	.		Aajzel, D.C., QM ractic corporation	Έ ^λ	·	. : /
· ·	. [] Pł		py Initial Evalua	-	*	• •• ••
		[/]-Physica	l Therapy Re-Ev	-	rt	
·	•		ate of Injury: CT^{A}	$\frac{1}{1}$	1343	<u> </u>
	_			11/215	<u>+12/14</u>	
Patient's Name: <u>Sant</u>	illan	Maria G	ender: MM VF D	OB: 7 26/6	7 SSN:	
	• •	• •	Dominan	t Hand: 🕅 R 🗌		<u>-</u>
Referring Physician:	Cien	delman.	Contra Indicati		· · · · · · · · · · · · · · · · · · ·	
History: The patient was ip	volved in	a 🔽 workers' co	mp 🛛 personal injury	y/accident on		
sustaining injury(ies) to	<u>15 L</u>	<u> </u>				
The patient was evaluated b	y Dr	fende mi	and referred t	o Physical Therapi	ist for evaluation	and
treatment as necessary.	·	• • •			~	
PTP Diagnosis: 1	-ct	<	<u> </u>		·····	
3.	· · ·	<u> </u>			······	
4	1 1	-	13	· · · · · · · · · · · · · · · · · · ·		
5		$\overline{\mathbf{D}}$	<u> </u>	- · ··· ·		
6		•	15		······································	
8.			10 17.		<u> </u>	
9			18		<u></u>	
					0	Λ
• •		•			~ <i>5</i> ×	
						· march
Ś	ubjective	Complaints				
□ <u>Head</u>	•	•				
🗆 Pain	🖾 no	🗆 yes	🖾 slight	moderate	🗆 severe	
മ <u>C-Spine</u>			. D			· · · ·
G Stiffness		🗆 no 🧹	1110 🖬 yes			
Pain		yes	🗆 slight	moderate moderate	- E severe	
L Upper Extremity	🗆 no	yes yes	slight	D moderate	i severe	
7 Tingling	🛛 no	yes yes	Ja slight	moderate	🖾 severe	
R Upper Extremity	□ no □ no	yes Tyes	slight slight	□ moderate □ moderate	severe	
Nymbness Nymbness		U yes	🗖 slight	🛛 moderate	severe	
R Upper Extremity	□ no ` □ no	yes	slight	moderate moderate	severe	
/ IL Upper Extremity I Weakness	□ no □ no	i yes Ø yes	~	La moderate	L 307010	
A Upper Extremity	🗆 no	D yes	E slight	moderate		
Z L Upper Extremity	Ο πο	`l∕∐iyes	, Slight	moderate	Severe	
· · · ·		1999 V			-	
□ <u>T-Spine</u>		—	► _1:_L+	D moderate	severe	
·□ Pain (□ Tingling	∕□no □no	· □ yes □ yes	🗀 slight 🖵 slight	\square moderate	□ severe □ severe	
🗇 Numbness	🗆 no	🛛 yes	🗆 slight	🗀 moderate	□ severe	ĸ
I Stiffness	🗆 no	🗆 yes				
		•	•		•	1 -
Λ^{+} . (1)	•					

-		L ALIGHT & 114	946		/3LL. 17
🗅 <u>L-Spine</u>					
	🗆 no	ves	∫ □ slight	D moderate	. severe
CAR Lower Extremity		yes V	slight	\square moderate	i severe.
L Lower Extremity		J yes	slight	□ moderate	🖾 severe
Tingling	🗆 no	Ø yes	U -slight	moderate	□ severe
B Lower Extremity	🛛 по	D yes	U slight	moderate	□ severe
L Lower Extremity	🗖 no	🗹 yes	U slight	🛛 moderate	🗆 severe
⁷ Numbness	🗖 no	JZ yes	slight	🖸 moderate	severe
ER Lower Extremity	Ппо	Ø yes	E slight	🖸 moderate	severe
L Lower Extremity	🖸 no	Z yes	🗗 slight	🛛 moderate	□ severe
Weakness	П по	Z yes			
D Stiffness	🛛 πο	'Ø yes			
Chast/Abdomon					
□ <u>Chest/Abdomen</u>		· 🗖	[] alight	D moderate	Severe
D Pain	🛛 no	°□ yes	🖾 slight	Li moderate	
□ <u>R Shoulder</u>	-	—		— 34-	Per t
D Pain		□ yes	□ slight	 moderate moderate 	
Tingling		□ yes	□ slight	\square moderate	 severe severe
Numbness Weakness	□ no □ no	□ yes □ yes	🗆 slight		
□ Stiffness		□ yes □ yes			
\Box <u>L Shoulder</u>		ц уч			
□ Pain	Ппо	🛛 yes	🗆 slight	D moderate	🛛 severe
Tingling	□ no □ no	□ yes □ yes	\Box slight	\square moderate	□ severe
Numbness		□ yes	□ slight	moderate	□ severe
C) Weakness		U yes			
D Stiffness	🗖 no	U yes			
RArm					
🗆 Pain	🗖 no	🛛 yes	🗆 slight	🛛 moderate	🛛 severe
	Ппо	🖾 yes	🗆 slight	🖸 moderate	🗖 severe
Numbness	🗖 no	🛛 yes	🗆 slight	🛛 moderate	severe
🗇 Weakness	🗖 no	🛛 yes	-		
Stiffness	🗖 no	🛛 yes			
□ <u>L Arm</u>					
🖸 Pain	🗆 no	🛛 yes	🗖 slight	🗆 moderate	Severe severe
🗆 Tingling	🖸 no	🛛 yes	🛛 slight	moderate	🛛 severe
Numbness	🗖 no	🛛 yes	🖾 slight	🗆 moderate	🖸 severe
U Weakness	🔲 no	□ yes			
□ Stiffness	🗖 no	🛛 yes			
□ <u>R Elbow</u>	_	_	—	—]]	m
D Pain	🔲 no	🗆 yes	🖸 slight	moderate	
Tingling	🗆 no	🛛 yes	🗆 slight	 moderate moderate 	🗋 severe
			🗆 slight		LI SEVELE
Weakness Stiffness	□ no □ no	□ yes [·] □ yes			
L Elbow		LL yes			
	17		🛛 slight	🗖 moderate	🖸 severe
Pain Tingling	🗖 no	□ yes □ yes	\square slight	\square moderate	severe
□ Inging □ Numbness		□ yes	🖸 slight	moderate	Severe
U Weakness		□ yes			
		□ yes			
□ <u>R Forearm</u>		•			
□ Pain	🗆 no	🗆 yes	🖾 slight	🛛 moderate	🗆 severe
Tingling		□ yes	🗆 slight	🗖 moderate	🖾 severe
🖾 Numbness	<u>по</u>	□ yes	🗖 slight	🗇 moderate	🖾 severe
🗆 Weakness	🗖 no	🗆 yes	-		4
Stiffness	🗖 no	🗆 yes			

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·							_			
🗇 L Forearm										
	·	_	- •• '		_		_	<u> </u>	_	
D Pain		⊐по		yes		•		moderate		severe
🗆 Tingling		סמ 🗆		yes		<u> </u>				severe
Numbness		⊐no _		yes		slight		moderate		severe
🛛 Weakness]] no		yes						
Stiffness	1	⊐ no		yes						
□ <u>R Wrist</u>				•						
D Pain		⊐no	-		-	-11-1-4	_		-	
				yes		U	_	moderate		severe
C Tingling		no	_	yes		slight			_	severe
□ Numbness		Ino		yes		slight		moderate		severe
Weakness		no		yes						
Stiffness		no 🗌		yes						
🗆 <u>L Wrist</u>										
🗆 Pain	г] no		Veq	Ď	slight		moderate		severe
^O Tingling] no	Ē		ō	slight		moderate	_	severe
□ Numbness					ŭ					
					-	slight		moderate		severe
U Weakness	[•
□ Stiffness	ε] no		yes						
□ <u>R Hand</u>										•
🗆 Pain	0] no		yes		slight		moderate		severe
Tingling	Ē					slight		moderate		severe
🗆 Numbness	Ē			yes		slight		moderate		severe
				•		angne	Ļ	mydorato		307010
	_	-		yes						
	. L] no		yes						
□ <u>L Hand</u>				•				•		
🗂 Pain	6] no	0	ves		slight		moderate		severe
🖸 Tingling	tin te 🖸	lno		yes		slight		moderate		severe
🛛 Numbness				yes		slight		moderate		severe
U Weakness	Ē	_		yes	_	8	_			
Stiffness	Ē									
		- 110		yes						
□ <u>R Hip</u>	_	_				•	_	_	_	
🗖 Pain	C] no	_ D	yes		slight		moderate		severe
🖸 Tingling] no	_ D _ 3	yes		slight		moderate		severe
🖸 Numbness	lae 🕻] no		/es		slight ·		moderate		severe
🛛 Weakness	C] no		res		-				
□ Stiffness	C	1 no	\Box							
□ <u>L Hip</u>				,						
	·	1	Ξ.	/ A 2	m	-1:-1.4			Π.	
D Pain	_	lno	_ <u>[</u>] }	100		slight		moderate	_	severe
□ Tingling		no		/es		slight		moderate		severe
Numbness	C	lno		/es	U.	slight	Ц	moderate		severe
🖾 Weakness	E] no	. 🗆 3	/es						
Stiffness	E] по	\Box	/68						
🗆 <u>R Thigh</u>										
	r] no		Jes		slight	П	moderate		severe
						slight		moderate		severe
Tingling The second s								moderate	_	severe
] no		/CS	Ц	slight		THOUGH ALC		204010
🛛 Weakness	L] no	. 🗆 ;	/es						
🗆 <u>L Thigh</u>										
🗆 Pain] no	D 3	/05		slight		moderate		severe
□ Tingling	C	_		/es		slight		moderate		severe
□ Numbness	C			/es		slight		moderate		severe
Weakness] no	Ūj		_	-				
□ <u>R Knee</u>	_		;	,						
	P-4	*	_		-	-12-1-4	щ	mad	—	
Pain		Ino	_ <u>_</u> ,			slight		moderate		severe
I Tingling	-	l no		/cs		slight		moderate	_	severe
🗆 Numbness				/es		slight		moderate	ы.	severe
🛛 Weakness		1 по		/es						
Stiffness	C] по	□ j	/es						
			-							

			_									
🗆 L Knee					_			· · · · · ·	<u> </u>		• • • • •	
□ Pain	•	🗆 no		yes			slight	5] moder	ate 📜 🗆	l severe	:
□ Tingling		🖸 по		yes			slight	E] moder	ate 🗆	severe	:
🗖 Numbness		🔲 по		yes			slight] moder	ate 🖸	severe	;
U Weakness		no no		yes								
		🗖 no		yes								
□ <u>R Lower Leg</u>		-	_			~~	-11-1-4	-	1	-4-		
D Pain				-			slight slight					
🖾 Tingling 🖾 Numbness		□ по □ по		yes yes			slight			· · _		
U Weakness			ŏ	yes		_	5115440					
□ Stiffness			Ō	-								
□ <u>L Lower Leg</u>				•								
🗆 Pain		🛛 no		yes		۵	slight		l modera	ate 🛛	severe	_
🗖 Tingling		🛛 no	·· D	yes	,		slight	_ <u>_</u>			severe	
Numbness		🛛 no		yes			slight	C	l modera	ate 🗆	severe	
U Weakness				yes								
		🗆 no		yes								
□ <u>R Ankle</u>		—	н				aliaht	. –	l modera	nte 🗆	severe	
Pain Tingling		no no		•			slight slight				severe	
Inging Numbness			ŏ	-			slight					
U Weakness			Ξ	yes		_						
□ Stiffness				yes								
□ <u>L Ankle</u>				-								
D Pain		🛛 no		yes			slight				severe	
🖸 Tingling		🗖 no					slight			_		
🖾 Numbness			Ö	+			slight		l modera	ite 🗆	severe	
U Weakness												
□ Stiffness		🗆 no		yes								
□ <u>R Foot</u>		· .	-	100		п	slight		l modera	nte □	severe	
D Pain				yes yes			slight				severe	
☐ Tingling □ Nümbness			Ö	yes			slight				severe	
Weakness			ā	yes		_	0					
□ Stiffness		🛛 по		yes								
□ L Foot				-								
D'Pain		🗆 по		yes	. *		slight		l modera			
□ Tingling		🔲 по	ū	yes			slight				severe	
🗆 Numbness				yes		Ц	slight	L	modera	ate 🖸	severe	
U Weakness				yes								
Stiffness		🛛 по		yes								

