ADLs/KAs/ _____
 Indiv Instruct HEP Injury Education DME/TENS Instruct Edema Control Krames book HCPCS: 99071 BC: 6860
 Biofeedback: Facilitate Inhibit Muscle location/Action: _____ Hld: _____ s Ast: _____ s Repr: _____
Threshold: _____ µV Output: _____ µV Triode Electrode dispensed: HCPCS: A4556 BC: 3186 Item# 922301
 Neuromuscular Re-education _____
 Gait Training/Assistive Device Training Cane Crutches Walker _____

20 Supervised Therapeutic Exercises: by: PT PTA OT Aquatic Therapy Initial 30 min ea additional 15 min
 See Exercise Flow Sheet (in chart)

HCPCS: AB300
DPT130
STRETCH OUT STRAP WITH ILL
LUSTRATED INSTRUCTION BDD

Established/Reviewed/Progressed Home Program See Handout/Booklet _____
 Supplies: issued to facilitate HEP and/or supplement supervised clinic program _____
 Skin checked and clear following treatment

Assessment: (specify below) Improved functional capacity Improving with limitations See attached Report
It tolerated +

Treatment Plan Reviewed by Supervising Therapist Physical Therapist of Record Transfer on file

Plan: progress therapeutic treatment program (specify below) perform Re-Eval/ MMT&ROM/DC summary
 D/C from therapy: Has met goals / has reached plateau / is non-compliant See attached Report
to plan therapy for STM infrared heat

CA4105 (REV. 11/12) Signature [Signature] License Number PT 12514



DAILY THERAPY TREATM



Treatment Visit #: 3

Authorized Visits #: 6

Auth Exp Date:

PREMIER PERSONNEL RESOURC 151202

DOS: 5/01/13 DOI: 2/22/13 DOB: 3/26/67

Patient: Santillan, Rosario

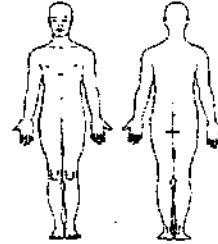
Case #: 156-238753 Ref #: EMR/ Yb

Diagnosis: R L B lumbar s/s

Subjective: Improved Same Worsened Pain level 0 1 2 3 4 5 6 7 8 9 10 See attached Report

Objective: (i.e. ROM, MMT, Posture, Girth, Color) See attached report

Evaluation: Re-evaluation Strength/ROM Progress Report FCE/Return to Work PAT Isokinetics minutes Custom Splint/Orthotic Sensory Eval Burn/Wound Care



Time Modalities: (circle body parts) Right Left Both

Vaso-comp/Edema Control: Neck Shlder Arm Elbow Forearm Wrist/Hand/Finger/Thumb T/S L/S Hip Thigh Knee Leg Ankle/Foot

Electrical Stimulation: Neck Shlder Arm Elbow Forearm Wrist/Hand/Finger/Thumb T/S L/S Hip Groin Thigh Knee Leg Ankle/Foot IFC TENS H-Wave EMS Micro Pre-mod HV LV

Hot/Cold Pack/Ice Massage to: Neck Shoulder Arm Elbow Forearm Wrist/Hand T/S L/S Hip Groin Thigh Knee Leg Ankle/Foot

Infrared Heat Neck Shoulder Arm Elbow Forearm Wrist/Hand T/S L/S Hip Thigh Knee Leg Ankle/Foot

Infrared/Light Probe: J/ cm2 Area:

Whirlpool/Fluido (F) to Arm Elbow Forearm Wrist/Hand Hip Thigh Knee Leg Ankle/Foot Other:

Paraffin Bath Elbow Forearm Wrist/Hand Ankle/Foot

Mechanical Traction Cervical Lumbosacral Carpal Tunnel C-Trac Static lbs/mmHg Intermittent Hold lbs/mmHg sec/min Relax lbs sec/min

Ultrasound/Phonophoresis - Cont. or Pulsed % @ w/cm2 MHz to (area)

Iontophoresis (ml of Dexamethasone HCPCS: J1100 B.C.: 5052 Item# 226395) at (milliamp-min)

Rehabilitation: Area: in clinic Extended wear: hours

Myofascial Release/Sof Tissue Mobilization

Joint Mob/Manual Traction: Grade: I II III IV V: Body part:

Orthotic/Splinting Training/Taping Applied/Fitted/Instructed

FAs/ADLs/KAs/

Indiv Instruct HEP Injury Education DME/TENS Instruct Edema Control Krames book HCPCS: 99071 BC: 6660

Biofeedback: Facilitate Inhibit Muscle location/Action: Hld: s Rst: s Repr:

Threshold: uV Output: uV Triode Electrode dispensed: HCPCS: A4556 BC: 3186 Item# 922301

Neuromuscular Re-education

Gait Training/Assistive Device Training Cane Crutches Walker

Supervised Therapeutic Exercises: by: PT PTA OT Aquatic Therapy initial 30 min ea additional 15 min

See Exercise Flow Sheet (in chart)

Established/Reviewed/Progressed Home Program See Handout/Booklet

Supplies: issued to facilitate HEP and/or supplement supervised clinic program

Skin checked and clear following treatment

Assessment: (specify below) Improved functional capacity Improving with limitations See attached Report

Handwritten assessment notes

Treatment Plan Reviewed by Supervising Therapist Physical Therapist of Record Transfer on file

Plan: progress therapeutic treatment program (specify below) perform Re-Eval/ MMT&ROM/DC summary D/C from therapy: Has met goals / has reached plateau / is non-compliant See attached Report

