Maciej Majzel, D.C., QME
Chiropractic corporation

[ ] Physical Therapy Initial Evaluation Report
[X] Physical Therapy Re-Evaluation Report

Account # 7343

Date of Injury: 07-22-13 CT: 01-01-04-04-814

Date of Examination: 10-14-15

Patient's Name: Santillan Maria Del Rosario Gender: ☐ M ☒ F DOB: 3/26/67 SSN: _____

Dominant Hand: ☐ R ☐ L

Referring Physician: Gendelman Contra Indications _____

History: The patient was involved in a ☒ workers' comp ☐ personal injury/accident on _____ sustaining injury(ies) to Lt knee

The patient was evaluated by Dr. Gendelman and referred to Physical Therapist for evaluation and treatment as necessary.

PTP Diagnosis:

1.	Lt knee SIP	10.	
2.		11.	
3.	DOS Sept 25 2013	12.	
4.		13.	
5.		14.	
6.		15.	
7.		16.	
8.		17.	
9.		18.	

DX6

Subjective Complaints

☐ **Head**					
☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ **C-Spine**					
☐ Stiffness		☐ no	☐ yes		
☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ R Upper Extremity	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ L Upper Extremity	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ R Upper Extremity	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ L Upper Extremity	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ R Upper Extremity	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ L Upper Extremity	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ R Upper Extremity	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ L Upper Extremity	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ **T-Spine**					
☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Stiffness	☐ no	☐ yes			

Patient's Name_____ Acc. #_____

☐ L-Spine

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ R Lower Extremity	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ L Lower Extremity	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ R Lower Extremity	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ L Lower Extremity	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ R Lower Extremity	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ L Lower Extremity	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ Chest/Abdomen

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe

☐ R Shoulder

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ L Shoulder

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ R Arm

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ L Arm

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ R Elbow

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ L Elbow

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

☐ R Forearm

☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

Patient's Name_____ Acc. #_____

☐ **L Forearm**					
☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			
☐ **R Wrist**					
☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			
☐ **L Wrist**					
☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			
☐ **R Hand**					
☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			
☐ **L Hand**					
☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			
☐ **R Hip**					
☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			
☐ **L Hip**					
☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			
☐ **R Thigh**					
☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ **L Thigh**					
☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ **R Knee**					
☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

Patient's Name_____ Acc. #_____

L Knee					8/10
☑ Pain	☐ no	☑ yes	☐ slight	☐ moderate	☑ severe
☑ Tingling	☐ no	☑ yes	☐ slight	☑ moderate	☐ severe
☑ Numbness	☐ no	☑ yes	☐ slight	☑ moderate	☐ severe
☑ Weakness	☐ no	☑ yes			
☑ Stiffness	☐ no	☑ yes			
R Lower Leg					
☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			
L Lower Leg					
☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			
R Ankle					
☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			
L Ankle					
☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			
R Foot					
☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			
L Foot					
☐ Pain	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Tingling	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes	☐ slight	☐ moderate	☐ severe
☐ Weakness	☐ no	☐ yes			
☐ Stiffness	☐ no	☐ yes			

Medical History

☐ Diabetes	☐ Hypertension	☐ Cancer	☐ Epilepsy	☐ Arthritis	☐ Coronary Artery Disease
☐ Pregnant	☐ Hepatitis	☐ Skin Irritation	☐ Heart Desease	☐ Lung Disease	☐ Kidney Disease
☐ Meningitis	☐ Rheumatoid Arthritis		☑ Unremarkable	☐ _____	☐ _____

Surgical History

☐ Pacemaker	☐ Post Surgery	☐ Metal Implant	☑ Abdomnal Inguinal Herniorhaphy	☐ Shoulder Surgery	☐ Elbow Surgery
☐ Spinal Surgery	☑ Knee Surgery	☐ Wrist Surgery	☐ Appendectomy	☐ Unremarkable	☐ _____

L+

Patient's Name_____ Acc. #_____

Family History

☐ Diabetes	☐ Hypertension	☐ Cancer	☐ Epilepsy	☐ Heart Desease	☐ Cor Art Disease
☐ Lung Disease	☐ Kidney Disease	☐ _____	☐ _____	☐ _____	☐ _____

Mental Status

☐ Anxious	☐ Depressed	☐ Tearful	☐ Agitated	☐ Unkempt	☐
☐ Alert and ☐ oriented to ☐ time (day/month/year), ☐ place, ☐ person, ☐ situation.					