Medical History

Diabetes	Hypertension	Cancer	Epilepsy		Coronary
☐ Pregnant	Hepatitis	Skin Irritation	Heart Desease	Lung Disease	Artery Disease
	Rheumatoid Arth		Unremarkable		
Surgical History		/	/		

Surgical History

Pacemaker	Post Surgery	Metal Implant	Abdomnal Inquinal	Shoulder Surgery	Elbow Surgery
	Ornel		Inguinal Herniorhaphy	Burgery	
Spinal Surgery	Knee Surgery	U Wrist Surgery		Unremarkable	
····					

		1 4119			·	<i>ανν</i> , π
Family History			·			
Diabetes	Hypertensi	on Cancer		ilepsy	Heart Desease	Cor Art Disease
Lung Disease	G Kidney Di	sease 🗖	<u> □</u>	[]	<u> </u>	
Mental Status						
	Depressed	Tearfu		ritated 🔲	Unkempt	
Alert and	oriented to 🗆 tin	ne (day/month/yea	ar), 🗆 place, 🗋	person, 🗖 situati	on.	
L	<u> </u>					
Medications						
						· · · · · · · · · · · · · · · · · · ·
	<i>.</i>					· · ·
<u>.</u>						
Observations				man and onto the	table without pr	hlem
Patient ambula	ates without a limp ates with antalgic g		and out of exam		Slow geit natter	
	ates with antalgic g	ait, ravoring the I			uad cane $\Box C/S$	brace L/S brace
Valuent require	e 🔲 tennis <u>elb</u> ow	brace \Box thumbs	pica 🔲 knee sle	eve \square knee brace	\square ankle brace	
		[]	_ []	Ľ <u>`</u>	
Functional Lim	itations					
C-Spine Walking	Standing	Bending	Twisting	Squatting	- Kneeling	I Stairs
□ Supine-sit	Sit-stand	Sitting	Lifting	Reaching	Grasping	Driving
"Pushing	Pulling	Overhead A	ctivities		<u> </u>	
🛛 T-Spine			Twisting	Squatting	□ Kneeling	Stairs
Walking Supine-sit	□ Standing □ Sit-stand	□ Bending □ Sitting	Lifting	□ Reaching	Grasping	Driving
Pushing	🛛 Pulling		ctivities		, □ ,	
L-Spine						
Walking	Standing	Bending Sitting	Lifting	Beaching	Grasping	→
Supine-sit Pushing	Pulling	- Overhead A	ctivities	ā		
Chest/Abdor	nen					
□ Walking	Standing	Bending	Twisting	Squatting	🛛 Kneeling	; D Stairs D Driving
Supine-sit Pushing			Lifting Lifting	□ Reaching		
•			•••••			
□ R Shoulder □ Lifting	Reaching	Grasping	Driving			
Pushing			ctivities	□	□	
🗆 L Shoulder						
Lifting	Reaching	Grasping	Driving			
□ Pushing	🖸 Pulling	Overhead A	Activities	<u>L</u>	اسة <u></u>	, ••• <u></u>
R Arm						
Lifting Pushing			Driving Activities	□	□	□
Li Lonning						5

□L Arm □ Lifting □ Pushing	□ Reaching □ Pulling		Driving	D	□	······································
	eaching Grasp		Activities	D	□	□
	eaching Graspi		Activities	□	□	□
□ R Forearm □ Lifting □ Pushing-	□ Reaching □ Pulling	Grasping	Driving	□	·· 🛛	D <u></u>
L Forearm Lifting Pushing	 Reaching Pulling 	□ Grasping □ Overhead A	Driving	D	. 🗖	۰
□ R Wrist □ Lifting □ Pushing		□ Grasping □ Overhead A		•	: 	0
L Wrist Lifting Pushing	□ Reaching □ Pulling	□ Grasping □ Overhead A	Driving		□	
R Hand Lifting Pushing	□ Reaching	Grasping Overhead A	Driving ctivities	□	□	D
L Hand Lifting Pushing	□ Reaching □ Pulling	Grasping Overhead A	Driving	D <u></u>	□	D
R Hip Walking Supine-sit	□ Standing □ Sit-stand □	 Bending Sitting 	TwistingLifting	SquattingDriving	□ Kneeling □ Pushing	□ Stairs □ Pulling
L Hip Walking Supine-sit	□ Standing □ Sit-stand □	 Bending Sitting 	□ Twisting □ Lifting	SquattingDriving	☐ Kneeling ☐ Pushing	StairsPulling
R Thigh Walking Supine-sit	 Standing Sit-stand 	 Bending Sitting Sitting 	□ Twisting □ Lifting	□ Squatting □ Driving	□ Kneeling □ Pushing	StairsPulling
L Thigh Wałking Supine-sit	□ Standing □ Sit-stand □	 Bending Sitting Sitting 	□ Twisting □ Lifting	□ Squatting □ Driving	□ Kneeling □ Pushing	□ Stairs □ Pulling
□ R Knee □ Walking □ Supine-sit	□ Standing □ Sit-stand □	□ Bending □ Sitting	□ Twisting □ Lifting	□ Squatting □ Driving	□ Kneeling □ Pushing	StairsPulling

L Knee Walking Supine-sit	□ Standing □ Sit-stand □	 Bending Sitting 	□ Twisting □ Lifting	□ Squatting □ Driving	☐ Kn ce ling ☐ Pushing	☐ Stairs ☐ Pulling
R Lower Leg Walking Supine-sit	□ Standing □ Sit-stand □		TwistingLifting	☐ Squatting ☐ Driving		☐ Stairs ☐ Pulling
□ L Lower Leg □ Walking □ Supine-sit □	□ Standing □ Sit-stand □	 Bending Sitting Sitting 	□ Twisting □ Lifting	SquattingDriving	□ Kneeling □ Pushing	☐ Stairs □ Pulling
□ R Ankle □ Walking □ Supine-sit □	□ Standing □ Sit-stand □	 Bending Sitting 	☐ Twisting □ Lifting	SquattingDriving	☐ Kneeling □ Pushing	□ Stairs □ Pulling
□ Supine-sit	□ Standing □ Sit-stand □	□ Bending □ Sitting □	□ Twisting □ Lifting	SquattingDriving	□ Kneeling □ Pushing	□ Stairs □ Pulling
R Foot Walking Supine-sit	Standing	 Bending Sitting Sitting 	□ Twisting □ Lifting	□ Squatting □ Driving	C Kneeling Pushing	□ Stairs □ Pulling
L Foot Walking Supine-sit	□ Standing □ Sit-stand □	 Bending Sitting Sitting 	☐ Twisting □ Lifting	SquattingDriving	□ Kneeling □ Pushing	□ Stairs □ Pulling

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	Head I Normal contour and shape. No evidence of trauma appreciated.						
Head		<u></u>	oi dauna apprecia	R	L	BL	
	ss on palpation noted over Frontal area	· · · · · · · · · · · · · · · · · · ·					4
· · · · ·							
	Temporal area	<u></u>	<u></u>	<u> </u>			
	Parietal area	<u> </u>	<u> </u>		 		
	Occipital area	<u> </u>				+	
	Scalp muscles diffusely		region D	Healing	L 🛛 Heal	led	
· · · · · · · · · · · · · · · · · · ·	on over		regio			····	
Face -	elling over	ma -			-) 	
	(s)		Swelling over				
	on(s)		Scar(s)				
Eye(s)	No evidence of trau	ima		•			
D PERRLA		EOMI					
		<u></u>	D Periorbital ecch	ymosis E	JODE	J.OS	
			· · ·				
L	الم evidence of trau				5		-
Abrasion	- (2		□ Scar(s)				
🗖 Larcerati	on.'						
Nose	No evidence of trail	ıma					
	· · · · · · · · · · · · · · · · · · ·	Tender over the	nose bridge	D Defo	rmițy		
		🗆 Epistaxis					
Mouth	□ No evidence of trai	1 <u></u>					
	m 🗆 swelling 🗆 ecchymo	osis 🗆 abrasión	□ Lower lip □ sv	velling'	l scar	и	
Upper lip	swelling Scar		□ Lower gum □	swelling	Decchy	ymosìs 🖾	abrasi
	vulsed/chipped tooth #		0			-	
TMJ	🗆 Normal ROM			_			
Tendern	ess noted on palpation ov	er 🗆 R 🗇 L tempor	romandibular joint(s)			
Clicking	; noted with movement of	R L tempore	omandibular joint(s)		_		
Deviatio	on noted with mouth open	ing on 🗆 R 🗖 L					
	s not able to 🗆 open 🔲		/				
h	trismus noted	·····					
Chest	□ No evidence of tra						
Tender			🗆 Scar				
🖸 Rash	·		Abrasion				
			□ Larceration				

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Spine Exam

Paipation WNL Tenderness (T) Spasm(S)

Cervical Spine Pain Scale 1 1 2 1 3 1 4 1 5 1 6 1 7 1 8 1 9 1 10

SP C2 C3 C4 C5	C6 C	7	
	R	L	Flex. (50 °)
Paracervical muscles	T	1	Ext. (60°)
Occipital muscles			Lat. Flex. (
Suboccipital muscles	+-	T	Rot. (80°)
Trapezius muscle	7	1	·
Levator scapulae muscles	+	T.	-
Sternocleidomastoid muscle			

]	R	L
	Flex. (50 °)	3	5
	Ext. (60°)	40	2
	Lat. Flex. (45°)	300	30
	Rot. (80°)	45	45
I			• —

ROM

ROM

A MEICALE U L'INLI

SP T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12				R	L
	R	L	Flex. (50 °)	•	•
Paraspinal muscles			Rot. (30°)		
Upper region					
Mid region					
Lower region					
Scapula]		
· · · · · · · · · · · · · · · · · · ·			-		

Lumber Spine Pain Scale 10203040506070809010 ROM

,SP	LI	L2	L3	L	f]	L .5	
					R	L	Fle
Paralı	umbar m	uscles	т., <i>г</i>		T	T	Bxt
Sacro	iliac joir	ıts				+	Lat
Sciati	c notch				4-	T	
Poster	rior iliac	crest			T		
Glute	al muscl	es			t	1	-

	R	L
Flex. (60 °)		00
Ext. (25°)	75	20
Lat. Flex. (25°)	50	ට ප

Inspection

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Cervical Thoracic Lumbar Loss of normal curve Lordosis **Kyphosis** Levoscoliosis Dextroscoliosis Rash Bruises Scar Abrasions Lacerations Skin discoloration/altered temperature/edema Swelling Mass

CI C2 C3 **C**4 C5 C6 **C7** Tl T2 **T**3 **T**4 **T**5 **T6 T**7 **T**8 T9 T10 T11 T12 Ll L2 L3 Ş L4 LS **S**1

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Spinal Palpation/Subluxation

C0

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Orthopedic Tests	L	R
Soto-Hall		
Foraminal Compression		
Shoulder Depression		
Shoulder Abduction		
Hyper abduction (Wright's)		
Adson's		
Lhermitte's		
Right Straight Leg Raising		
Left Straight Leg Raising		
Hamstring Tension Test		
Femoral Nerve Tension		
Kemp's		
Braggard's		
Heel Walking (L5)		
Toe Walking (S1)		
Axial Trunk-Loading Test		
Dekleyn's Test		
Ely's Test		
Yeoman's Test		<u> </u>

Upper Extremities Palpation I W N L Tenderness (T) Spasm (S)