TERESA HOLPSEL, PT, BS



PREMIER PERSONNEL RESOURC 151202

DOS: 4/24/13 DOI: 2/22/13 DOB: 3/26/67 **ADMISSION / DISCHARGE**

Patient: Santillan, Rosario

Use #: _____ Date: _____

Case #: 156-238753 Ref #: EMR/ Yb

| LEVEL | MOTION | AROM | | PROM | | STRENGTH | |
|-----------|----------------------|------|-------|------|-------|----------|-------|
| | | LEFT | RIGHT | LEFT | RIGHT | LEFT | RIGHT |
| L1/2/3 | Hip Flex. (0-120) | 100% | 100% | 100% | 100% | 5/5 | 3/5 |
| L5/S1-2 | Hip Ext. (0-30) | | | | | | |
| L4/5-S1 | Hip Abd. (0-45) | | | | | | |
| L4/5-S1 | Hip Add. (0-30) | | | | | | |
| L4/5-S1 | Hip Int. Rot. (0-45) | | | | | | |
| L3/4/5-S1 | Hip Ext. Rot. (0-45) | | | | | | |
| L2/3/4 | Knee Ext. (0) | | | | | | |
| L5/S1/S2 | Knee Flex (0-135) | | | | | | |
| L4/5 | Ankle DF (0-20) | | | | | | |
| S1/2 | Ankle PL (0-50) | | | | | | |
| L5/S1 | Ankle Ev. (0-15) | | | | | | |
| L5 | Ankle Inv. (0-35) | | | | | | |
| L4/5/S1 | EHL | | | | | | |
| | Abdominals | | | | | | |

Gait: Normal Antalgic Joint bearing
WLE

Posture: Standing: Lumbar lordosis

Sitting: WLE

Neurological:
Sensation: impaired R leg
Reflexes:
Patellar (L4) (L) _____ (R) _____
Achilles (S1) (L) _____ (R) _____
Babinski/Clonus (C7) (L) _____ (R) _____
Dural Signs: _____
Other: _____

Special Tests:
(+) SLR (R leg)
(+) SF distention
(-) compression

Functional Mobility:
Sit to Stand: painful
Heel/Toe Walk: unable/painful
Squat: 1/4 painful
Balance: (R) painful (R > L)
(L) painful

| | |
|----------------|-----------------|
| Flexion | 15 (flex & ext) |
| Extension | 20 |
| L Side Flexion | 10 |
| R Side Flexion | 5 * |
| L Rotation | 25 |
| R Rotation | 20 * |

Palpation/Structural Alignment/Atrophy/Edema:
tenderness along (R) lateral
L5 region

Other: _____

PREMIER PERSONNEL RESOURC 151202 EVALUATION / DISCHARGE

DOS: 4/24/13 DOI: 2/22/13 DOB: 3/26/67

Case #: _____ Date: _____

Patient: Santillan, Rosario

Case # : 156-238753 Ref # : EMR/ Yb _____

refer to page one.
ASSESSMENT: *painful lateral H/Lb region + radiation down Pt leg
↓ ROM + strength
impaired ADLs.*

| STG | LTG | GOALS | TIME FRAME |
|-------------------------------------|--------------------------|---|------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Increase strength <u>4/28/15</u> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Increase AROM <u>790°</u> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Restore prior function, including _____ | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Independent with strengthening home exercise program for continued carryover of functional gains made during skilled therapy. | <u>4w</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pt able to lift _____ # floor to knuckle and _____ # knuckle to shoulder to _____ | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>reduce pain L2 (scale 0-10)</u> | |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | |

Frequency: 3x/wk Estimated Length of Treatment: 4wks

Therapy assessment, goals and treatment plan have been discussed with patient and patient is in agreement. Yes No

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Strengthening | <input checked="" type="checkbox"/> Postural education/exercise | <input type="checkbox"/> Heat |
| <input type="checkbox"/> Stretching | <input checked="" type="checkbox"/> Body mechanics/Joint protection training | <input type="checkbox"/> Ice |
| <input checked="" type="checkbox"/> Stabilization | <input checked="" type="checkbox"/> Joint mobilizations | <input type="checkbox"/> Traction |
| <input checked="" type="checkbox"/> N/A/PROM | <input type="checkbox"/> Soft tissue mobilization | <input checked="" type="checkbox"/> US/Phono |
| <input type="checkbox"/> Neuromuscular re-ed | <input checked="" type="checkbox"/> Home exercise program | <input type="checkbox"/> Iontophoresis |
| <input type="checkbox"/> Gait training | <input checked="" type="checkbox"/> Tape/brace support | <input checked="" type="checkbox"/> E-Stim |
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Symptom management | <input type="checkbox"/> SEMG Biofeedback |
| <input type="checkbox"/> ADL training | <input checked="" type="checkbox"/> Work conditioning | <input type="checkbox"/> Whirlpool |
| <input type="checkbox"/> Paraffin | <input type="checkbox"/> Splinting/Orthotic training | <input type="checkbox"/> TENS issue & instruction |
| <input type="checkbox"/> Post Injury PAT | <input checked="" type="checkbox"/> Balance/Proprioceptive training | <input type="checkbox"/> VASO-Compression |

- | | | |
|---|---|---|
| <input type="checkbox"/> Recommend Discharge | <input type="checkbox"/> Follow up with Physician | <input checked="" type="checkbox"/> Continue with therapy |
| <input checked="" type="checkbox"/> Reusable Electrodes dispensed | <input type="checkbox"/> Iontophoresis Electrodes dispensed | |