Medications

_____

_____

Observations

☐ Patient ambulates without a limp. ☐ Moving into and out of exam room and onto the table without problem.

☐ Patient ambulates with antalgic gait, favoring the ☐ right ☐ left lower extremity. ☐ Slow gait pattern.

☐ Patient requires assistive device ☐ cane ☐ wheelchair ☐ crutches ☐ walker ☐ quad cane ☐ C/S brace ☐ L/S brace ☐ wrist brace ☐ tennis elbow brace ☐ thumb spica ☐ knee sleeve ☐ knee brace ☐ ankle brace ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____

Functional Limitations

☐ C-Spine

☐ Walking	☐ Standing	☐ Bending	☐ Twisting	☐ Squatting	☐ Kneeling	☐ Stairs
☐ Supine-sit	☐ Sit-stand	☐ Sitting	☐ Lifting	☐ Reaching	☐ Grasping	☐ Driving
☐ Pushing	☐ Pulling	☐ Overhead Activities		☐ _____	☐ _____	☐ _____

☐ T-Spine

☐ Walking	☐ Standing	☐ Bending	☐ Twisting	☐ Squatting	☐ Kneeling	☐ Stairs
☐ Supine-sit	☐ Sit-stand	☐ Sitting	☐ Lifting	☐ Reaching	☐ Grasping	☐ Driving
☐ Pushing	☐ Pulling	☐ Overhead Activities		☐ _____	☐ _____	☐ _____

☐ L-Spine

☐ Walking	☐ Standing	☐ Bending	☐ Twisting	☐ Squatting	☐ Kneeling	☐ Stairs
☐ Supine-sit	☐ Sit-stand	☐ Sitting	☐ Lifting	☐ Reaching	☐ Grasping	☐ Driving
☐ Pushing	☐ Pulling	☐ Overhead Activities		☐ _____	☐ _____	☐ _____

☐ Chest/Abdomen

☐ Walking	☐ Standing	☐ Bending	☐ Twisting	☐ Squatting	☐ Kneeling	☐ Stairs
☐ Supine-sit	☐ Sit-stand	☐ Sitting	☐ Lifting	☐ Reaching		☐ Driving
☐ Pushing	☐ Pulling	☐ Overhead Activities		☐ _____	☐ _____	☐ _____

☐ R Shoulder

☐ Lifting	☐ Reaching	☐ Grasping	☐ Driving			
☐ Pushing	☐ Pulling	☐ Overhead Activities		☐ _____	☐ _____	☐ _____

☐ L Shoulder

☐ Lifting	☐ Reaching	☐ Grasping	☐ Driving			
☐ Pushing	☐ Pulling	☐ Overhead Activities		☐ _____	☐ _____	☐ _____

☐ R Arm

☐ Lifting	☐ Reaching	☐ Grasping	☐ Driving			
☐ Pushing	☐ Pulling	☐ Overhead Activities		☐ _____	☐ _____	☐ _____

Patient's Name_____ Acc. #_____

☐ **L Arm**
☐ Lifting ☐ Reaching ☐ Grasping ☐ Driving
☐ Pushing ☐ Pulling ☐ Overhead Activities
☐ _____ ☐ _____ ☐ _____

☐ **R Elbow**
☐ Lifting ☐ Reaching ☐ Grasping ☐ Driving
☐ Pushing ☐ Pulling ☐ Overhead Activities
☐ _____ ☐ _____ ☐ _____

☐ **L Elbow**
☐ Lifting ☐ Reaching ☐ Grasping ☐ Driving
☐ Pushing ☐ Pulling ☐ Overhead Activities
☐ _____ ☐ _____ ☐ _____

☐ **R Forearm**
☐ Lifting ☐ Reaching ☐ Grasping ☐ Driving
☐ Pushing ☐ Pulling ☐ Overhead Activities
☐ _____ ☐ _____ ☐ _____

☐ **L Forearm**
☐ Lifting ☐ Reaching ☐ Grasping ☐ Driving
☐ Pushing ☐ Pulling ☐ Overhead Activities
☐ _____ ☐ _____ ☐ _____