Shoulder	Pain Scale 💭 🗆 2 🗆 3 🕞 4 🗆 5 🗔 6 🗆 7 🗔 8 🖂 9 🗇 10	ROM

40506	07080		[Motor Stree	igth	
R	L		R	L		R	L
		Flex. (180 °)		1	Shoulder		
		Ext. (50°)			Flexion	·	
L		[<u></u>		Abduction		
		1			Extension		
	ļ				Adduction		· ·
	ļ			ļ	Internal Rot.		
				<u> </u>	External Rot.		
	. <u>.</u>						
	05060	70809010	R	L	1		
R	L	Flex. (140 °)					
	<u> </u>	Ext. (0°)			Wrist		-
	•	Supination (80°)			Wrist extensors (C6)		
		Pronation (80°)			Wrist flexors (C7)		
		ROM			Supination		
3405		Flex. (60°)			Pronation		
R	L	1 +	<u> </u>	<u></u>	Uinar Deviation		
		1}	<u> </u>		Radial Deviation?		
		11			Hand		
		Rad. Dev. (20°)		<u> </u>	Finger Extensors (C7)		
					Finger flexors (C8)		
]			Finger abduction (T1)		
Th	ımb RC	M					
	R 	R L 	R L Flex. (180°) Ext. (50°) Int. Rot. (90°) Ext. Rot. (90°) Ext. Rot. (90°) Abd. (180°) Abd. (180°) Add. (50°) Eu Flex. (140°) Ext. (0°) Supination (80°) Pronation (80°) ROM	Flex. (180°) Flex. (50°) Int. Rot. (90°) Ext. (50°) Int. Rot. (90°) Ext. Rot. (90°) Abd. (180°) Add. (50°) Add. (50°) ROM IIII S II 6 II 7 II 8 II 9 III0 R R I Flex. (140°) Ext. (0°) Supination (80°) Pronation (80°) ROM Flex. (60°) IIII S Flex. (60°) R L Ext. (60°) R IIII S Flex. (60°) R L ROM Ext. (60°) R Ext. (60°) R Ext. (60°)	R L R L Image: Second sec	R L R L Flex. (180°) Shoulder Ext. (50°) Flexion Int. Rot. (90°) Abduction Ext. Rot. (90°) Extension Abd. (180°) Extension Abd. (180°) Internal Rot. Abd. (180°) Extension Add. (50°) External Rot. ROM Elbow Batternal Rot. Elbow Batternal Rot. Elbow RL Flex. (140°) Ext. (0°) Wrist Supination (80°) Wrist Supination (80°) Wrist flexors (C6) Pronation (80°) Pronation RCM Ext. (60°) RCM Supination Batternal Rot. Extension Wrist Supination RCM Pronation (80°) Wrist flexors (C7) Supination RCM Ext. (60°) RA Ext. (60°) Rad. Dev. (20°) Pronation Finger Extensors (C7) Finger flexors (C8) <	R L R L R Flex. (180°) Shoulder R Ext. (50°) Flexion Flexion Int. Rot. (90°) Abduction Bxtension Abd. (180°) Int. Rot. (90°) Adduction Abd. (180°) Internal Rot. Bxtension Add. (50°) Bxternal Rot. Bxternal Rot. R Flex. (140°) Etbow Elbow Cl 3 D 4 D 5 D 6 D 7 D 8 D 9 D10 R L Flexion R L Flex. (140°) Extension Elbow Supination (80°) Wrist Supination (80°) Wrist R L Flex. (60°) Wrist flexors (C6) Pronation R L Ext. (60°) Dian Deviation Radial Deviation R L Ext. (60°) Thand Finger Extensors (C7) R L Finger flexors (C8) Finger flexors (C8) Finger flexors (C8) Finger abduction (T1) Finger abduction (T1) Finger abduction (T1)

	R	L
Flex: (90° MP)		
Flex. (100° PIP)		
Flex. (70° DIP)		
Ext. (0° MP) or		
Ext. (0° PIP)		
Ext. (0° DIP)		

.

	R	L
ADD (0 cm)		
OPP (8 cm)		; .
ABD (50°)		
Flex. (60° MP)		
Flex. (80° IP)		
Ext. (0° MP)		
Ext. (0° IP)		

Inspection	Shoulder	Elbow	Wrist/Hand
Mascular Atrophy			
Amputatiom			
Rash			
Bruises / Abrasions			
Scar			
Deformity			
Lacerations			
Skin discoloration/altered temperature/edema			
Swelling			
Mass			

Sensory Loss

	R	L
Anterolat. shoulder and arm		
Lateral forearm and hand		
Middle finger		
Medial forearm and hand		
Ring and little fingers	•	
Medial forearm		
Biceps (C5)	·	
Triceps (C7)		
Brachioradialis (C6)		

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Upper Extremities

ALL. 17

Orthopedic Test

Shoulder	N	R	P	N	L P
Neer Impingement				-	-1
Codman's Arm Drop		- -			1
Supraspinatus					1
Yeargason's (bic. tenosyn.)					- 1- -
Apprehension					1
Elbow					1
Lateral stability		ł			1
Medial Stability	-	· .			
Elbow (lat. epicondylitis)		i			1
Golfer's Bibow (med. epicondylitis)					
Tinel's					
Wrist					
Tinel's (per. neuropathy)					
Phalen's					
Finkelstein's			_		

42

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Medial Femoral Condyle

Medial Tibial Condyle

Proximal Calf Muscles

Lateral

Lower Extremities -Palpation WNL Tenderness (T) Spasm (S)

Pelvis Pain Scale 0 1 0 2 0 3 0 4 0 5 0 6 0 7 0 8 0 9 010

	R	L
Anterior Superior Iliac Spine		
Posterior Superior Iliac Spine		
Sacroiliac Joint		
Iliac Crest		
Ischial Tuberosity		
Symphysis Pubis		

ROM

v

Motor Strength

L

Sacrum/coccyx	-	·		R	L		R
Hips and Thighs Pain Scale D 1	C i 2 Ci 3 I	0405	Flex. (120 °)			Hip	
06070809010	R	L	Ext. (30°)			Flexors	
Anteriorly			Int. Rot. (40°)			Abductors	
Posteriorly			Ext. Rot. (50°)			Extensors	
Laterally			Abduction (40°)			Adduction	
Medially		1	Adduction (20°)		1	Internal Rot.	
Knee(s)/Lower Legs Pain Scale		 [] 3 [] 4 [306070809010) R	OM	External Rot.	-
·	· · · · · · · · · · · · · · · · · · ·	L		R		Knee	
· · · · · · · · · · · · · · · · · · ·			71	+	<u> </u>	Flexors	
Patella		- 	Flex_ (150°)		+	Extensors	
Tibial Tubercle			Bxt. (0°)			Ankle/Foot	
Patellar Tendon	<u> </u>					Flexors	
Lateral Joint Line						Extensors	
Lateral Femoral Condyle	<u> </u>		1			Inverters	
Lateral Tibial Condyle						Everters	
Medial Joint Line						Great Toe	

Anl

Sensory Loss

Flexors

Extensors

		L		R	L		R	<u> </u>
Anteriorly			Dorsal Flex. (20°)			Anterolat, thigh	· · _ ·	
		+	Plantar Bxt. (40°)		<u> </u>	Anterior knee		
Posteriorly						Med. leg and foot		
Laterally			Inversion (30°)			- Lat. thigh		
Medially			Eversion (20°)			Anterolat. leg		
Root/Feet Pain Scale D	1020304050	6 🖾 7 🗆 8	3 🖬 9 🗖 10			Middors. foot		
·······	R	L	٦			Posterior leg		
		<u> </u>	-			Lateral foot		
Plantar	. <u> </u>		_					
Dorsal								
Medial								

Orthopedic Test	
A second s	

N

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P

Pelvis		- 			
Iliac Compression		-1			
Gaenslen's (SI joint disease	*)	1			Pending Dx/C
Hibb's (SI joint disease)					
Yeoman's (ant. SI ligament	t)	1	1		
Hip		1			
Patrick (FABERE)		1			
Trendelenburg's		1			
Knee		- 1			,
Patellar Apprehension		1		·	•
Patellar Femoral Grind					
Anterior Drawer		1			Comments
Posterior Drawer					000
Lachman's Test		Ţ			· · · · · · · · · · · · · · · · · · ·
McMurray Test		T			
Valgus Stress Test	1	1 1			
Varus Stress Test		1			· · · · · · ·
Ankle		1			
Tinel's Sign at the Ankle					···
Anterior Drawer	· ·	ļ			
Thompson's Test		1			
Talar Tilt Test (inversion)	1	Ţ			·
Talar Tilt Test (eversion)	1	1			
Homan's Sign			-		
Inspection	•4		Pelvis	Hips	and Thighs Ki
Loss of normal curve					
Levoscoliosis					

Pending Dx/Consults from PTP

·····	

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Inspection	Pelvis	Hips and Thighs	Knees/Lower Legs	Ankles	Foot/Feet
Loss of normal curve					
Levoscoliosis			- 4		
Dextroscoliosis					
Rash					
Bruises / Abrasions					
Scar					
Deformity				_	· · ·
Lacerations			n	· · · · · · · · · · · · · · · · · · ·	
Skin discolor./altered temperature/edema					
Swelling					·
Mass					

Progress Summa	"Cle	Fu
Body Part 1	Last Visit	Today
Pain	012345678910	0 1 2 3 4 5 6 7 8 9 10 DNo change
Strength	012345	012345 4 T DNo change
Tenderness	01234	0 1 2 3 4 🗆 No change
Spasm	0 1 1+ 2 3 4	0 1 (1+ 2 3 4 🗆 No change
ROM	10 20 30 40 50 60 70 80 90 10	0 % improvement since last visity 🗆 No change
Gait	10 20 30 40 50 60 70 80 90 10	0 % improvement since last visit 🗆 No change
Posture_	10 20 30 40 50 60 70 80 90 10	0 % improvement since last visit □ No change
Endurance	10 20 30 40 50 60 70 80 90 10)% improvement since last visit
Function	10 20 30 40 50 60 70 80 90 10) % improvement since last visit
ADL's	10 20 30 40 50 60 70 80 90 10) % Improvement since last visit D I No change
Flexibility	10 20 30 40 50 60 70 80 90 10) % Improvement since last visit O No change
Body Part 2	C S	Fu
Pain	012345678910	0 1 2 3 4 5 6 7 8 9 10 D No change
Strength	012345	0123454+ DNo change
Tenderness	0.1234	0 1 2 3 4 5. 🗆 No change
Spasm	0 1 1+ 2 3 4	0 1 (+2 3 4 🗆 No change
ROM	10 20 30 40 50 60 70 80 90 10)% improvement since last visit 🗆 No change
Gait	10 20 30 40 50 60 70 80 90 10)% Improvement since last visit 🗆 No change
Posture	10 20 30 40 50 60 70 80 90 10) % Improvement since last visit) 🗆 No change
Endurance	10 20 30 40 50 60 70 80 90 10)% improvement since last visit, 🖾 No change
Function	10 20 30 40 50 60 70 80 90 10)% improvement since last visit
ADL's	10. 20 30 40 50 60 70 80 90 10)% Improvement since last visity 🗆 No change
Flexibility	10 20 30 40 50 60 70 80 90 10) % improvement since last visit 🗍 🗆 No change

Rehabilitation Goals

Decrease pain	Degrease tenderness	Increase Range of Motion		Lapprove function I-Improve ADL's
□ Increase strength	Decrease spasm	□ Improve Gait	Increase Flexibility	Increase Endurance

Comments

10 · · · · · ·

 Comments

 Home Exercise Program is for || 30 min. || 1 hour || 1.5 hours || 2 hours

 Home Exercise Program was reviewed with the patient.

 The patient states that therapy || is || is not helping.