Other/Supplies Dispensed: _____

Today's Treatment:

| | | |
|--------------------|---|-------------|
| Time: <u>10:50</u> | <input checked="" type="checkbox"/> Patient education regarding nature of their injury. | Time: _____ |
| <u>45</u> | <input checked="" type="checkbox"/> Home exercises as per handouts/log. | _____ |
| <u>45</u> | <input checked="" type="checkbox"/> PT Eval | _____ |
| | <input type="checkbox"/> _____ | _____ |

Refer to daily PT to note

HCPCS: AB300
OPT130
STRETCH OUT STRAP WITH ILLUSTRATED INSTRUCTION BOOK

Treatment Plan Discussed/Reviewed with PTA
Signature: [Signature] MARIA HOEPEL, PT, BS
Lic #: PT 12614

DAILY THERAPY TREATMENT NOTE

Treatment Visit #: 1

Authorized Visits #: 6

Auth Exp Date: _____

PREMIER PERSONNEL RESOURC 151202

DOS: 4/24/13 DOI: 2/22/13 DOB: 3/26/67

Diagnosis: R L B

lumbar str

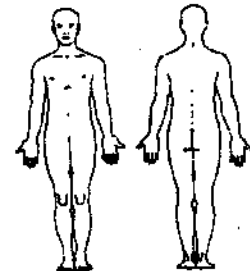
Patient: Santillan, Rosario

Case #: 156-238753 Ref #: EMR/ Yb

Subjective: O Improved O Same O Worsened Pain level 0 1 2 3 4 5 6 7 8 9 10 O See attached Report

Objective: (i.e. ROM, MMT, Posture, Girth, Color) See attached report

Evaluation: O Re-evaluation O Strength/ROM O Progress Report O FCE/Return to Work PAT O Isokinetics _____ minutes: O Custom Splint/Orthotic O Sensory Eval O Burn/Wound Care



Time Modalities: (circle body parts) O Right O Left O Both

15 Vaso-comp/Edema Control: Neck Shlder Arm Elbow Forearm Wrist/Hand/Finger/Thumb T/S L/S Hip Thigh Knee Leg Ankle/Foot
Electrical Stimulation: Neck Shlder Arm Elbow Forearm Wrist/Hand/Finger/Thumb T/S L/S Hip Groin Thigh Knee Leg Ankle/Foot

IFC O TENS O H-Wave O EMS O Micro O Pre-mod O HV O LV

Hot/Cold Pack/Ice Massage to: Neck Shoulder Arm Elbow Forearm Wrist/Hand T/S L/S Hip Groin Thigh Knee Leg Ankle/Foot

15 Infrared Heat Neck Shoulder Arm Elbow Forearm Wrist/Hand T/S L/S Hip Thigh Knee Leg Ankle/Foot

Infrared/Light Probe: _____ J/cm² Area: _____

Whirlpool/Fluido (_____ °F) to Arm Elbow Forearm Wrist/Hand Hip Thigh Knee Leg Ankle/Foot Other: _____

Paraffin Bath Elbow Forearm Wrist/Hand Ankle/Foot

Mechanical Traction O Cervical O Lumbosacral O Carpal Tunnel C-Trac O Static: _____ lbs/mmHg

O Intermittent: Hold _____ lbs/mmHg _____ sec/min Relax _____ lbs _____ sec/min

O Ultrasound/Phonophoresis - Cont. or Pulsed _____ % @ _____ w/cm² _____ MHz to _____ (area)

O Iontophoresis (_____ ml of Dexamethasone HCPCS: J1100 B.C.: 5052 Item# 226395) at _____ (milliamp-min)

Rehabilitation: Area: _____ O in clinic O Extended wear: _____ hours

10 Myofascial Release/Soft Tissue Mobilization _____

O Joint Mob/Manual Traction: Grade: I II III IV V: Body part: _____ O Applied/Fitted/Instructed

O Orthotic/Splinting Training/Taping _____

O FAs/ADLs/KAs/ _____

O Individ Instruct O HEP O Injury Education O DME/TENS Instruct O Edema Control O Krames book HCPCS: 99071 BC: 6860

O Biofeedback: O Facilitate O Inhibit Muscle location/Action: _____ Hld: _____ s Rest: _____ s Repts: _____

20 Threshold: _____ µV Output: _____ µV O Triode Electrode dispensed: HCPCS: A4556 BC: 3186 Item# 922301

O Neuromuscular Re-education _____

O Gait Training/Assistive Device Training O Cane O Crutches O Walker _____

Supervised Therapeutic Exercises: by: O PT O PTA O OT O Aquatic Therapy initial 30 min O ea additional 15 min

See Exercise Flow Sheet (in chart) _____

O Established/Reviewed/Progressed Home Program O See Handout/Booklet _____

O Supplies: issued to facilitate HEP and/or supplement supervised clinic program _____

O Skin checked and clear following treatment _____

Assessment: (specify below) O Improved functional capacity O Improving with limitations O See attached Report

It elevated

O Treatment Plan Reviewed by Supervising Therapist O Physical Therapist of Record Transfer on file

Plan: O progress therapeutic treatment program (specify below) O perform Re-Eval / MMT&ROM/DC summary

O D/C from therapy: Has met goals / has reached plateau / is non-compliant O See attached Report

Plan: therapy ES, STM, infrared heat, ITP, PRN, signature, PT 12614 License Number