☐ **R Wrist**
☐ Lifting ☐ Reaching ☐ Grasping ☐ Driving
☐ Pushing ☐ Pulling ☐ Overhead Activities
☐ _____ ☐ _____ ☐ _____

☐ **L Wrist**
☐ Lifting ☐ Reaching ☐ Grasping ☐ Driving
☐ Pushing ☐ Pulling ☐ Overhead Activities
☐ _____ ☐ _____ ☐ _____

☐ **R Hand**
☐ Lifting ☐ Reaching ☐ Grasping ☐ Driving
☐ Pushing ☐ Pulling ☐ Overhead Activities
☐ _____ ☐ _____ ☐ _____

☐ **L Hand**
☐ Lifting ☐ Reaching ☐ Grasping ☐ Driving
☐ Pushing ☐ Pulling ☐ Overhead Activities
☐ _____ ☐ _____ ☐ _____

☐ **R Hip**
☐ Walking ☐ Standing ☐ Bending ☐ Twisting ☐ Squatting ☐ Kneeling ☐ Stairs
☐ Supine-sit ☐ Sit-stand ☐ Sitting ☐ Lifting ☐ Driving ☐ Pushing ☐ Pulling
☐ _____ ☐ _____ ☐ _____

☐ **L Hip**
☐ Walking ☐ Standing ☐ Bending ☐ Twisting ☐ Squatting ☐ Kneeling ☐ Stairs
☐ Supine-sit ☐ Sit-stand ☐ Sitting ☐ Lifting ☐ Driving ☐ Pushing ☐ Pulling
☐ _____ ☐ _____ ☐ _____

☐ **R Thigh**
☐ Walking ☐ Standing ☐ Bending ☐ Twisting ☐ Squatting ☐ Kneeling ☐ Stairs
☐ Supine-sit ☐ Sit-stand ☐ Sitting ☐ Lifting ☐ Driving ☐ Pushing ☐ Pulling
☐ _____ ☐ _____ ☐ _____

☐ **L Thigh**
☐ Walking ☐ Standing ☐ Bending ☐ Twisting ☐ Squatting ☐ Kneeling ☐ Stairs
☐ Supine-sit ☐ Sit-stand ☐ Sitting ☐ Lifting ☐ Driving ☐ Pushing ☐ Pulling
☐ _____ ☐ _____ ☐ _____

☐ **R Knee**
☐ Walking ☐ Standing ☐ Bending ☐ Twisting ☐ Squatting ☐ Kneeling ☐ Stairs
☐ Supine-sit ☐ Sit-stand ☐ Sitting ☐ Lifting ☐ Driving ☐ Pushing ☐ Pulling
☐ _____ ☐ _____ ☐ _____

☐ **L Knee**
☑ Walking ☑ Standing ☑ Bending ☑ Twisting ☑ Squatting ☐ Kneeling ☑ Stairs
☐ Supine-sit ☐ Sit-stand ☑ Sitting ☑ Lifting ☑ Driving ☑ Pushing ☑ Pulling
☐ _____ ☐ _____ ☐ _____

☐ **R Lower Leg**
☐ Walking ☐ Standing ☐ Bending ☐ Twisting ☐ Squatting ☐ Kneeling ☐ Stairs
☐ Supine-sit ☐ Sit-stand ☐ Sitting ☐ Lifting ☐ Driving ☐ Pushing ☐ Pulling
☐ _____ ☐ _____ ☐ _____

☐ **L Lower Leg**
☐ Walking ☐ Standing ☐ Bending ☐ Twisting ☐ Squatting ☐ Kneeling ☐ Stairs
☐ Supine-sit ☐ Sit-stand ☐ Sitting ☐ Lifting ☐ Driving ☐ Pushing ☐ Pulling
☐ _____ ☐ _____ ☐ _____

☐ **R Ankle**
☐ Walking ☐ Standing ☐ Bending ☐ Twisting ☐ Squatting ☐ Kneeling ☐ Stairs
☐ Supine-sit ☐ Sit-stand ☐ Sitting ☐ Lifting ☐ Driving ☐ Pushing ☐ Pulling
☐ _____ ☐ _____ ☐ _____

☐ **L Ankle**
☐ Walking ☐ Standing ☐ Bending ☐ Twisting ☐ Squatting ☐ Kneeling ☐ Stairs
☐ Supine-sit ☐ Sit-stand ☐ Sitting ☐ Lifting ☐ Driving ☐ Pushing ☐ Pulling
☐ _____ ☐ _____ ☐ _____