 The patient is a overall improved in the following body parts:

 Neck-10% || 20% || 30% || 40% || 50% || 60% || 70% || 80% || 90%

 T/S || 10% || 20% || 30% || 40% || 50% || 60% || 70% || 80% || 90%

 Shoulder || 10% || 20% || 30% || 40% || 50% || 60% || 70% || 80% || 90%

 Shoulder || 10% || 20% || 30% || 40% || 50% || 60% || 70% || 80% || 90%

 Hip/Leg || 10% || 20% || 30% || 40% || 50% || 60% || 70% || 80% || 90%

 Hip/Leg || 10% || 20% || 30% || 40% || 50% || 60% || 70% || 80% || 90%

 Hip/Leg || 10% || 20% || 30% || 40% || 50% || 60% || 70% || 80% || 90%

 Hip/Leg || 10% || 20% || 30% || 40% || 50% || 60% || 70% || 80% || 90%

 Hip/Leg || 10% || 20% || 30% || 40% || 50% || 60% || 70% || 80% || 90%

 Hip/Leg || 10% || 20% || 30% || 40% || 50% || 60% || 70% || 80% || 90%

 Hip/Leg || 10% || 20% || 30% || 40% || 50% || 60% || 70% || 80% || 90%

 Ankle/Foot || 10% || 20% || 30% || 40% || 50% || 60% || 70% || 80% || 90%

 Hip/Leg || 10% || 20% || 30% || 40% || 50% || 60% || 70% || 80% || 90%

 Hip/Leg || 10% || 20% || 30% || 40% || 50% || 60% || 70% || 80% || 90%

 Hip/Leg || 10% || 20% || 30% || 40% || 50% || 60% || 70% || 80% || 90%

 Hip/Leg || 10% || 2 (ð ĮÔ

BODY PART				-			Ace. # <u>73 4</u> #		Date:	
Procedures/Ex		1		iu 	,		Moda			_
 Therapeuti Neuromus Therapeuti 	c Activities cular Re-Educa c Exercise (strea	tching/	flexibilit	y/ROM)			Iontophoresis (se Vasopneumatic L Effectrical Stimula	Device (ation (s	(see belo ee below	-
Manual th Massage T Gait Traini		bilizati		ual Traci	10n)		Contrast baths (se Ultrasound (see h Paraffin Bath Infrared (see belo Cold Pack (see b	oelow) ow)		
BODY PART2	(_	45				0 0	Hot Pack (see be TENS(transcutaneo e:	elow) us neuro		
□ Therapeuti □ Neuromus □ Therapeuti	• •	tching/i			ion)		Iontophoresis (se Vasopneumatic I Electrical Stimula Contrast baths (se Ultrasound (see H Paraffin Bath Infrared (see belo Cold Pack (see belo Hot Pack (see belo	Device (ation (s se below) below) w) w) below) low)	(see belo ee below w) -	/)
Modalities	Type/Medication	n Time	Frequency	Intensity	Ĺ		TENS(transcutaned	us neuro Time	Frequency	
Ultrasound	 Pulse Continuous Under water 		:		E	lectr	ical Stimulation		3.4	
ontophoresis	 Dexametason Lidocaine Salicylate 	ne			c		ed ast baths neumatic			
		<u>t</u>		<u>. </u>		lot Pa				
Preventive Me	dicine	15mins /	30mins	45mins		old I	Pack		1	

Preventive Medicine	15mins	30mins	45mins
Injury Prevention Reduction	V		
Diet and Exercise Counseling			
Diagnostic Test Results/Progress Report			
Frequency: $\underline{S} \times \underline{Y}$	week		

COMMENTS:

Page 15

BODY Farts Exercises - Fage 1

•

Ńeck e.

•

Repetitions Frequency Duration T/S, L/S (Upper/Midback, Low Back)

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	-						
Upper Trapezius Stretch	how many	XAycek	wksx_(Repetitions	Frequency	Duration
Levetor Scapulae Stretch	time	Rweek	wksx	Core Strengthening Exercises	how many	Week	wksx_Y
Corner Stretch	time			Pelvic Stabilization	how many	x/week	wksk
	time	x/week	wksx	Ball Exercises	time	x/week	wksx
Chest/Bicep Stretch	time	x/week	wksx	Silver Theraband Stretch of	time how many		
Flexibility: Neck Stretch	how many		wks	Hamstring, IT Band, adductores	time	x/week	wksx
Lower Cervical	time	x/week	wksx -	Williams Flex Exercises Single Knee to Chest	time	-Stweek	wks
Upper Thoracic Stretch	time	X/WCCK	Wh3A	Double Knee to Chest	how many	-Zx/week	wksx.
C/S Strengthening		week	wksl		time	Zx/week	wksal z
Active ROM	how many	Adageek	wksx (Pelvic Tilt			····
· · · · · · · · · · · · · · · · ·	time		·	Curl-up Half	time	Sk/week	wkex
Shoulder	Repetitions	Frequency	Duration	Lumbar Rotation	how many	x/week	wksx
Pendulum/Codman Exers.	how many weight time	x/week	wksx	Unilateral Hip Extension with Support	time how many	x/week	wksx
Wall Climb	how many	x/week	wksx	Hamstring Stretch	time how many		
Sh. Pulley	time how many	x/week	wksx		time —		wkix/
Upper Bike	time			Quadriceps Stretch	how many <u>t</u> time	x/week	wksx
	level	x/week	wksx	Piriformis Stretch	how many	<u>Z</u> x/week	wkkx/
Active ROM	how many	x/week	wksx	Adductors Stretch	time	x/week	wksx
Passive ROM	how many time	x/week		.	time		wk3x
Wand Exercises 1 1 2 3 4 5 Shoulder Press	how many time	x/week	wksx	Squat	how many weight time	x/week	wksx
Shoulder Press	how many weight time	x/week	wksx	Hip Flexor Stretch	$\underset{\text{time}}{\overset{\text{how many}}{\rightarrowtail}} \xrightarrow{\checkmark}$	Zx/week	whex
Active Progressive Resistive Exercises	how many weight	x/week	wksx	McKenzie Exercises	how many	<u></u> x/week	wksz.
Pectoral S-Corner/ doorway	how many	x/week	wksx		time		
Rotator Cuff Self Traction		x/wcek	wksx	Prone on Elbows	time	vweek	wikey
Shouider I Yellow Ext. Rot. I Red Sitting/ Green	how many	x/week	wkey	Prone Press-ups	how many <u>L</u> time	x/week	wksx
Sitting DBlue Standing DBlue	weight theraband	X #CCK		Progressive Extension with Pillows	how many	x/week	wksx
Shoulder Green	how many	x/week	wksx	Standing Extension	time how many	x/week	wksx
Sitting/ Blue Standing Black	weight			One Leg Opposite Arm Ext.	time		
90/90 Rot. Cuff Supine/ Standing	how many weight	x/week	wksx		time	x/week	wksx
Shrugs - Dumbells	how many	x/week		Leg Extension at Prone Pos.	how many	x/week	wksx
Lateral Raises	how many weight	x/week		Con	tinued on the next pa	nge	
	weight	x/week	ļ	ļL			
Infra spinatus strengthening	weight	x/week	wksx	ļ			16

Boay Parts Exercises - Page 2 Elbow

	Repetitions	Frequency	Duration
Active ROM	how many time	x/week	wksx
Passive ROM	how many time	x/week	wksx
Progressive Strengthening	how many weight time	x/week	wksx
Curis	how many time	x/week	wksx
Tricep Pressing	how many weight time	x/week	wksx
Dynamic Power Flexor	how many weight time	x/week	wksx
Ball Exercises with soft weights (yellow or red)	how many weight	x/week	wksx

Continued from the previous page				
Bilateral Front Raise	☐ Yellow ☐ Red ☐ Green ☐ Blue ☐ Black	how many weight theraband	x/week	wksx
Lateral Raise.	□ Yellow □ Red □ Green □ Blue □ Black	how many weight theraband	x/week	wksx
Squat and Row	☐ Yellow ☐ Red ☐ Green ☐ Blue ☐ Black	how many weight theraband	x/week	wksx
Reverse Flies	C Yellow Red Green Blue Black	how many weight theraband	x/week	wksx

Wrist/Hand

		Repetitions	Frequency	Duration	
Active ROM		how many	x/week	wksx	
		time		"Aen	
Passive RON	1	how many	x/week	wksx	
		time		_	
	□ Yellow □ Red	how many			
Web Ex.	Blue Black	time	x/week	WKSX	
	Vellow	how many			
Putty Ex.	Red Orange Blue Black	time	x/week	wksx	
Progressive	Resistive Ex.	how many weight time	x/week	wksx	
Wrist Curls		how many weight time	x/week	wksx	
Reverse Cur	ls/Wrist	how many weight time	x/week	wksx	
Hammer Cu	rls/Wrist	how many weight time	x/week	wksx	
Supine/Pron	ation	how many weight time	x/week	wksx	

		Repetitions	Frequency	Duration
Wrist Flexor	Stregth	how many weight time	x/week	wksx
Wrist Extense	or Stregth	how many weight time	x/week	wksx
Wrist Flexor S	Stretch	how many	x/week	wksx
Wrist Extensi	on Stretch	how many time	x/week	wksx
Theraflex Rod	🛛 Green 🗆 Red	how many time	x/week	wksx
Finger Pull/ DigiFlex	Q Yellow Red Green Blue	how many time	x/week	wksx
Dynamic Pov	ver Flexor	how many time	x/week	wksx
E-Z Exercise	Board	how many time	x/week	wksx
Small Ball Exercises	Yellow Red Green Biue	how many	x/week	wksx
Soft Weights	□ Yellow □ Red	how many time	x/week	wksx

DUUY FAILS EXCISES - FAGE 3

Hip/Leg

	Repetitions	Frequency	Duration
SLR	how many weight time	x/week	wksx
Hip Abduction Side Lying or Standing Position	how many weight time	x/week	wksx
Hip Adduction Supine and Standing Position	how many weight time	x/week	wksx
Extension Prone and Standing Position	how many weight time	x/week	wiksx
Squatting with Exercise Ball	how many	x/week	wksx
Standing Hamstring Stretch	how many time	x/week	wksx
SideLying Hip Flexors Stretch	how many time	x/week	wksx
Psoas/Piriformis Stretch	how many time	x/week	wksx
Lunges-Dumbells	how many weight time	x/week	wksx
Wall Slides	how many	x/week	wksx

	Repetitions	Frequency	Duration
Active ROM	how many time	x/weck	wksx
Passive ROM	how many time	x/week	wksx
Active Progressive Resistive Exercise with Machine	how many weight time	x/week	wksx
Progressive Resistive Exercise	how many weight time	x/week	wksx
Quad Isometric Exercise	how many time	x/week	wksx
Hamstring Isometric Exercise	how many time	x/week	wksx
Vastus Mcdialis Resistive Exercise	how many weight time	x/week	wksx
SLR	how many weight time	x/week	wksx
SLR without wights	how many time	x/week	wksx
Short Arc Quad with Weights	how many weight time	x/week	wksx
Short Arc Quad without Weights	how many time	x/week	wksx
Wall Slides	how many time	x/week	wksx
Ball Exercises	how many	x/week	wksx

Ankle

	Repetitions	Frequency	Duration
Active ROM	how many time	x/week	wksx
Passive ROM	how many time	x/week	wksx
Theraband Exercises	how many time	x/week	wksx
Stretches	how many time	x/week	wksx
Ankle Alphabet	how many time	x/week	wksx
Tilt Board	how many	x/weck	wksx
Feet-Planter Fasciatis	how many time	x/week	wksx
Isometric Exercises	how many time	x/week	wksx
Balance Exercises	how many time	x/week	wksx
Heel Raises	how many time	x/week	wksx
Dynamic Disc	how many time	x/week	wksx
Pro-Stretch	how many	x/week	wksx
Stability Trainer	how many	x/week	wksx
Theraflex Rod (Blue)	how many time	x/week	wksx
Stretching and Stregthening Exercises with Silver Theraband	how many time	x/week	wksx
Ball Exercises	how many	x/week	wksx

Overall Exercises

Knee 👘

	Repetitions	Frequency	Duration
Cardio Walking	time	x/week	wksx
Stretches	how many	x/week	wksx
Walking: Fwd/Rev./Lat	time	x/week	wksx
March	time	x/week	wksx

Bicycle/Treadmill

	Repetitions	Frequency	Duration
Bicycle	level time	x/week	wksx
Treadmill	level	x/week	wksx
	time		

Patient's Name

Upper Extremity

	Set/Repetitions	Frequency	Duration
Chest Press/Row	sei	x/week	wkax
Chest Fly/Bock	set	x/weak	wksx
One Arm Row/Press	sel	x/wesk	wksx
Triceps Ext/Bicops Curl	sei	x/week	wksx
Int./Ext. Rotation	set	x/wook	wksx
Ann Circles	set	x/week	wxsx
Upright Row/Lats	set rcp.	x/week	wksx
Lateral Deltoid Raise/Lats		x/week	wksx
Anter, Deltoid Raise/Luts		x/weak	wksx
Shoulder Skrugs	sol rep.	x/week	wksx
· ·	tel	x/week	wksx
	sel rep.	x/week	wksx

Lower Extremity

	Repetitions	Frequency	Daration.
Squats	rep. 24211	x/week	vyksx
Longes	sel	x/week	wksx
Hip Hexion/Extension	sei	K/week	wksx
Hip Abduction/Adduction	sci	x/week	wksx
Knee Flexion/Extension	501 Jep.	xAvcek	wksx
Standing Leg Lifts	sci	x/week	wkex
Lai./Ani. Step Ups	sel rep.	x/week	wksx
Planter/Dursillexion	set tep.	x/week	wksx
One Leg Balance	sei rep.	x/weak	wksx