HCPCS: A9300
OPT130
STRETCH OUT STRAP WITH ILLUSTRATED INSTRUCTION BOO

PREMIER PERSONNEL RESOURC 151202
 DOS: 4/24/13 DOI: 2/22/13 DOB: 3/26/67: **althWorks**
 DIGITAL GROUP

THERAPIST: Marie Koppesl MT

NAME: Patient: Santillan, Rosario

START DATE: Case # : 156-238753 Ref # : EMR/ Yb **IN CHART** DX: Lumbago S/c

| EXERCISE: | Setting: | Date: | Wt. | | Reps | | | | | | | | | | | | | | | | | | | | |
|---|----------|-------|-----|--|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cat stretch | | 4/24 | Wt. | | Reps | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inrd back stretch | | 3/30 | Wt. | | Reps | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| wall lean stretch | | 3/30 | Wt. | | Reps | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| SKTC, lower trunk w/strake piriformis stretch HS stretch | | 3/30 | Wt. | | Reps | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| symetrix abdominal gluteals | | 5/11 | Wt. | | Reps | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Wt. | | Reps | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Wt. | | Reps | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Wt. | | Reps | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Wt. | | Reps | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Wt. | | Reps | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Wt. | | Reps | | | | | | | | | | | | | | | | | | | | |
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| | | | Wt. | | Reps | | | | | | | | | | | | | | | | | | | | |
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| | | | Wt. | | Reps | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |

CLINICIAN: Marie Koppesl CLINICIAN: _____
 CLINICIAN: _____ CLINICIAN: _____



Treatment Visit #: 2

Authorized Visits #: 6

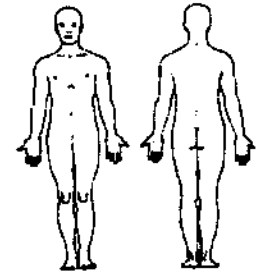
Auth Exp Date: _____

PREMIER PERSONNEL RESOURC 151202
DOS: 4/26/13 DOI: 2/22/13 DOB: 3/26/67
Patient: Santillan, Rosario
Case #: 156-238753 Ref #: EMR/ Yb

Diagnosis: Lumbar s/s
R L B _____

Subjective: Improved Same Worsened Pain level 0 1 2 3 4 5 6 7 8 9 10 See attached Report

Objective: (i.e. ROM, MMT, Posture, Girth, Color) See attached report
 Evaluation: Re-evaluation Strength/ROM Progress Report FCE/Return to Work PAT
 Isokinetics _____ minutes: Custom Splint/Orthotic Sensory Eval Burn/Wound Care



- Time **Modalities: (circle body parts)** Right Left Both
- 15 Vaso-comp/Edema Control: Neck Shldr Arm Elbow Forearm Wrist/Hand/Finger/Thumb T/S L/S Hip Thigh Knee Leg Ankle/Foot
- 15 Electrical Stimulation: Neck Shldr Arm Elbow Forearm Wrist/Hand/Finger/Thumb T/S L/S Hip Groin Thigh Knee Leg Ankle/Foot
 IFC TENS H-Wave EMS Micro Pre-mod HV LV 80-150Hz
- 15 Hot/Cold Pack/Ice Massage IO: Neck Shoulder Arm Elbow Forearm Wrist/Hand T/S L/S Hip Groin Thigh Knee Leg Ankle/Foot
- Infrared Heat Neck Shoulder Arm Elbow Forearm Wrist/Hand T/S L/S Hip Thigh Knee Leg Ankle/Foot
- Infrared/Light Probe: _____ J/ cm² Area: _____
- Whirlpool/Fluido (_____ °F) to Arm Elbow Forearm Wrist/Hand Hip Thigh Knee Leg Ankle/Foot Other: _____
- 15 Mechanical Traction Cervical Lumbosacral Carpal Tunnel C-Trac Static: _____ lbs/mmhg
 Intermitt: Hold 60 lbs/mmhg 30 sec/min Relax 40 lbs 10 sec/min
- Ultrasound/Phonophoresis - Cont. or Pulsed _____ % @ _____ w/cm² _____ MHz to _____ (area)
- Iontophoresis (_____ ml of Dexamethasone HCPCS: J1100 B.C.: 5052 Item# 226395) at _____ (milliamp-min)
- Rehabilitation:** _____ Area: _____ in clinic Extended wear: _____ hours
- 10 Myofascial Release/Soft Tissue Mobilization LS
- Joint Mob/Manual Traction: Grade: I II III IV V: Body part: _____ Applied/Fitted/Instructed
- Orthotic/Splinting Training/Taping _____
- FAs/ADLs/KAs/ _____
- Indiv Instruct HEP Injury Education DME/TENS Instruct Edema Control Krames book HCPCS: 99071 BC: 6860
- Biofeedback: Facilitate Inhibit Muscle location/Action: _____ Hld: _____ s Rst: _____ s Reps: _____
Threshold: _____ μV Output: _____ μV Triode Electrode dispensed: HCPCS: A4556 BC: 3186 Item# 922301
- Neuromuscular Re-education _____
- Gait Training/Assistive Device Training Cane Crutches Walker _____
- 20 Supervised Therapeutic Exercises: by: PT PTA OT Aquatic Therapy initial 30 min ea additional 15 min
 See Exercise Flow Sheet (in chart) _____

Established/Reviewed/Progressed Home Program See Handout/Booklet _____
 Supplies: issued to facilitate HEP and/or supplement supervised clinic program _____

Skin checked and clear following treatment
Assessment: (specify below) Improved functional capacity Improving with limitations See attached Report
At tolerated to