☐ **R Foot**
☐ Walking ☐ Standing ☐ Bending ☐ Twisting ☐ Squatting ☐ Kneeling ☐ Stairs
☐ Supine-sit ☐ Sit-stand ☐ Sitting ☐ Lifting ☐ Driving ☐ Pushing ☐ Pulling
☐ _____ ☐ _____ ☐ _____

☐ **L Foot**
☐ Walking ☐ Standing ☐ Bending ☐ Twisting ☐ Squatting ☐ Kneeling ☐ Stairs
☐ Supine-sit ☐ Sit-stand ☐ Sitting ☐ Lifting ☐ Driving ☐ Pushing ☐ Pulling
☐ _____ ☐ _____ ☐ _____

Head and Face Exam Patient's Name_____ Acc. #_____

Head ☐ Normal contour and shape. No evidence of trauma appreciated.

☐ Tenderness on palpation noted over	R	L	BL
☐ Frontal area			
☐ Temporal area			
☐ Parietal area			
☐ Occipital area			
☐ Scalp muscles diffusely			
☐ Larceration over _____ region ☐ Healing ☐ Healed			
☐ Scalp swelling over _____ region			

Face ☐ No evidence of trauma

☐ Abrasion(s) _____	☐ Swelling over _____
☐ Larceration(s) _____	☐ Scar(s) _____
☐ Bruise(s) _____	☐ _____

Eye(s) ☐ No evidence of trauma

☐ PERRLA	☐ EOMI	
☐ Redness ☐ OD ☐ OS	☐ Periorbital ecchymosis ☐ OD ☐ OS	
☐ Visual acuity ☐ OD ☐ OS ☐ IU		

Ear(s) ☐ No evidence of trauma

☐ Abrasion	☐ Scar(s)
☐ Larceration	☐ _____

Nose ☐ No evidence of trauma

☐ Swollen	☐ Tender over the nose bridge	☐ Deformity
☐ Deviation	☐ Epistaxis	☐ _____

Mouth ☐ No evidence of trauma

☐ Upper gum ☐ swelling ☐ ecchymosis ☐ abrasion	☐ Lower lip ☐ swelling ☐ scar
☐ Upper lip ☐ swelling ☐ scar	☐ Lower gum ☐ swelling ☐ ecchymosis ☐ abrasion
☐ Mobile/avulsed/chipped tooth # _____	☐ _____

TMJ ☐ Normal ROM

☐	Tenderness noted on palpation over ☐ R ☐ L temporomandibular joint(s)
☐	Clicking noted with movement of ☐ R ☐ L temporomandibular joint(s)
☐	Deviation noted with mouth opening on ☐ R ☐ L
☐	Patient is not able to ☐ open ☐ close the mouth fully
☐	Marked trismus noted

Chest ☐ No evidence of trauma

☐ Tender	☐ Scar
☐ Rash	☐ Abrasion
☐ Bruises	☐ Larceration

Patient's Name_____ Acc. #_____

Spine Exam

Palpation ☐ W N L ☐ Tenderness (T) ☐ Spasm(S)

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

SP C2 C3 C4 C5 C6 C7	R	L
Paracervical muscles		
Occipital muscles		
Suboccipital muscles		
Trapezius muscle		
Levator scapulae muscles		
Sternocleidomastoid muscle		

ROM

	R	L
Flex. (50 °)		
Ext. (60°)		
Lat. Flex. (45°)		
Rot. (80°)		

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

SP T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12		
	R	L
Paraspinal muscles		
Upper region		
Mid region		
Lower region		
Scapula		

ROM

	R	L
Flex. (50 °)		
Rot. (30°)		

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

SP L1 L2 L3 L4 L5	R	L
Paralumbar muscles		
Sacroiliac joints		
Sciatic notch		
Posterior iliac crest		
Gluteal muscles		

ROM

	R	L
Flex. (60 °)		
Ext. (25°)		
Lat. Flex. (25°)		

Inspection

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

Spinal Palpation/Subluxation

L		R
	C0	
	C1	
	C2	
	C3	
	C4	
	C5	
	C6	
	C7	
	T1	
	T2	
	T3	
	T4	
	T5	
	T6	
	T7	
	T8	
	T9	
	T10	
	T11	
	T12	
	L1	
	L2	
	L3	
	L4	
	L5	
	S1	
	Co	