RPT Name: INA HOCUTT, RPT

License # PT 5300

Visit was performed with the aid of a Qualified Interpreter. Cion Mon-ACKAS Company: Accurate Interpreting Name of interpreter (F) Signature Patient Signature

Signature

		-	ajzel, D.C., QM	E ^A		
· · · ·	()))	-	actic corporation	· ·		. •
	Ph	•	y Initial Evaluat Therapy Re-Eva		rt	•.
	•	Da	te of Injury: <u>CT</u>	$\frac{1112 - 4}{2}$	1343 118114	
Patient's Name: <u>SaN</u>	illan	Maria Ge	te of Examination: inder: $\square M \square F D$	OB: 3 12616	16 7 SSN:	
Referring Physician:				Hand X P	T	
History: The patient was i sustaining injury(ies) to	nvolved in	a \mathbf{M} workers' cor	np 🔲 personal injury	/accident on	·	·
The patient was evaluated treatment as necessary.		iendelma	~	o Physical Therap		and
PTP Diagnosis: 1 2		5 51:	10 11	·		
۵ 4	· 1 c	1 S	12 13	······································		
5 6	<u> </u>	2 21	15			
8			17			
9			18		 	4
					ОX	
	Subjective	Complaints				
□ <u>Head</u> □ Pain	🗆 по	🖾 yes	□ slight	□ moderate	🗆 severe	• • • • • •
✓ <u>C-Spine</u> ☐ Stiffness ∠ Pain	🗆 no	□ no	∏D □ yes □ slight	E moderate	-ET severe	
CR Upper Extremity	no 🗆 no	yes yes	☐ slight ☐ slight	 moderate moderate 	 severe severe 	
Tingling A R Upper Extremity L Upper Extremity	□ no □ no □ no	yes yes yes	Slight Slight Slight	☐ moderate □ moderate □ moderate	□ severe □ severe □ severe	
D Nymbness DR Upper Extremity	no no	yes yes	slight slight	 moderate moderate 	□ severe □ severe	
☐ L Upper Extremity Ø Weakness □ R Upper Extremity	□ no □ no □ no	yes yes yes	slight	 moderate moderate 	□ severe	
D L Upper Extremity		Ω yes ∌γ	, Slight	🗆 moderate	severe	
□ <u>T-Spine</u> □ Pain	(🗆 no	yes	🗆 slight	moderate	severe	
Tingling Numbness Stiffness	□ no □ no □ no	□ yes □ yes □ yes	□ slight □ slight	□ moderate □ moderate	□ severe □ severe	
			•			1 _
$ \langle \cdot \rangle \langle \cdot \rangle \rangle = 1$		-				/

in a star		1 Attent 5 1	лашс		ALL. 17	
□ <u>L-Spine</u>		· _				
🗖 Pain	🗆 no	🖉 yes 🖉	ND 🗆 slight	🛛 moderate	severe	
Z R Lower Extremity	🗆 no	🖉 yes 🖊	slight	🛛 moderate	severe.	
	_					
D L Lower Extremity		yes yes	Slight	moderate	□ severe	
□ ∕Tingling	🖾 no	y es y es	🖵 slight	moderate	severe	
B Lower Extremity	🗆 no	∕ Ø yes	□ slight	moderate	🖾 severe	
L Lower Extremity	🛛 no	🗹 yes	D_slight	🛛 moderate	□ severe	
			slight	moderate	□ severe	
		yes yes				
R Lower Extremity	🗆 no	yes 🖉	slight	□ moderate	severe	
🔎 L Lower Extremity	🗆 no	Ø yes	🗗 slight	🛛 moderate	🗆 severe	
Z/Weakness	🗖 no	′⊈, yes				
Z Stiffness	🗆 no	🗹 yes				
		<i>ب</i>				
□ <u>Chest/Abdomen</u>						
🗇 Pain	🗋 по	⁻⊡ yes	🛛 slight	moderate	🗇 severe	
		- ,	B			
🗆 <u>R Shoulder</u>		_			_	
🗆 Pain	🗆 no	🗆 yes	🛛 slight	moderate	severe	
🗆 Tingling	🛛 no	🛛 yes	🗖 slight	moderate	🛛 severe	
🗋 Numbness	🗖 no	yes	🗖 slight	🛛 moderate	severe	
				H moderate		
U Weakness	🔲 no	□ yes				
□ Stiffness	🖸 по	🗆 yes				
□ <u>L Shoulder</u>						
D Pain	🛛 no	🛛 yes	🗆 slight	□ moderate	severe	
					·	
🔲 Tingling	🗆 no	🛛 yes	🗆 slight	□ moderate		
🗆 Numbness	🗆 no	🛛 yes	🗖 slight	🗆 moderate	severe	
🗇 Weakness	🛛 по	🗖 yes				
🗇 Stiffness	🗆 no	□ yes				
•		_ ,				
□ <u>RArm</u>	_	-		– , ,	-	
🖾 Pain	🗖 no	🛛 yes	🗖 slight	moderate	□ severe	
□`Tingling	🗖 no	🛛 yes	🗖 slight	🗖 moderate	🗆 severe	
🗆 Numbness	🗆 no	🛛 yes	🗆 slight	🗖 moderate	severe	
U Weakness		□ yes	6			
	🗆 no	🛛 yes				
□ <u>L Arm</u>						
🖾 Pain	🗆 no	🛛 yes	🗖 slight	moderate	severe	
Tingling	🖸 no	□ yes	🛛 slight	🛛 moderate	🛛 severe	
	□ no		□ slight	□ moderate	□ severe	
□ Numbness		□ yes	L angue			
🗆 Weakness	🗖 no	🖾 yes	-			
Stiffness	🗖 no	🗆 yes				
□ <u>R_Elbow</u>						
	🗆 no	🗆 yes	🗇 slight	🛛 moderate	🗆 severe	
				moderate	severe	
I Tingling	🗆 no	🛛 yes	🗆 slight			
□ Numbness	🗆 no	🛛 yes	🗆 slight	🗆 moderate	🗆 severe	
Weakness	🗖 no	□ yes				
□ Stiffness	🗆 по	□ yes				
		_ ,				
□ <u>L Elbow</u>	_	_	_		_	
🖾 Pain	🖸 по	🗖 yes	🗆 slight	🛛 moderate	🗆 severe	
□ Tingling	🖾 no	□ yes	🛛 slight	🔲 moderate	🗆 severe	
□ Numbness	□ no	D yes	🗆 slight	moderate	severe	
U Weakness	\square no	D yes			-	
	🛛 no	🗆 yes				
🗆 <u>R Forearm</u>						
🗆 Pain	🗖 no	🛛 yes	🛛 slight	moderate	severe	
	\square no	□ yes	□ slight	moderate	🛛 severe	
□ Tingling		_ *		□ moderate	□ severe	
		D yes	🗆 slight	in mouerate	- 304610	
🗖 Weakness	🔲 no	🛛 yes				
Stiffness	🗆 no	🛛 yes				
		-				

1 1		A 4648-444 U 1144444			
D L Forearm			· · · ·		
🗆 Pain	`□no	🗆 yes	🛛 slight	moderate	□ severe
🗆 Tingling	🗖 no	🗆 yes	🗆 slight	🛛 moderate	🛛 severe
Numbness	🖸 no	🛛 yes	🗖 slight	🗆 moderate	severe
U Weakness	🛛 no	□ yes			
□ Stiffness	🗆 no	🗆 yes			
□ <u>R Wrist</u>	□	—	□	🗖	—
🛛 Pain 🗔 Tingling	□ no □ no	□ yes □ yes	□ slight □ slight	□ moderate □ moderate	□ severe □ severe
□ Numbness	\square no	\Box yes	\square slight	□ moderate	□ severe
Weakness	$I \square no$	□ yes	8		
Stiffness	🗆 no	🛛 yes			
□ <u>L_Wrist</u>					
🖸 Pain	по	U yes	🗆 slight	moderate	severe
☐ Tingling		□ yes	□ slight	moderate	
Numbness Weakness	🗆 по	□ yes □ yes	🖸 slight	moderate	🗆 severe
□ Stiffness		□ yes			•
□ <u>R Hand</u>		- ,			
□ Pain	🗖 no	🗆 yes	🖾 slight	🛛 moderate	🗆 severe
🖾 Tingling	🗖 no	□ yes	🛛 slight	moderate	🖸 severe
	D no	🖸 yes	🗆 slight	🛛 moderate	🗆 severe
U Weakness	□ no	🗇 yes			
□ Stiffness	no no	□ yes			
D L Hand	H		🛛 slight	□ moderate	□ severe
D Pain D Tingling	□ no □ no	□ yes □ yes	\square slight	moderate	□ severe
□ Numbness		\square yes	🗆 slight	moderate	□ severe
U Weakness	no 🗆 no	🛛 yes	U		
Stiffness	🗖 no	🗆 yes			
🗆 <u>R Hip</u>	_	_			_
🗆 Pain	🗆 no	□ yes	Slight	□ moderate	□ severe
Tingling Numbress	∐ no □ no	□ yes □ yes	□ slight □ slight	□ moderate □ moderate	□ severe □ severe
	\square no	u yes			
□ Stiffness	⊡ no	□ yes			
□ <u>L Hip</u>					
🗆 Pain	🗆 no	🗆 yes		🛛 moderate	severe
🗆 Tingling	🗆 no	🛛 yes	slight	□ moderate	severe
Numbness Weakness	□ по □ по	□ yes □ yes	□ slight	🛛 moderate	severe
Stiffness		□ yes			
\Box R Thigh		_ ,			
□ Pain	Ппо	🗆 yes	🗆 slight	🛛 moderate	□ severe
Tingling	🗆 по	□ yes	□ slight	🛛 moderate	severe severe
Numbness	🗆 по	🛛 yes	slight	moderate	severe severe
U Weakness	🗆 no	🛛 yes			
□ <u>L Thigh</u>		<u> </u>	17 alicht	□ moderate	□ severe
□ Pain □ Tingling	□ no □ no	□ yes □ yes	🖾 slight 🖾 slight	\square moderate	\square severe
□ Ingning □ Numbness	□ no	□ yes □ yes	□ slight	I moderate	severe severe
Weakness		□ yes	2		
□ <u>RKnee</u>					_
🗆 Pain	🛛 no	🛛 yes	□ slight	□ moderate	severe
Tingling	no no	i yes	□ slight	 moderate moderate 	 severe severe
🛛 Numbness 🗋 Weakness	□ no □ no	□ yes □ yes	🗆 slight	LI MODELRIC	C 204010
□ Stiffness		⊡ yes □ yes			
		-			

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·			I MLIVAR V				_
🗆 L Knee							
D Pain		🛛 по	🛛 yes	🗆 slight	moderate	🗇 severe	
Tingling		🗆 no	🛛 yes	□ slight	moderate	□ severe	
□ Numbness		🗆 по	🛛 yes	🗆 slight	□ moderate	□ severe	
Weakness		🗆 по	🗆 yes	Ũ			
Stiffness		🗆 no	🗆 yes				
□ <u>R Lower Leg</u>			2				
🗆 Pain		🛛 no	🛛 yes	🖾 slight	🗆 moderate	□ severe	
□ Tingling		⊡ no	□ yes	□ slight	moderate	□ severe	
□ Numbness		Ппо	□ yes	□ slight	□ moderate	□ severe	
Weakness		🗆 no	🛛 yes	U .			
□ Stiffness		🛛 по	□ yes				
□ <u>L Lower Leg</u>			•				
□ Pain		🗆 no	🗆 yes	🗖 slight	🛛 moderate	□ severe	
□ Tingling		no i	D yes	□ slight	moderate	□ severe	•
□ Numbness		🗆 no	□ yes	🗆 slight	moderate	severe	
U Weakness		🛛 no	🛛 yes	U .			
□ Stiffness		🗆 no	🗆 yes				
□ <u>R Ankle</u>			•				
🗆 Pain		🗖 no	🛛 yes	🗖 slight	moderate	🗆 severe	
□ Tingling		no no	□ yes	□ slight	moderate	□ severe	
□ Numbness		🗆 no	,□ yes	🗆 slight	moderate	severe	
U Weakness		🗆 no	U yes	0			
□ Stiffness		🛛 по	🖸 yes				
□ L Ankle			2				
\Box Pain		🗆 по	🖾 yes	🗆 slight	🛛 moderate	□ severe	
	- N		□ yes	□ slight	moderate	□ severe	
□ Numbness		🗆 no	□ yes	□ slight	□ moderate	□ severe	
U Weakness		🛛 no	🛛 yes	•			
□ Stiffness		🗖 no	🛛 yes				
□ <u>R Foot</u>			·				
□ Pain		🗖 no	🗆 yes	🗖 slight	moderate	severe	
□ Tingling		🗆 no	□ yes	🗆 slight	🗆 moderate	🖬 severe	
□ Numbness		🗆 no	🗆 yes	🗆 slight	moderate	🛛 severe	
U Weakness		🗖 no	🗆 yes	•			
□ Stiffness		🗆 по	🗆 yes				
□ <u>L Foot</u>							
D [°] Pain		🛛 no	🛛 yes	🕤 🖸 slight	🗖 moderate	🖸 severe	
Tingling		□ no	□ yes	🗆 slight	moderate	🗇 severe	
🗇 Numbness		🗖 no	□ yes	🗆 slight	moderate	🗇 severe	
U Weakness		🗋 no	□ yes	•			
□ Stiffness		Ппо	🗆 yes				
			-				
Medical History							