Treatment Plan Reviewed by Supervising Therapist Physical Therapist of Record Transfer on file
Plan: progress therapeutic treatment program (specify below) perform Re-Eval / MMT&ROM/DC summary
 D/C from therapy: Has met goals / has reached plateau / is non-compliant See attached Report



Treatment Visit #: 3

Authorized Visits #: 6

Auth Exp Date: _____

PREMIER PERSONNEL RESOURC 151202

DOS: 5/01/13 DOI: 2/22/13 DOB: 3/26/67

Patient: Santillan, Rosario

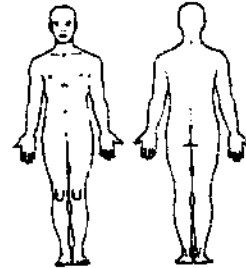
Case # : 156-238753 Ref # : EMR/ Yb

B/L
Diagnosis:
R L B lumbar s/s

Subjective: Improved Same Worsened Pain level 0 1 2 3 4 5 6 7 8 9 10 See attached Report

Objective: (i.e. ROM, MMT, Posture, Girth, Color) See attached report

Evaluation: Re-evaluation Strength/ROM Progress Report FCE/Return to Work PAT
 Isokinetics _____ minutes: Custom Splint/Orthotic Sensory Eval Burn/Wound Care



- Time Modalities: (circle body parts) Right Left Both
- Vaso-comp/Edema Control: Neck Shlder Arm Elbow Forearm Wrist/Hand/Finger/Thumb T/S L/S Hip Thigh Knee Leg Ankle/Foot
 - 15 Electrical Stimulation: Neck Shlder Arm Elbow Forearm Wrist/Hand/Finger/Thumb T/S L/S Hip Groin Thigh Knee Leg Ankle/Foot
 - IFC TENS H-Wave EMS Micro Pre-mod HV LV 80-100lb
 - Hot/Cold Pack/Ice Massage to: Neck Shoulder Arm Elbow Forearm Wrist/Hand T/S L/S Hip Groin Thigh Knee Leg Ankle/Foot
 - 15 Infrared Heat Neck Shoulder Arm Elbow Forearm Wrist/Hand T/S L/S Hip Thigh Knee Leg Ankle/Foot
 - Infrared/Light Probe: _____ J/ cm² Area: _____
 - Whirlpool/Fluido (_____ °F) to Arm Elbow Forearm Wrist/Hand Hip Thigh Knee Leg Ankle/Foot Other: _____
 - Paraffin Bath Elbow Forearm Wrist/Hand Ankle/Foot
 - 15 Mechanical Traction Cervical Lumbosacral Carpal Tunnel C-Trac Static: _____ lbs/mmhg
 - Intermit: Hold 60 lbs/mmhg 30 sec/min Relax 40 lbs 10 sec/min
 - Ultrasound/Phonophoresis - Cont. or Pulsed _____ % @ _____ w/cm² _____ MHz to _____ (area)
 - Iontophoresis (_____ ml of Dexamethasone HCPCS: J1100 B.C.: 5052 Item# 226395) at _____ (milliamp-min)
- Rehabilitation: Area: _____ in clinic Extended wear: _____ hours
- 10 Myofascial Release/Soft Tissue Mobilization 45
 - Joint Mob/Manual Traction: Grade: I II III IV V: Body part: _____
 - Orthotic/Splinting Training/Taping _____ Applied/Fitted/instructed
 - FAs/ADLs/KAs/ _____
 - Indiv Instruct HEP Injury Education DME/TENS Instruct Edema Control Krames book HCPCS: 99071 BC: 6860
 - Biofeedback: Facilitate Inhibit Muscle location/Action: _____ Hld: _____ s Rst: _____ s Reps: _____
 - Threshold: _____ μV Output: _____ μV Triode Electrode dispensed: HCPCS: A4556 BC: 3186 Item# 922301
 - Neuromuscular Re-education _____
 - Gait Training/Assistive Device Training Cane Crutches Walker _____
 - 20 Supervised Therapeutic Exercises: by: PT PTA OT Aquatic Therapy initial 30 min ea additional 15 min
 - See Exercise Flow Sheet (in chart)

Established/Reviewed/Progressed Home Program See Handout/Booklet
 Supplies: issued to facilitate HEP and/or supplement supervised clinic program

Skin checked and clear following treatment

Assessment: (specify below) Improved functional capacity Improving with limitations See attached Report

It tolerated +

Treatment Plan Reviewed by Supervising Therapist Physical Therapist of Record Transfer on file

Plan: progress therapeutic treatment program (specify below) perform Re-Eval / MMT&ROM/DC summary
 D/C from therapy: Has met goals / has reached plateau / is non-compliant See attached Report

TRADIA NORRIS, PT, DC

License Number PT 12314



Treatment Visit #: 4

Authorized Visits #: 6

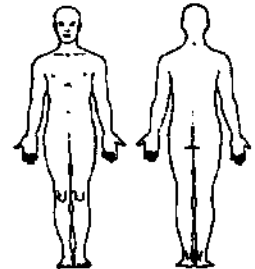
Auth Exp Date: _____

PREMIER PERSONNEL RESOURC 151202
DOS: 5/03/13 DOI: 2/22/13 DOB: 3/26/67
Patient: Santillan, Rosario
Case #: 156-238753 Ref #: EMR/ Yb

Diagnosis: R L B Lumbars/S

Subjective: O Improved O Same O Worsened Pain level 0 1 2 3 4 5 6 7 8 9 10 O See attached Report