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		

Upper Extremities

Patient's Name_____ Acc. #_____

Palpation ☐ W N L ☐ **Tenderness (T)** ☐ **Spasm (S)**

Shoulder Pain Scale ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

	R	L
Clavicle		
Biceps muscle		
Biceps tendon groove		
Deltoid muscle		
Rotator cuff muscles		
Acromion process		
AC joint		
Pectoralis muscles		

ROM

	R	L
Flex. (180 °)		
Ext. (50°)		
Int. Rot. (90°)		
Ext. Rot. (90°)		
Abd. (180°)		
Add. (50°)		

Motor Strength

	R	L
Shoulder		
Flexion		
Abduction		
Extension		
Adduction		
Internal Rot.		
External Rot.		
Elbow		
Flexion		
Extension		
Wrist		
Wrist extensors (C6)		
Wrist flexors (C7)		
Supination		
Pronation		
Ulnar Deviation		
Radial Deviation		
Hand		
Finger Extensors (C7)		
Finger flexors (C8)		
Finger abduction (T1)		
Grip/Jamar measurement		

Elbow/Forearm Pain Scale ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

	R	L
Anteriorly		
Posteriorly		
Laterally		
Medially		

ROM

	R	L
Flex. (140 °)		
Ext. (0°)		
Supination (80°)		
Pronation (80°)		

Wrist/Hand Pain Scale ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

	R	L
Dorsal aspect		
Palmar aspect		
Ulnar aspect		
Radial aspect		

ROM

Flex. (60°)		
Ext. (60°)		
Ulnar Dev. (30°)		
Rad. Dev. (20°)		

Fingers ROM

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

Thumb ROM

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

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)		

Inspection

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

Upper Extremities

Patient's Name_____ Acc. #_____

Orthopedic Test

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

Lower Extremities

Patient's Name _____ Acc. # _____

Palpation ☐ W N L ☐ **Tenderness (T)** ☐ **Spasm (S)**

Pelvis Pain Scale ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

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

Hips and Thighs Pain Scale ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

	R	L
Anteriorly		
Posteriorly		
Laterally		
Medially		

ROM

	R	L
Flex. (120 °)		
Ext. (30°)		
Int. Rot. (40°)		
Ext. Rot. (50°)		
Abduction (40°)		
Adduction (20°)		

Knee(s)/Lower Legs Pain Scale ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

	R	L
Patella		
Tibial Tubercle		
Patellar Tendon		T
Lateral Joint Line		T
Lateral Femoral Condyle		
Lateral Tibial Condyle		
Medial Joint Line		T
Medial Femoral Condyle		
Medial Tibial Condyle		
Proximal Calf Muscles		T

ROM

	R	L
Flex. (150°)		90°
Ext. (0°)		0°

Motor Strength

	R	L
Hip		
Flexors		
Abductors		
Extensors		
Adduction		
Internal Rot.		
External Rot.		
Knee		
Flexors		4−
Extensors		4−
Ankle/Foot		
Flexors		
Extensors		
Inverters		
Everters		
Great Toe		
Flexors		
Extensors		

Ankle(s) Pain Scale ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

	R	L
Anteriorly		
Posteriorly		
Laterally		
Medially		

ROM

	R	L
Dorsal Flex. (20°)		
Plantar Ext. (40°)		
Inversion (30°)		
Eversion (20°)		

Sensory Loss

	R	L
Anterolat. thigh		
Anterior knee		
Med. leg and foot		
Lat. thigh		
Anterolat. leg		
Middors. foot		
Posterior leg		
Lateral foot		

Foot/Feet Pain Scale ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

	R	L
Plantar		
Dorsal		
Medial		
Lateral		

Patient's Name _____ Acc. # _____

Orthopedic Test	R N	R P	L N	L P
Pelvis				
Iliac Compression				
Gaenslen's (SI joint disease)				
Hibb's (SI joint disease)				
Yeoman's (ant. SI ligament)				
Hip				
Patrick (FABERE)				
Trendelenburg's				
Knee				
Patellar Apprehension				
Patellar Femoral Grind				
Anterior Drawer				
Posterior Drawer				
Lachman's Test				
McMurray Test				
Valgus Stress Test				
Varus Stress Test				
Ankle				
Tinel's Sign at the Ankle				
Anterior Drawer				
Thompson's Test				
Talar Tilt Test (inversion)				
Talar Tilt Test (eversion)				
Homan's Sign				