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Diabetes	Hypertension	Cancer	Epilepsy	Arthritis	Coronary				
					Artery Disease				
Pregnant	Hepatitis	Skin Irritation	Heart Desease	Lung Disease	Kidney Disease				
☐ Meningitis	Rheumatoid Art	britis	Unremarkable						
Surgical History	Surgical History								
Pacemaker	Post Surgery	Metal Implant	Abdomnal	Shoulder Shoulder	Elbow				
	Ornel		Inguinal Herniorhaphy	Surgery	Surgery				
Spinal Surgery	Knee Surgery	Wrist Surgery		Unremarkable	<u> </u>				
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Family History		1 Aucht 5 13	ame		_ CANNO IT
Diabetes	Hypertens	ion Cancer	Epilepsy	Heart Desease	Cor Art Disease
Lung Disease	: 🛛 Kidney Di	sease 🗖	_ 🖸		
Mental Status					
Anxious	Depressed	Tearful	Agitated	Unkempt	
\Box Alert and \Box	oriented to 🛛 tir	ne (day/month/year), 🗖	place, 🗆 person, 🗖	situation.	
Medications					
·····					
· · · · · · · · ·				· · · · ·	
Observations					
	-). D Moving into and or gait, favoring the D rigl			
		an, ravoring the 🖬 figi			
wrist brac	$e \square$ tennis <u>elbow</u>	brace thumb spica	knee sleeve kne	ee brace ankle brace	
	LJ	······································	i _J	IJ,	<u>.</u>
Functional Lim	itations		_		
Walking	Standing			uatting H Kneelin aching I Graspin	
Supine-sit	Sit-stand Pulling	Sitting			
🗇 T-Spine					
🛛 Walking	□ Standing □ Sit-stand	□ Bending □ □ Sitting □		uatting 🛛 Kneelin aching 🖾 Graspin	
□ Pushing	□ Pulling				
L-Spine				. , .	
Walking	Standing	Bending Sitting	Twisting Sq	aching Graspin	ig 🗗 Stairs ig 🛛 Driving
Pushing	Pulling	Overhead Activit			
□ Chest/Abdor		_	_		— — —
U Walking	Standing Sit-stand	□ Bending □ □ Sitting □	Twisting \Box Sq Lifting \Box Re	uatting 🛛 Kneelir aching	· · · · ·
□ Pushing				aching	_ □
🗆 R Shoulder					
Lifting Pushing	Reaching Pulling	Grasping Overhead Activiti		□	_ <u> </u>
L Shoulder					
🗖 Lifting	🛛 Reaching	□ Grasping □		_	-
🗆 Pushing	🗆 Pulling	Overhead Activiti	es Ц	□	_ □
C R Arm	C Reaching	□ Grasping □	Driving		
Pushing	Pulling			🛛	_ □
					5

L Arm L Lifting Pushing	□ Reaching □ Pulling	Grasping Driving Overhead Activities		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
□ R Elbow □ Lifting□ Re □ Pushing	eaching□ Graspin □ Pulling	ng□ Driving □ Overhead Activities	□	□	□
□ L Elbow □ Lifting□ Re □ Pushing	eaching□ Graspin □ Pulling	ng□ Driving □ Overhead Activities	□	□	©
		□ Grasping □ Driving □ Overhead Activities	□		🛙 <u> </u>
L Forearm Lifting Pushing		□ Grasping □ Driving □ Overhead Activities	□	. 🖸	□
□ R Wrist □ Lifting □ Pushing	□ Reaching □ Pulling	☐ Grasping ☐ Driving ☐ Overhead Activities	□	C	□
L Wrist Lifting Pushing	Reaching Pulling	□ Grasping □ Driving □ □ Overhead Activities	□		D
□ R Hand □ Lifting □ Pushing	Reaching	□ Grasping □ Driving □ Overhead Activities		D	o
		☐ Grasping ☐ Driving ☐ Overhead Activities	0 <u>· · · ·</u>		□
R Hip Walking Supine-sit	☐ Standing ☐ Sit-stand ☐	Bending Twisting Sitting Lifting	☐ Squatting ☐ Driving	☐ Kneeling □ Pushing	StairsPulling
L Hip Walking Supine-sit	□ Standing □ Sit-stand □	□ Bending □ Twisting □ Sitting □ Lifting □	□ Squatting □ Driving		□ Stairs □ Pulling
	□ Standing □ Sit-stand □	□ Bending □ Twisting □ Sitting □ Lifting □	SquattingDriving		StairsPulling
□ L Thigh □ Walking □ Supine-sit □	□ Standing □ Sit-stand □	 Bending Twisting Sitting Lifting 	□ Squatting □ Driving	□ Kneeling □ Pushing	□ Stairs □ Pulling
□ R Knee □ Walking □ Supine-sit □	□ Standing □ Sit-stand □	□ Bending □ Twisting □ Sitting □ Lifting □	□ Squatting □ Driving	 Kneeling Pushing 	□ Stairs □ Pulling

□ L Knee 4 □ Walking □ Supine-sit □	 Standing Sit-stand 	□ Bending □ Sitting □	□ Twisting □ Lifting	□ Squatting □ Driving	□ Kneeling □ Pushing	☐ Stairs ☐ Pulling	
R Lower Leg Walking Supine-sit	□ Standing □ Sit-stand □	 Bending Sitting Sitting 	□ Twisting □ Lifting		□ Kneeling □ Pushing	□ Stairs □ Pulling	
L Lower Leg Walking Supine-sit			☐ Twisting □ Lifting	□ Squatting □ Driving	□ Kneeling □ Pushing		
R Ankle Walking Supine-sit		 Bending Sitting Sitting 		□ Squatting □ Driving	☐ Kneeling □ Pushing		
Supine-sit		□ Bending □ Sitting □	☐ Twisting □ Lifting	□ Squatting □ Driving	☐ Kneeling □ Pushing		
R Foot Walking Supine-sit	□ Standing □ Sit-stand □ Sit-stand	 Bending Sitting Sitting 	□ Twisting □ Lifting	□ Squatting □ Driving	□ Kneeling □ Pushing		
□ L Foot □ Walking □ Supine-sit □	.□	 Bending Sitting Sitting 	☐ Twisting □ Lifting		☐ Kneeling □ Pushing	☐ Stairs ☐ Pulling	
E_{1}	.						

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,		m Patient's Name			····••	_Acc. #	
Head		our and shape. No evidence	e of trauma appreci			•	
Tender:	ness on palpation note	d over		R		BL	
	Frontal area						
	Temporal area				-	 	
	Parietal area						
	Occipital area		• 		·		
	Scalp muscles dif	· · · · · · · · · · · · · · · · · · ·					
				Healing		ed	
	welling over		regi	on			
- Face -	□ No evidence (of trauma	-		-		-
🗆 Abrasio	n(s)		Swelling over			· · · · · · · · · · · · · · · · · · ·	
🗖 Larcera	tion(s)		□ Scar(s)	-			
🛛 Bruise(s)						
Eye(s)	🖾 No evidence (of trauma					
D PERRL	A	□ EOMI					
Rednes		. h	Periorbital ecc	hymosis l].os	
U Visual a	cuity OD OD I OS I	ារា	·····				
Ear(s)	No evidence o	of trauma					•
🛛 Abrasio	n (□ Scar(s)				
□ Larcera	tion		<u> 0</u>		<u></u>	·····	
Nose	🖸 No evidence o	of trauma					
	<u> </u>	Tender over th	e nose bridge	D Defe	ormity		
Deviati		🖾 Epistaxis					
Mouth	□ No evidence	•		1			
		chymosis 🗖 abrasion	Lower lip 🛛 s	welling'	scar *		'
	ip 🗆 swelling 🗆 scar			-			abrasio
	/avulsed/chipped toot						
	· · · · · ·			_ 1-		-	
TMJ	Normal ROM		111 1 1 1 1 1 1 1				
		on over \Box R \Box L tempo					
		ent of DR DL tempor	omandibular joint(s)			
		opening on $\Box R \Box L$					
		\square close the mouth full	y				
□ Marke	d trismus noted	<u></u>					
Chest	□ No evidence	of trauma					
Tender			□ Scar				
	-						
🛛 🖾 Rash			Abrasion				

-----Spine Exam Spinal Palpation/Subluxation Palpation W N L Tenderness (T) Spasm(S) \mathbf{L} Cervical Spine Pain Scale 010203040506070809010 ROM SP C2 C3 C4 C5 C6 C7 R L R L Flex. (50 °) 2 Paracervical muscles oExt. (60°) Occipital muscles Lat. Flex. (45°) Suboccipital muscles Rot. (80°) Trapezius muscle Levator scapulae muscles Sternocleidomastoid muscle ROM Thoracic Spine Pain Scale 0 1 0 2 0 3 0 4 0 5 0 6 0 7 0 8 0 9 0 10 SP T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12 R L R Flex. (50 °) L

			 · · ·
Paraspinal muscles			Rot. (30°)
Upper region			
Mid region	1		
Lower region			
Scapula 🔅 👘	(a) () () ()		
		,	

Lumber Spine Pain Scale 1 1 2 1 3 1 4 1 5 1 6 1 7 1 8 1 9 1 10 ROM

SP	LI	L2	L3	L4	1	LS
			• • • • • •		R	L
Paralı	ımbar m	uscles	1. g. 2	4. (A.)	T	T
Sacro	iliac joii	nts			+	+
Sciati	c notch		-		+-	T
Poster	rior iliac	crest			1	
Glute	al muscl	es	_		T	+

R	L
5	Ô
75	50
50	ටප්
	R 50 75

taal Tharasia

Tumbar

[nspection]

inspection .	Cervical	Inoracic	Lumbar
Loss of normal curve			
Lordosis			
Kyphosis			
Levoscoliosis			
Dextroscoliosis			
Rash	```		
Bruises			
Scar			
Abrasions			
Lacerations			
Skin discoloration/altered temperature/edema			
Swelling			
Mass			

Co		
Orthopedic Tests	L	R
Soto Hall		
Foraminal Compression		
Shoulder Depression		
Shoulder Abduction		
Hyper abduction (Wright's)		
Adson's		

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C0

Cl C2

C3 C4

C5

C6

C7 Τl

T2

T3

T4

T5 **T**6

T7 T8

T9

T10 TH

T12 L1 L2 L3

L4 L5 01

R

Hyper abduction (Wright's)	
Adson's	
Lhermitte's	·
Right Straight Leg Raising	
Left Straight Leg Raising	
Hamstring Tension Test	
Femoral Nerve Tension	•
Kemp's	
Braggard's	
Heel Walking (L5)	
Toe Walking (SI)	
Axial Trunk-Loading Test	
Dekleyn's Test	
Ely's Test	
Yeoman's Test	

Upper	Extremities
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Motor Strength

Palpation WNL Tenderness (T) Spasm (S)	•
Shoulder Pain Scale 0 1 0 2 0 3 0 4 0 5 0 6 0 7 0 8 0 9 0 10	ROM