Objective: (i.e. ROM, MMT, Posture, Girth, Color) O See attached report
O Evaluation: O Re-evaluation O Strength/ROM O Progress Report O FCE/Return to Work PAT
O Isokinetics _____ minutes: O Custom Splint/Orthotic O Sensory Eval O Burn/Wound Care



- Time Modalities: (circle body parts) O Right O Left O Both
O Vaso-comp/Edema Control: Neck Shlder Arm Elbow Forearm Wrist/Hand/Finger/Thumb T/S L/S Hip Thigh Knee Leg Ankle/Foot
15 Electrical Stimulation: Neck Shlder Arm Elbow Forearm Wrist/Hand/Finger/Thumb T/S L/S Hip Groin Thigh Knee Leg Ankle/Foot
O IFC O TENS O H-Wave O EMS O Micro O Pre-mod O HV O LV
O Hot/Cold Pack/Ice Massage to: Neck Shoulder Arm Elbow Forearm Wrist/Hand T/S L/S Hip Groin Thigh Knee Leg Ankle/Foot
15 Infrared Heat Neck Shoulder Arm Elbow Forearm Wrist/Hand T/S L/S Hip Thigh Knee Leg Ankle/Foot
O Infrared/Light Probe: _____ J/ cm^2 Area: _____
O Whirlpool/Fluido (_____ F) to Arm Elbow Forearm Wrist/Hand Hip Thigh Knee Leg Ankle/Foot Other: _____
O Paraffin Bath Elbow Forearm Wrist/Hand Ankle/Foot
15 Mechanical Traction O Cervical O Lumbosacral O Carpal Tunnel C-Trac O Static: _____ lbs/mmhg
Intermit: Hold 60 lbs/mmhg 30 sec/min Relax 40 lbs 10 sec/min
O Ultrasound/Phonophoresis - Cont. or Pulsed _____ % @ _____ w/ cm^2 _____ MHz to _____ (area)
O Iontophoresis (_____ ml) of Dexamethasone HCPCS: J1100 B.C.: 5052 Item# 226395) at _____ (milliamp-min)
Rehabilitation: Area: _____ O in clinic O Extended wear: _____ hours
10 Myofascial Release/Soft Tissue Mobilization L/S
O Joint Mob/Manual Traction: Grade: I II III IV V: Body part: _____
O Orthotic/Splinting Training/Taping _____ O Applied/Fitted/Instructed
O FAs/ADLs/KAs/
O Indiv Instruct O HEP O Injury Education O DME/TENS Instruct O Edema Control O Krames book HCPCS: 99071 BC: 6860
O Biofeedback: O Facilitate O Inhibit Muscle location/Action: _____ Hld: _____ s Rst: _____ s Reps: _____
Threshold: _____ uV Output: _____ uV O Triode Electrode dispensed: HCPCS: A4556 BC: 3186 Item# 922301
O Neuromuscular Re-education
O Gait Training/Assistive Device Training O Cane O Crutches O Walker
20 Supervised Therapeutic Exercises: by: O PT O PTA O OT O Aquatic Therapy initial 30 min O ea additional 15 min
O See Exercise Flow Sheet (in chart)

- O Established/Reviewed/Progressed Home Program O See Handout/Booklet
O Supplies: issued to facilitate HEP and/or supplement supervised clinic program
O Skin checked and clear following treatment

Assessment: (specify below) O Improved functional capacity O Improving with limitations O See attached Report
PT tolerated

O Treatment Plan Reviewed by Supervising Therapist O Physical Therapist of Record Transfer on file

Plan: O progress therapeutic treatment program (specify below) O perform Re-Eval / MMT&ROM/DC summary
O D/C from therapy: Has met goals / has reached plateau / is non-compliant O See attached Report
PTE next visit. MARIA KOEPSSEL, PT, L

License Number PT 12614

PREMIER PERSONNEL RESOURC 151202

DOB: 4/24/13 DOI: 2/22/13 DOB: 3/26/67 **althWorks**
DIGITAL GROUP

NAME: Patient: Santillan, Rosario

THERAPIST: Marie Koppel PT

START DATE Case # : 156-238753 Ref # : EMR/ Yb

DX: Lumber S/L

IN CHART

| CLINICIAN'S INITIALS: | Setting: | Date: | Wt | Reps | Wt | Reps | Wt | Reps | Wt | Reps | Wt | Reps | Wt | Reps |
|-------------------------------|----------|-------|-------|------|------|------|------|------|----|------|----|------|----|------|
| Cat stretch | | 4/24 | 3/ | 3/ | 4/24 | 5/01 | 5/3 | | | | | | | |
| mid back stretch | | | 304 | 3/ | 3/ | 3/04 | 3/34 | | | | | | | |
| wall lean stretch | | | 3/30" | 3/34 | 3/34 | 3/34 | 3/34 | | | | | | | |
| SLTC, lower trunk stability | | | 3/30" | 3/34 | 3/34 | 3/34 | 3/34 | | | | | | | |
| piriformis stretch HS stretch | | | 3/30" | 3/34 | 3/34 | 3/34 | 3/34 | | | | | | | |
| isometric abdominal | | | 8/11 | 107 | 107 | 107 | 107 | | | | | | | |
| gluteals | | | 114 | 107 | 107 | 107 | 107 | | | | | | | |
| | | | Wt. | | | | | | | | | | | |
| | | | Sets | Reps | | | | | | | | | | |
| | | | Wt. | | | | | | | | | | | |
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| | | | Wt. | | | | | | | | | | | |
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| | | | Wt. | | | | | | | | | | | |
| | | | Sets | Reps | | | | | | | | | | |
| | | | Wt. | | | | | | | | | | | |
| | | | Sets | Reps | | | | | | | | | | |