Pending Dx/Consults from PTP

Comments

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

Patient's Name _____ Acc. # _____

Progress Summary

Body Part 1 Lt Knee Last Visit S/P Surg Today F/U

Pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	☐ No change
Strength	0 1 2 3 4 5	0 1 2 3 4 5	☐ No change
Tenderness	0 1 2 3 4	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 90 100 %	improvement since last visit	☐ No change
Gait	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Posture	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Endurance	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Function	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
ADL's	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Flexibility	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change

Body Part 2

Pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	☐ No change
Strength	0 1 2 3 4 5	0 1 2 3 4 5	☐ No change
Tenderness	0 1 2 3 4	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 90 100 %	improvement since last visit	☐ No change
Gait	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Posture	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Endurance	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Function	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
ADL's	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Flexibility	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change

Rehabilitation Goals

☐ Decrease pain	☐ Decrease tenderness	☐ Increase Range of Motion	☐ Improve posture	☐ Improve function ☐ Improve ADL's
☐ Increase strength	☐ Decrease spasm	☐ Improve Gait	☐ Increase Flexibility	☐ Increase Endurance

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 has 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%
☐ L/S ☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90%
☐ Shoulder ☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90%
☐ Elbow ☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90%
☐ Wrist/Hand ☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☑ 70% ☐ 80% ☐ 90%
☐ Hip/Leg ☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90%
☐ Knee ☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90%
☐ Ankle/Foot ☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90%
☑ Short term goal ☐ met ☑ not met.
☑ Long term goal ☐ met ☑ not met.

Treatment Plan (RPT) Patient's Name Sandiban, Maria Del Rosario Acc. # 7843 Date: 10-14-15

BODY PART 1: Lt knee Surg 9-2015 Therapy Time: _____

SPANISH

Procedures/Exercises

- ☐ Home Exercise Program
- ☐ Therapeutic Activities
- ☐ Neuromuscular Re-Education
- ☑ Therapeutic Exercise (stretching/flexibility/ROM)
- ☐ Manual therapy (Joint Mobilization /Manual Traction)
- ☑ Massage Therapy
- ☐ Gait Training
- ☐ _____

Modalities

- ☐ Iontophoresis (see below)
- ☑ Vasopneumatic Device (see below)
- ☑ Electrical Stimulation (see below)
- ☐ Contrast baths (see below)
- ☐ Ultrasound (see below)
- ☐ Paraffin Bath
- ☐ Infrared (see below)
- ☐ Cold Pack (see below)
- ☐ Hot Pack (see below)
- ☐ TENS(transcutaneous neurostimulator)

BODY PART2: _____ Therapy Time: _____

- ☐ Home Exercise Program
- ☐ Therapeutic Activities
- ☐ Neuromuscular Re-Education
- ☐ Therapeutic Exercise (stretching/flexibility/ROM)
- ☐ Manual therapy (Joint Mobilization /Manual Traction)
- ☐ Massage Therapy
- ☐ Gait Training
- ☐ _____

- ☐ Iontophoresis (see below)
- ☐ Vasopneumatic Device (see below)
- ☐ Electrical Stimulation (see below)
- ☐ Contrast baths (see below)
- ☐ Ultrasound (see below)
- ☐ Paraffin Bath
- ☐ Infrared (see below)
- ☐ Cold Pack (see below)
- ☐ Hot Pack (see below)
- ☐ TENS(transcutaneous neurostimulator)

Modalities	Type/Medication	Time	Frequency	Intensity
Ultrasound	☐ Pulse ☐ Continuous ☐ Under water			
Iontophoresis	☐ Dexametasone ☐ Lidocaine ☐ Salicylate			

Modalities	Time	Frequency	Intensity
Electrical Stimulation	15	2x6	30HZ
Infrared			
Contrast baths			
Vasopneumatic	15	2x6	mod
Hot Pack			
Cold Pack			

Preventive Medicine	15mins	30mins	45mins
Injury Prevention Reduction	✓		
Diet and Exercise Counseling			
Diagnostic Test Results/Progress Report			