	R	L		R	L		R	L
Clavicle			Flex. (180 °)			Shoulder		+
Biceps muscle			Ext. (50°)	<u> </u>		Flexion		·
Biceps tendon groove					ļ	Abduction		<u> </u>
Deltoid muscle			Int. Rot. (90°)			Extension	<u> </u>	<u>+</u>
Rotator cuff muscles			Ext. Rot. (90°)	[Adduction		
Acromion process		1	Abd. (180°)			Internal Rot.		
AC joint			Add. (50°)					┨────
Pectoralis muscles	.,		ROM	[External Rot.	<u> </u>	<u> </u>
Elbow/Forearm Pain Scale 🗆 🗆 2	G3 D 4	05060		R	L	Elbow		<u> </u>
	R	L	ר			Flexion		1
· · · · · · · · · · · · · · · · · · ·	<u>к</u>	<u></u>	Flex. (140 °)		ļ	Extension		
Anteriorly			Ext. (0°)		1	Wrist		-
Posteriorly			Supination (80°)			Wrist extensors (C6)		-
Laterally			Pronation (80°)			Wrist flexors (C7)		
Medially			ROM	L	.1	Supination		ļ
Wrist/Hand Pain Scale 🗆 1 🗆 2 🗆 3 🕻	3405	-	Flex. (60°)		1	Pronation		
06070809010	R	L	Ext. (60°)		┝	Ulnar Deviation		
Dorsal aspect			┨ ┝-╍─── ─────────────────────────────────		·	Radial Deviation		
		~	1	Ulnar Dev. (30°)		Hand	}	T
Palmar aspect			Rad. Dev. (20°)		Finger Extensors (C7)	1		
Ulnar aspect			1			Finger flexors (C8)		
Radial aspect			J			Finger abduction (T1)		1
Fingers ROM	Th	umb R(M			Grip/Jamar measurement	1	1
RL]`` ['		R L			Sensory L		_k

Fi

	R	L	
Flex. (90° MP)			ADD
Flex. (100° PIP)			OPP
Flex. (70° DIP)	1		ABD
Ext. (0° MP) or			Flex.
Ext. (0° PIP)			Flex.
Ext. (0° DIP)			Ext.

	R	L
ADD (0 cm)		
OPP (8 cm)		
ABD (50°)		
Flex. (60° MP)		
Flex. (80° IP)		
Ext. (0° MP)		
Ext. (0° IP)		

Inspection	Shoulder	Elbow	Wrist/Hand
Mascular Atrophy			
Amputatiom			
Rash	· · ·		
Bruises / Abrasions			
Scar			
Deformity			
Lacerations			
Skin discoloration/altered temperature/edema		-	
Swelling			
Mass			

Sensory Loss

	R	L
Anterolat, shoulder and arm		
Lateral forearm and hand		
Middle finger		
Medial forearm and hand		
Ring and little fingers		
Medial forearm		
Biceps (C5)		
Triceps (C7)		·
Brachioradialis (C6)		

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Upper Extremities

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Orthopedic Test

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n seg Gregor $\{i_1, i_2\}$

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Shoulder	N	R	Р	N	Г. р
Neer Impingement		1			, 1
Codman's Arm Drop					
Supraspinatus		1			1
Yeargason's (bic, tenosyn.)					1
Apprehension					
Elbow		1			 l
Lateral stability		ł			
Medial Stability					· I
Elbow (lat. epicondylitis)		i			I
Golfer's Elbow (med. epicondylitis)					
Tinel's					
Wrist					
Tinel's (per. neuropathy)					
Phalen's					
Finkelstein's					

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Lower Extremities			* ******* 3 1 346684					
Palpation WNL Tende	erness ((T) 🖂 S	pasm (S)					
Pelvis Pain Scale 🗆 🗆 2 🗆 3 🗆 4 🗆 5	50607	380 90	110					
	R	L						
Anterior Superior Iliac Spine	·							
Posterior Superior Iliac Spine								
Sacroiliac Joint		l						
Iliac Crest	<u> </u>							
Ischial Tuberosity								
Symphysis Pubis			ROM	r		Mot	or Strengt	h
Sacrum/coccyx		-		R	L		R	
Hips and Thighs Pain Scale D		4 🗆 5	Flex. (120 °)	IX.		Hip		
	R	L	Ext. (30°)			Flexors		
Anteriorly			Int. Rot. (40°)			Abductors	· · · ·	
Posteriorly	· · ·		Ext. Rot. (50°)			Extensors	·	
Laterally			Abduction (40°)		[Adduction		
Medially		<u></u>	Adduction (20°)			Internal Rot.		
Knee(s)/Lower Legs Pain Scale					DM	External Rot.		
· · · · · · · · · · · · · · · · · · ·		1			T1	Клее		
e transformer and the second	R	L		R	L	Flexors		
Patella	<u> </u>		Flex. (150°)			Extensors		
Tibial Tubercle	 		Ext. (0°)			Ankle/Foot		
Patellar Tendon	_					Flexors		
Lateral Joint Line	<u> </u>					Extensors	<u>-</u>	
Lateral Femoral Condyle						Inverters		
Lateral Tibial Condyle						Everters		
Medial Joint Line		ļ				Great Toe		
Medial Femoral Condyle						Flexors		
Medial Tibial Condyle						Extensors		
Proximal Calf Muscles						<u> </u>		
Ankle(s) Pain Scale 0 1 0 2 0 3 0 4	0506[37080	9 🗆 10 ROM	[Senso	ry Loss	
······································	R	L		R	L		R	L
Anteriorly	<u> </u>		Dorsal Flex. (20°)			Anterolat. thigh		
Posteriorly	+		Plantar Ext. (40°)			Anterior knee		·
Laterally			Inversion (30°)			Med. leg and foot	<u> </u>	
Medially	1		Eversion (20°)		<u> </u>	Lat. thigh	<u> </u>	
Foot/Feet Pain Scale D D 2 D 3 D		ـــــــــــــــــــــــــــــــــــــ			-l	Anterolat. leg Middors. foot		
	·		1			Posterior leg		+
	R		1			Lateral foot	<u> </u>	1
Plantar		}	-			L	<u>.</u>	
Dorsal	_		1					
Mediai	┿		4					12
Lateral	1	I	I					14

· · · · · · · · · · · · · · · · · · ·			* ******		20			
Orthopedic Test	N R	Р		P		· · · - · · - · · - ·		
Pelvis			<u></u>	r:	1			
Iliac Compression				 }	1			
Gaenslen's (SI joint disease)				 	Pending D	x/Consults from P	TP	
Hibb's (SI joint disease)					1			
Yeoman's (ant. SI ligament)								
Hip								
Patrick (FABERE)	T			_				
Trendelenburg's			1		1			
Knee	+		1	⊦ 	1			
Patellar Apprehension				I				
Patellar Femoral Grind	1]			
Anterior Drawer	I				Comments	ε.		
Posterior Drawer	1]			
Lachman's Test]		•	
McMurray Test]		•	
Valgus Stress Test				1]			
Varus Stress Test	t			ļ]			
Ankle]			<u>.</u>
Tinel's Sign at the Ankle	1							
Anterior Drawer	. [l				
Thompson's Test	1			 				
Talar Tilt Test (inversion)	! t			! {			<u> </u>	
Talar Tilt Test (eversion)	۱ ــــــــــــــــــــــــــــــــــــ			1 1	4			
Homan's Sign]			
Inspection	۰.		Pelvis	Hip	s and Thighs	Knees/Lower Leg	s Ankles	Foot/Feet
Loss of normal curve								
Levoscoliosis								
Dextroscoliosis								
Rash								
Bruises / Abrasions							ļ	
Scar		·						.
Deformity								
Lacerations				<u> </u>	<u>.</u>			
Skin discolor./altered temperatu	re/edem	a 📃						
Swelling								ļ
Mass								

Progress Summa lody Part 1	C S Last Visit	Today
Pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 78 9 10 Dochang
Strength	012345	0 1 2 3 4 5 4 + DNo chang
Tenderness	01234	0 1 2 3 4 🗆 No chang
Spasm	0 1 1+ 2 3 4	0 1 1+ 2 3 4
ROM	10 20 30 40 50 60 70 80 90 100 %	improvement since last visity 🗆 No change
Gait	10 20 30 40 50 60 70 80 90 100 %	Improvement since last visit 🗆 No chang
Posture_	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit
Endurance	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit
Function	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit
ADL's	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit O No chang
Flexibility	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit O^{\Box} No change
ody Part 2	C S	Fu
Pain	012345678910	0 1 2 3 4 5 6 7 8 9 10 D No chang
Strength	012345	0123454+ DNo chang
Tenderness	0.1234	0 1 2 3 4 🗆 🗆 No chang
Spasm	0 1 1+ 2 3 4	0 1 (1+2 3 4
ROM	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit 🗆 No chang
Gait	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit 🗆 No chang
Posture	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit) 🗆 No chang
Endurance	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit. 🗆 No chang
Function	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit
ADL's	10. 20 30 40 50 60 70 80 90 100 %	improvement since last visio 🗆 No chang
Flexibility	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit 🛛 🗆 No chang

Rehabilitation Goals

Decrease pain	Decrease tenderness	Dincrease Range of Motion	Improve posture	Improve function I-Improve ADL's
□ Increase strength	Decrease spasm	🗖 Improve Gait	Inerease Flexibility	Increase Endurance

Comments

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 Comments

 Home Exercise Program is for [] 30 min. [] 1 hour [] 1.5 hours [] 2 hours

 Home Exercise Program was reviewed with the patient.

 The patient states that therapy [] is [] is not belping.

 Home Exercise Program was reviewed with the patient.

 The patient states that therapy [] is [] is not belping.

 Home Exercise Program was reviewed with the patient.

 The patient states that therapy [] is [] is not belping.

 Home Exercise Program was reviewed with the patient.

 The patient states that therapy [] is [] is not belping.

 Home Exercise Program was reviewed with the patient.

 The patient states that therapy [] is [] is not belping.

 Home Exercise Program was reviewed with the patient.

 The patient states that therapy [] is [] is not belping.

 Home Exercise Program was reviewed with the patient.

 If (10% [] 20% [] 30% [] 40% [] 50% [] 60% [] 70% [] 80% [] 90%

 Shoulder [] 10% [] 20% [] 30% [] 40% [] 50% [] 60% [] 70% [] 80% [] 90%

 Hip/Leg [] 10% [] 20% [] 30% [] 40% [] 50% [] 60% [] 70% [] 80% [] 90%

 Hip/Leg [] 10% [] 20% [] 30% [] 40% [] 50% [] 60% [] 70% [] 80% [] 90%

 Hip/Leg [] 10% [] 20% [] 30% [] 40% [] 50% [] 60% [] 70% [] 80% [] 90%

 Hip/Leg [] 10% [] 20% [] 30% [] 40% [] 50% [] 60% [] 70% [] 80% [] 90%

 Hip/Leg [] 10% [] 20% [] 30% [] 40% [] 50% [] 60% [] 70% [] 80% [] 90%
 10% ļδ

' Treatment Pla	un (RPT) Patient's	s Nam	ne San	ti`llan,	Maria		Acc. # 734	3	Date:	·
BODY PART	~	>	>				;			
Procedures/Ex	kercises	ι					Moda	lities		
🗆 Home Ex	ercise Program									
	ic Activities				•		Iontophoresis (se	e belov	v)	
	scular Re-Educati						Vasopneumatic I	Device ((see belo	(W)
□ Therapeut	ic Exercise (strete	hing/	flexibilit	y/ROM)		┛	-Electrical Stimul	ation (s	ee below	V)
Manual th	erapy (Joint Mob	ilizat	ion /Man	ual Traci	tion)		Contrast baths (se	ee belo	w)	
□ Massage 1	herapy			-			Ultrasound (see h	oelow)		
🗆 Gait Train	ing					۵	Paraffin Bath			
□							Infrared (see belo	ow)		
						Ð	Cold Pack (see b	oelow)		
							Hot Pack (see be	elow)		
							TENS(transcutaneo	ous neuro	stimulator	r)
BODY PART	2; <u> </u>	15	_		Therap	y Tim	e:			
		1-								-
Home Ex	ercise Program									
Therapeut	ic Activities					Iontophoresis (see below)				
🗆 Neuromu	scular Re-Educati	on				Vasopneumatic Device (see below)				
Therapeut	ic Exercise (streto	hing/	flexibilit	y/ROM)			Electrical Stimulation (see below)			
Manual the	erapy (Joint Mob	ilizat	ion /Man	ual Trac	tion)	D	Contrast baths (se	· · ·	w)	
	herapy					Π	Ultrasound (see l	below)	_	
🗆 Gait Train	ing					D Paraffin Bath				
						Infrared (see below)				
······································	· · ·						Cold Pack (see b	oelow)		
					_		Hot Pack (see be			
Modalities	Type/Medication	Time	Frequency	Intensity]		TENS(transcutaned	ous neuro	ostimulato	r)
	D Pulse		1		1	Moda	alities	Time	Frequency	Intensi
Ultrasound	□ Continuous □ Under water					Electr	ical Stimulation	15'	3~4	130