CLINICIAN: Marie Koppel CLINICIAN: _____
 CLINICIAN: _____ CLINICIAN: _____

DAILY THERAPY TREATMENT NOTE

Treatment Visit #: 5

Authorized Visits #: 6

PREMIER PERSONNEL RESOURC 151202
DOS: 5/06/13 DOI: 2/22/13 DOB: 3/26/67

Diagnosis: R L B Lumbar s/s

Auth Exp Date:

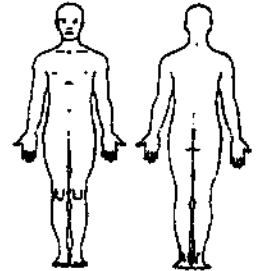
Patient: Santillan, Rosario

Case #: 156-238753 Ref #: EMR/ Yb

Subjective: O Improved O Same O Worsened Pain level 0 1 2 3 4 5 6 7 8 9 10 O See attached Report

Objective: (i.e. ROM, MMT, Posture, Girth, Color) O See attached report

O Evaluation: O Re-evaluation O Strength/ROM O Progress Report O FCE/Return to Work PAT
O Isokinetics minutes: O Custom Splint/Orthotic O Sensory Eval O Burn/Wound Care



refer to L PPE

Time Modalities: (circle body parts) O Right O Left O Both

O Vaso-comp/Edema Control: Neck Shlder Arm Elbow Forearm Wrist/Hand/Finger/Thumb T/S L/S Hip Thigh Knee Leg Ankle/Foot
Electrical Stimulation: Neck Shlder Arm Elbow Forearm Wrist/Hand/Finger/Thumb T/S L/S Hip Groin Thigh Knee Leg Ankle/Foot
IFC O TENS O H-Wave O EMS O Micro O Pre-mod O HV O LV

O Hot/Cold Pack/Ice Massage to: Neck Shoulder Arm Elbow Forearm Wrist/Hand T/S L/S Hip Groin Thigh Knee Leg Ankle/Foot
Infrared Heat Neck Shoulder Arm Elbow Forearm Wrist/Hand T/S L/S Hip Thigh Knee Leg Ankle/Foot

O Infrared/Light Probe: J/cm2 Area:
O Whirlpool/Fluido (F) to Arm Elbow Forearm Wrist/Hand Hip Thigh Knee Leg Ankle/Foot Other:

O Paraffin Bath Elbow Forearm Wrist/Hand Ankle/Foot
Mechanical Traction O Cervical O Lumbosacral O Carpal Tunnel C-Trac O Static: lbs/mmhg
Intermit: Hold 65 lbs/mmhg 30 sec/min Relax 40 lbs 10 sec/min

O Ultrasound/Phonophoresis - Cont. or Pulsed % @ w/cm2 MHz to (area)
O Iontophoresis (ml of Dexamethasone HCPCS: J1100 B.C.: 5052 Item# 226395) at (milliamp-min)

Rehabilitation: Area: O in clinic O Extended wear: hours
Myofascial Release/Soft Tissue Mobilization

O Joint Mob/Manual Traction: Grade: I II III IV V: Body part:
O Orthotic/Splinting Training/Taping O Applied/Fitted/Instructed

O FAs/ADLs/KAs/
O Individ Instruct O HEP O Injury Education O DME/TENS Instruct O Edema Control O Krames book HCPCS: 99071 BC: 6860

O Biofeedback: O Facilitate O Inhibit Muscle location/Action: Hid: s Rst: s Repr:
Threshold: uV Output: uV O Triode Electrode dispensed: HCPCS: A4556 BC: 3186 Item# 922301

O Neuromuscular Re-education
O Gait Training/Assistive Device Training O Cane O Crutches O Walker
Supervised Therapeutic Exercises: by: PT O PTA O OT O Aquatic Therapy initial 30 min O ea additional 15 min
See Exercise Flow Sheet (in chart)

O Established/Reviewed/Progressed Home Program O See Handout/Booklet
O Supplies: issued to facilitate HEP and/or supplement supervised clinic program

Skin checked and clear following treatment
Assessment: (specify below) O Improved functional capacity O Improving with limitations O See attached Report
refer to PPE
pt tolerated

O Treatment Plan Reviewed by Supervising Therapist O Physical Therapist of Record Transfer on file

Plan: O progress therapeutic treatment program (specify below) O perform Re-Eval / MMT&ROM/DC summary
O D/C from therapy: Has met goals / has reached plateau / is non-compliant O See attached Report

JARLA KOEPEL, PT, BS



treatment Visit #: 6

Authorized Visits #: 6

Auth Exp Date: _____

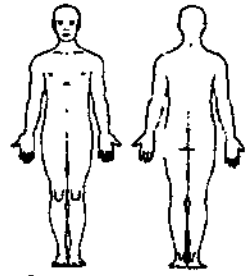
PREMIER PERSONNEL RESOURC 151202
DOS: 5/13/13 DOI: 2/22/13 DOB: 3/26/67

Diagnosis: R L B lumbar slc

Patient: Santillan, Rosario
Case # : 156-238753 Ref # : EMR/ Yb

Subjective: Improved Same Worsened Pain level 0 1 2 3 4 5 6 7 8 9 10 See attached Report

Objective: (i.e. ROM, MMT, Posture, Girth, Color) See attached report
 Evaluation: Re-evaluation Strength/ROM Progress Report FCE/Return to Work PAT
 Isokinetics _____ minutes: Custom Splint/Orthotic Sensory Eval Burn/Wound Care