Frequency: 2 x 6 **week**

COMMENTS: _____

Body Parts Exercises - Page 1

Patient's Name _____ Acc. # _____

Neck

	Repetitions	Frequency	Duration
Upper Trapezius Stretch	how many ____ time ____	____x/week	wksx____
Levetor Scapulae Stretch	how many ____ time ____	____x/week	wksx____
Corner Stretch	how many ____ time ____	____x/week	wksx____
Chest/Bicep Stretch	how many ____ time ____	____x/week	wksx____
Flexibility: Neck Stretch	how many ____ time ____	____x/week	wksx____
Lower Cervical/ Upper Thoracic Stretch	how many ____ time ____	____x/week	wksx____
C/S Strengthening	how many ____ time ____	____x/week	wksx____
Active ROM	how many ____ time ____	____x/week	wksx____

Shoulder

	Repetitions	Frequency	Duration
Pendulum/Codman Exers.	how many ____ weight ____ time	____x/week	wksx____
Wall Climb	how many ____ time ____	____x/week	wksx____
Sh. Pulley	how many ____ time ____	____x/week	wksx____
Upper Bike	level ____ time ____	____x/week	wksx____
Active ROM	how many ____ time	____x/week	wksx____
Passive ROM	how many ____ time	____x/week	wksx____
Wand Exercises ☐1 ☐2 ☐3 ☐4 ☐5	how many ____ time	____x/week	wksx____
Shoulder Press	how many ____ weight ____ time	____x/week	wksx____
Active Progressive Resistive Exercises	how many ____ weight ____ time	____x/week	wksx____
Pectoral S-Corner/ doorway	how many ____ time	____x/week	wksx____
Rotator Cuff Self Traction	how many ____ time	____x/week	wksx____
Shoulder Ext.Rot. Sitting/ Standing ☐ Yellow ☐ Red ☐ Green ☐ Blue ☐ Black	how many ____ weight ____ theraband ____	____x/week	wksx____
Shoulder Int.Rot. Sitting/ Standing ☐ Yellow ☐ Red ☐ Green ☐ Blue ☐ 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	____x/week	wksx____
Supra spinatus strengthening	how many ____ weight	____x/week	wksx____
Infra spinatus strengthening	how many ____ weight	____x/week	wksx____

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

	Repetitions	Frequency	Duration
Core Strengthening Exercises	how many ____ time ____	___x/week	wksx____
Pelvic Stabilization	how many ____ time ____	___x/week	wksx____
Ball Exercises	how many ____ time ____	___x/week	wksx____
Silver Theraband Stretch of Hamstring, IT Band, adductores	how many ____ time ____	___x/week	wksx____
Williams Flex Exercises	how many ____ time ____	___x/week	wksx____
Single Knee to Chest	how many ____ time ____	___x/week	wksx____
Double Knee to Chest	how many ____ time ____	___x/week	wksx____
Pelvic Tilt	how many ____ time ____	___x/week	wksx____
Curl-up ☐ Partial ☐ Half ☐ Full	how many ____ time ____	___x/week	wksx____
Lumbar Rotation	how many ____ time ____	___x/week	wksx____
Unilateral Hip Extension with Support	how many ____ time ____	___x/week	wksx____
Hamstring Stretch	how many ____ time ____	___x/week	wksx____
Quadriceps Stretch	how many ____ time ____	___x/week	wksx____
Piriformis Stretch	how many ____ time ____	___x/week	wksx____
Adductors Stretch	how many ____ time ____	___x/week	wksx____
Squat	how many ____ weight ____ time	___x/week	wksx____
Hip Flexor Stretch	how many ____ time ____	___x/week	wksx____
McKenzie Exercises	how many ____ time ____	___x/week	wksx____
Prone on Elbows	how many ____ time ____	___x/week	wksx____
Prone Press-ups	how many ____ time ____	___x/week	wksx____
Progressive Extension with Pillows	how many ____ time ____	___x/week	wksx____
Standing Extension	how many ____ time ____	___x/week	wksx____
One Leg Opposite Arm Ext.	how many ____ time ____	___x/week	wksx____
Leg Extension at Prone Pos.	how many ____ time ____	___x/week	wksx____

Continued on the next page

Body Parts Exercises - Page 2

Patient's Name_____ Acc. #_____

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____

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	☐ Yellow ☐ Red ☐ Green ☐ Blue ☐ Black	how many ____ weight ____ theraband ____	____x/week	wksx____

Wrist/Hand

	Repetitions	Frequency	Duration
Active ROM	how many ____ time ____	____x/week	wksx____
Passive ROM	how many ____ time ____	____x/week	wksx____
Web Ex. ☐ Yellow ☐ Red ☐ Blue ☐ Black	how many ____ time ____	____x/week	wksx____
Putty Ex. ☐ Yellow ☐ Red ☐ Orange ☐ Blue ☐ Black	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/Pronation	how many ____ weight ____ time	____x/week	wksx____

	Repetitions	Frequency	Duration
Wrist Flexor Stregth	how many ____ weight ____ time	____x/week	wksx____
Wrist Extensor Stregth	how many ____ weight ____ time	____x/week	wksx____
Wrist Flexor Stretch	how many ____ time ____	____x/week	wksx____
Wrist Extension 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 Power Flexor	how many ____ time ____	____x/week	wksx____
E-Z Exercise Board	how many ____ time ____	____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____

Body Parts Exercises - Page 3

Patient's Name _____ Acc. # _____

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 ____ 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 ____ time	____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 ☐ Yellow ☐ Red ☐ Green ☐ 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 ____ time	____x/week	wksx____
Pro-Stretch	how many ____ time	____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 ____ time	____x/week	wksx____
Ball Exercises	how many ____ time	____x/week	wksx____

Knee

	Repetitions	Frequency	Duration
Active ROM	how many ____ time 8	2 x/week	wksx 6
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	2 x/week	wksx 6
Hamstring Isometric Exercise	how many ____ time	2 x/week	wksx 6
Vastus Medialis Resistive Exercise	how many ____ weight ____ time	2 x/week	wksx 6
SLR	how many ____ weight ____ time	2 x/week	wksx 6
SLR without wights	how many ____ time	2 x/week	wksx 6
Short Arc Quad with Weights	how many ____ weight ____ time	____x/week	wksx____
Short Arc Quad without Weights	how many ____ time	2 x/week	wksx 6
Wall Slides	how many ____ time	____x/week	wksx____
Ball Exercises	how many ____ time	2 x/week	wksx 6

Overall Exercises

	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 ____ time	____x/week	wksx____

Body Parts Exercises - Page 4

Patient's Name_____ Acc. #_____

Upper Extremity

	Set/Repetitions	Frequency	Duration
Chest Press/Row	set ____ rep.	___x/week	wksx___
Chest Fly/Back	set ____ rep.	___x/week	wksx___
One Arm Row/Press	set ____ rep.	___x/week	wksx___
Triceps Ext./Biceps Curl	set ____ rep.	___x/week	wksx___
Int./Ext. Rotation	set ____ rep.	___x/week	wksx___
Arm Circles	set ____ rep.	___x/week	wksx___
Upright Row/Lats	set ____ rep.	___x/week	wksx___
Lateral Deltoid Raise/Lats	set ____ rep.	___x/week	wksx___
Anter. Deltoid Raise/Lats	set ____ rep.	___x/week	wksx___
Shoulder Shrugs	set ____ rep.	___x/week	wksx___
	set ____ rep.	___x/week	wksx___
	set ____ rep.	___x/week	wksx___

Lower Extremity

	Repetitions	Frequency	Duration
Squats	set ____ rep.	___x/week	wksx___
Lunges	set ____ rep.	___x/week	wksx___
Hip Flexion/Extension	set ____ rep.	___x/week	wksx___
Hip Abduction/Adduction	set ____ rep.	___x/week	wksx___
Knee Flexion/Extension	set ____ rep.	___x/week	wksx___
Standing Leg Lifts	set ____ rep.	___x/week	wksx___
Lat./Ant. Step Ups	set ____ rep.	___x/week	wksx___
Plantar/Dorsiflexion	set ____ rep.	___x/week	wksx___
One Leg Balance	set ____ rep.	___x/week	wksx___

RPT Name: JNA HOCUTT, RPT License # PT 5300 Signature _____

☒ Visit was performed with the aid of a Qualified Interpreter.

Name of interpreter Lucia Contreras Company: Premium Interpreting, Inc.

Signature _____

Patient Signature _____