Preventive Medicine	15mins	30mins	45mins
Injury Prevention Reduction			
Diet and Exercise Counseling			
Diagnostic Test Results/Progress Report			
	week	L,	-

Dexametasone
 Lidocaine
 Salicylate

lontophoresis

Page 5

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Infrared Contrast baths

> Vasopneumatic Hot Pack Cold Pack

BOGY Farts Exercises - Page 1

Neck

Repetitions Frequency Duration

T/S, L/S (Upper/Midback, Low Back)

	-		
Upper Trapezius Stretch	how many <u></u>	xAyeek	wksx_Ù
Levetor Scapulae Stretch	how many	Week	wksx Y
Corner Stretch	how many	x/week	wksx
Chest/Bicep Stretch	how many	x/week	wksx
Flexibility: Neck Stretch	how many	Zx/week	wksky
Lower Cervical/ Upper Thoracic Stretch	how many time	x/week	wksx
C/S Strengthening	how many	week	wkst/
Active ROM	how many time	- Zweek	wksx(/

		Repetitions	Frequency	Duration				
-	Core Strengthening Exercises	how many	week	wksx (
		time		<u>****</u>				
1	Pelvic Stabilization	how many	·>x/week	wksk				
		time —	- ATTROCK	^{™*} 7				
	Ball Exercises	how many	x/week	/ wksx				
		time		1159A				
	Silver Theraband Stretch of Hamstring, IT Band, adductores	how many	x/week	wksx				
	Hamsting, IT Band, adductores	time						
	Williams Flex Exercises	how many	Zx/week	wks				
	Single Knee to Chest	time -	ッ	<u> </u>				
	Double Knee to Chest	how many	<a>Calveek	wksx				
	Double Rate to Chest	time 5	2					
4	Pelvic Tilt	how many	Sz./week	wksx 🗸				
		time	7	T				
	Curl-up Half	how many	, , , , , , , , , , , , , , , , , , ,	wksx _				
		time T	\sim	<u> </u>				
	Lumbar Rotation	how many	x/week	wksx				
		time						
-1	Unilateral Hip Extension with Support	how many	x/week	wksx				
		time						
-	Hamstring Stretch	how many	·	wksx/				
ן		time	~					
	Quadriceps Stretch	how many <u>l</u>	x/week	wksx				
	رە 	time						
	Piriformis Stretch	how many	Zx/week	wktx/				
_		time	-7					
	Adductors Stretch	how many	x/week	wksx				
4	·	time						
-	Squat	how many	x/week	wksx				
٦		time						
-	Hip Flexor Stretch	how many V	Zx/week	włąsz				
		time	~					
-	McKenzie Exercises	how many	2x/week	wksx				
		time						
긕	Prone on Elbows	how many	2x/week	wilsx				
-	••••	time	/					
	Prone Press-ups	how many	x/week	wksx				
_	_	time	<u> </u>					
	Progressive Extension with Pillows	how many	x/week	wksx				
٦		time	<u> </u>					
_	Standing Extension	how many	x/week	wksx				
		time						
-1	One Leg Opposite Ann Ext.	how many	x/week	wksx				
-	Lag Extension at Drope Dag	time how many						
_	Leg Extension at Prone Pos.		x/week	wksx				
	Сол	tinued on the next p	age					
_			- ·					

Shoulder	Repetitions	Frequency	Duration
Pendulum/Codman Exers.	how many weight time	x/week	wksx
Wall Climb	how many	x/week	wksx
Sh. Pulley	how many time	x/week	wksx
Upper Bike	level	x/week	wksx
Active ROM	how many	x/week	wksx
Passive ROM	how many time	x/week	wksx
Wand Exercises $\Box 1 \Box 2 \Box 3 \Box 4 \Box 5$	how many time	x/week	wksx
Shoulder Press	how many weight time	x/week	wksx
Active Progressive Resistive Exercises	how many weight	x/week	wksx
Pectoral S-Corner/ doorway	how many time	x/week	wksx
Rotator Cuff Self Traction	how many	x/week	wksx
Shoulder I Yellow Ext. Rot. I Red Sitting/ I Blue Standing I Black	how many weight theraband	x/week	wksx
Shoulder Yellow Int. Rot. Red Sitting/ Blue Standing Black	how many weight theraband	x/week	wksx
90/90 Rot. Cuff Supine/ Standing	how many weight	x/week	wksx
Shrugs - Dumbells	how many weight	x/week	wksx
Lateral Raises	how many weight		wksx
Supra spinatus strengthening		x/week	wksx
Infra spinatus strengthenin	how many weight	x/week	wksx

Body Parts Exercises - Page 2 .

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Elbow

	Repetitions	Frequency	Duration
Active ROM	how many time	x/week	wksx
Passive ROM	how many time	x/week	wksx
Progressive Strengthening	how many weight time	x/week	wksx
Curls	how many time	x/week	wksx
Tricep Pressing	how many weight time	x/week	wksx
Dynamic Power Flexor	how many weight time	x/week	wksx
Ball Exercises with soft weights (yellow or red)	how many weight time	x/week	wksx

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	Continued from the previous page							
•	Bilateral Front Raise	□ Yellow □ Red □ Green □ Blue	how many weight	x/week	wksx			
		Black	theraband					
		□ Yellow □ Red	how many					
	Lateral Raise	Green Blue	weight	x/week	wksx			
		Black	theraband					
		□ Yellow □ Red	how many					
İ	Squat and Row	Green Blue	weight	x/week	wksx			
		Black	theraband					
		□ Yellow □ Red	how many					
	Reverse Flies	Green Blue	weight	x/week	wksx			
			theraband					

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Wrist/Hand

		Repetitions	Frequency	Duration
Active ROM	A	how many	x/week	wksx
		time		
Passive RO	М	how many	x/week	wksx
		time		
Web Ex.	☐ Yeilow ☐ Red ☐ Blue ☐ Black	time	x/week	wksx
Putty Ex.	☐ Yellow ☐ Red ☐ Orange ☐ Blue ☐ Blue	how many time	x/week	wksx
Progressive	Resistive Ex.	how many weight time	x/week	wksx
Wrist Curls		how many weight time	x/week	wksx
Reverse Curls/Wrist		how many weight time	x/week	wksx
Hammer Curls/Wrist		how many weight time	x/week	wksx
Supine/Pror	ation	how many weight time	x/week	wksx

		Repetitions	Frequency	Duration
Wrist Flexor Stregth		how many weight time	x/week	wksx
Wrist Extens	or Stregth	how maný weight tíme	x/week	wksx
Wrist Flexor	Stretch	how many	x/week	wksx
Wrist Extens	ion Stretch	how many time	x/week	wksx
Theraflex Rod	□ Green □ Red	how many time	x/week	wksx
Finger Pull/ DigiFlex	☐ Yellow ☐ Red ☐ Green ☐ Blue	how many time	x/week	wksx
Dynamic Pov	wer Flexor	how many	x/week	wksx
E-Z Exercise	Board	how many	x/week	wksx
Small Ball Exercises	☐ Yellow ☐ Red ☐ Green ☐ Blue	how many time	x/week	wksx
Soft Weights	□ Yellow □ Red	how many time	x/week	wksx

DUBY FAITS EXERCISES - FAge 3 ,

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Hip/Leg

	Repetitions	Frequency	Duration
SLR	how many weight time	x/week	wksx
Hip Abduction Side Lying or Standing Position	how many weight time	x/week	wksx
Hip Adduction Supine and Standing Position	how many weight time	x/week	wksx
Extension Prone and Standing Position	how many weight time	x/week	wksx
Squatting with Exercise Ball	how many time	x/week	wksx
Standing Hamstring Stretch	how many time	x/week	wksx
SideLying Hip Flexors Stretch	how many	x/week	wksx
Psoas/Piriformis Stretch	how many time	x/week	wksx
Lunges-Dumbells	how many weight time	x/week	wksx
Wall Slides	how many time	x/week	wksx

Ankle

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	Repetitions	Frequency	Duration
Active ROM	how many time	x/week	wksx
Passive ROM	how many time	x/week	wksx
Theraband Exercises Blue Black	how many time	x/week	wksx
Stretches	how many time	x/week	wksx
Ankle Alphabet	how many time	x/week	wksx
Tilt Board	how many time	x/week	wksx
Feet-Planter Fasciatis	how many time	x/week	wksx
Isometric Exercises	how many time	x/week	wksx
Balance Exercises	how many time	x/week	wksx
Heel Raises	how many time	x/week	wksx
Dynamic Disc	how many	x/week	wksx
Pro-Stretch	how many	x/week	wksx
Stability Trainer	how many time	x/week	wksx
Theraflex Rod (Blue)	how many time	x/week	wksx
Stretching and Stregthening Exercises with Silver Theraband	how many	x/week	wksx
Ball Exercises	how many time	x/week	wksx

•	Repetitions	Frequency	Duration
Active ROM	how many time	x/week	wksx
Passive ROM	how many time	x/week	wksx
Active Progressive Resistive Exercise with Machine	time	x/week	wksx
Progressive Resistive Exercise	how many weight time	x/week	wksx
Quad Isometric Exercise	how many time	x/week	wksx
Hamstring Isometric Exercise	how many	x/week	wksx <u>+</u>
Vastus Medialis Resistive Exercise	how many weight time	x/week	wksx
SLR	how many weight time	x/week	wksx
SLR without wights	how many time	x/week	wksx
Short Arc Quad with Weights	how many weight time	x/week	wksx
Short Arc Quad without Weights	how many time	x/week	wksx
Wall Slides	how many time	x/week	wksx
Ball Exercises	how many time	x/week	wksx

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Overall Exercises

Кпее

	Repetitions	Frequency	Duration
Cardio Walking	time	x/week	wksx
Stretches	how many	x/week	wksx
Walking: Fwd/Rev./Lat	time	x/week	wksx
March	time	x/week	wksx

Bicycle/Treadmill

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	Repetitions	Frequency	Duration
Bicycle	level time	x/week	wksx
Treadmill	level time	x/week	wksx

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Body Parts Exercises - Page 4

Patient's Name

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Upper Extremity

Lower Extremity

•	Set/Repetitions	Frequency	Duration
Chest Press/Row	sel rep.	x/week	wksx
Chest Fly/Back	sci rep.	x/week	wksx
Une Arm Row/Press	sel rep.	x/week	wksx
Triceps Ext/Biceps Curl	sci rop.	x/week	wksx
Int./Ext. Rotation	set rep.	x/wcek	wksx
Arm Circles	sel	x/wcek	wksx
Upright Row/Lats	set rep.	x/week	wksx
Lateral Deltoid Raise/Lats	sei rep.	x/week	wksx
Anter, Deltoid Reise/Lats	sc1	x/week	wksx
Shoulder Shrugs	sel rep.	x/week	wksx
	sei	x/week	wksx
	set	x/weck	wksx

	Repetitions	Frequency	Duration_
Squals	sel rep. (kar) y	x/week	wksx
Lunges	sett	x/week	wksx
Hip Flexion/Extension	sci	x/week	wksx
Hip Abduction/Adduction	sel	x/week	wksx
Knee Flexion/Extension	sel	x/week	wksx
Standing Leg Lifts	scl rep.	x/week	wksx
Lat./Ant. Step Ups	set	x/week	wksx
Plantar/Dursiflexion	sel rep.	x/week	wksx
One Leg Balance	set	x/week	wksx

RPT Name: INA HOCUTT, RPT

Name of interpreter

Patient Signature

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Signature _

Visit was performed with the aid of a Qualified Interpreter.

DCiCA

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Con-fickas Company: Accurate Interpreting

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