- Time Modalities: (circle body parts) Right Left Both
- Vaso-comp/Edema Control: Neck Shlder Arm Elbow Forearm Wrist/Hand/Finger/Thumb T/S L/S Hip Thigh Knee Leg Ankle/Foot
- Electrical Stimulation: Neck Shlder Arm Elbow Forearm Wrist/Hand/Finger/Thumb T/S L/S Hip Groin Thigh Knee Leg Ankle/Foot
 - IFC TENS H-Wave EMS Micro Pre-mod HV LV 80-150Hz
- Hot/Cold Pack/Ice Massage to: Neck Shoulder Arm Elbow Forearm Wrist/Hand T/S L/S Hip Groin Thigh Knee Leg Ankle/Foot
- Infrared Heat Neck Shoulder Arm Elbow Forearm Wrist/Hand T/S L/S Hip Thigh Knee Leg Ankle/Foot
- Infrared/Light Probe: _____ J/ cm² Area: _____
- Whirlpool/Fluido (_____ °F) to Arm Elbow Forearm Wrist/Hand Hip Thigh Knee Leg Ankle/Foot Other: _____
- Paraffin Bath Elbow Forearm Wrist/Hand Ankle/Foot
- Mechanical Traction Cervical Lumbosacral Carpal Tunnel C-Trac Static: _____ lbs/mmHg
 - Intermittent: Hold 60 lbs/mmHg 30 sec/min Relax 90 lbs 10 sec/min
- Ultrasound/Phonophoresis - Cont. or Pulsed _____ % @ _____ w/cm² _____ MHz to _____ (area)
- Iontophoresis (_____ ml of Dexamethasone HCPCS: J1100 B.C.: 5052 Item# 226395) at _____ (milliamp-min)
- Rehabilitation: Area: _____ in clinic Extended wear: _____ hours
- Myofascial Release/Soft Tissue Mobilization 45
- Joint Mob/Manual Traction: Grade: I II III IV V: Body part: _____
- Orthotic/Splinting Training/Taping _____ Applied/Fitted/Instructed
- FAs/ADLs/KAs/ _____
- Individ Instruct HEP Injury Education DME/TENS Instruct Edema Control Krames book HCPCS: 99C71 BC: 6860
- Biofeedback: Facilitate Inhibit Muscle location/Action: _____ Hld: _____ s Rst: _____ s Repr: _____
- Threshold: _____ μV Output: _____ μV Triode Electrode dispensed: HCPCS: A4556 BC: 3186 Item# 922301
- Neuromuscular Re-education _____
- Gait Training/Assistive Device Training Cane Crutches Walker _____
- Supervised Therapeutic Exercises: by: PT PTA OT Aquatic Therapy initial 30 min ea additional 15 min
- See Exercise Flow Sheet (in chart)

Established/Reviewed/Progressed Home Program See Handout/Booklet _____
 Supplies: issued to facilitate HEP and/or supplement supervised clinic program _____

Skin checked and clear following treatment

Assessment: (specify below) Improved functional capacity Improving with limitations See attached Report
As tolerated

Treatment Plan Reviewed by Supervising Therapist Physical Therapist of Record Transfer on file

Plan: progress therapeutic treatment program (specify below) perform Re-Eval / MMT&ROM/DC summary
 D/C from therapy: Has met goals / has reached plateau / is non-compliant See attached Report

Completed auth visits, will need new auth to continue therapy
Signature: _____ License Number: PT 12314

PREMIER PERSONNEL RESOURC 151202

DOS: 4/24/13 DOI: 2/22/13 DOB: 3/26/67:althWorks

NAME: Patient: Santillan, Rosario

START DA Case # : 156-238753 Ref # : EMR/ Yb

THERAPIST: Marie Koppesl Wt

DX: Lumber S/L

IN CHART

CLINICIAN'S INITIALS:

EXERCISE:

Cat stretch
Mrd back stretch
wall lean stretch
SLKTC, lower trunk atstroke
piriformis stretch HS stretch
isometric abdominal
gluteals

Setting:

Date:

Wt

Sets

Reps

Wt

Sets

Reps

Wt

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Sets

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Wt

Sets

Reps

| EXERCISE: | Setting: | Date: | Wt | Wt | Wt | Wt | Wt | Wt | Wt | Wt | Wt | Wt | Wt | Wt | Wt | Wt | Wt | Wt | Wt | Wt |
|-------------------------------|----------|-------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| Cat stretch | | 4/24 | 3/30 | 4/24 | 5/01 | 5/13 | 5/14 | 5/14 | 5/14 | 5/14 | 5/14 | 5/14 | 5/14 | 5/14 | 5/14 | 5/14 | 5/14 | 5/14 | 5/14 | 5/14 |
| Mrd back stretch | | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 |
| wall lean stretch | | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 |
| SLKTC, lower trunk atstroke | | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 |
| piriformis stretch HS stretch | | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 | 3/30 |
| isometric abdominal | | 5/11 | 107 | 107 | 107 | 107 | 107 | 107 | 107 | 107 | 107 | 107 | 107 | 107 | 107 | 107 | 107 | 107 | 107 | 107 |
| gluteals | | 1/14 | 107 | 107 | 107 | 107 | 107 | 107 | 107 | 107 | 107 | 107 | 107 | 107 | 107 | 107 | 107 | 107 | 107 | 107 |

CLINICIAN: *Marie Koppesl*
CLINICIAN:

CLINICIAN:
CLINICIAN: