

Demo Physical Therapy

123 Test St, suite 3
Demo, LA, 85024-1144
P: (602)555-4879
F: (602)555-4880
www.webpt.com

FLWSHEET

Date: 02/23/2013 **Patient:** "Little", Corky **Start Date:** 03/27/2012
Physician: B. Baggins test, MD (9999999995) / B. Baggins test, MD (9999999995)
Diagnosis: 726.32: Lateral epicondylitis
Location: gym

Arm Raises

| Date | Weights/Sets/Reps | Minutes | SPO2 | HR | RR | Surface | Supervision |
|------------|-------------------|---------|------|----|----|---------|--------------------|
| 2013-02-23 | e/55 | | | | | | 1:1 w/Therapist ST |

4 Way Hip at Cable Column

| Date | Weights/Sets/Reps | Minutes | SPO2 | HR | RR | Surface | Supervision |
|------------|-------------------|---------|------|----|----|---------|--------------------|
| 2013-02-23 | e/e/5 | 5 | | | | | 1:1 w/Therapist ST |

Demo Physical Therapy

123 Test St, suite 3, email@email.com

Demo, LA 85024-1144

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Fax: (602)555-4880

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rere

Patient Name: "Little", Corky Jaysonx**Date of Birth:** 02/04/1945**Diagnosis:** 726.32: Lateral epicondylitis**Secondary Insurance Name:** Gieco**Date of Note:** 02/23/2013**Physician Name:** Baggins, Bilbo location test MD**Primary Insurance Name:** Self Pay

wrwer

Daily Note / Billing Sheet



Patient Name: "Little", Corky Jaysonx
Date of Birth: 02/04/1945
Referring Physician(s): Baggins, Bilbo location test MD /
 Baggins, Bilbo location test MD
Date of Original Eval: 03/27/2012
Treatment Diagnosis: 000.00: Unknown
Secondary Insurance Name: Gieco

Date of Daily Note: 01/23/2013
Injury/Onset Date/Change of Status Date: 11/16/2010
Diagnosis: 726.32: Lateral epicondylitis
Visit No.: 4
Primary Insurance Name: Self Pay

Subjective

History of Falls: No
Mental Status/Cognitive Function Appears Impaired? No

Objective

| CPT® Code | Untimed Codes | Units |
|-----------|--------------------------|-------|
| 97012 | Mechanical Traction | 1 |
| 90901 | Biofeedback Training | 1 |
| CPT® Code | Direct Timed Codes | Units |
| 97032 | E-Stim Manual | 1 |
| | See Flowsheet | |
| 97035 | Ultrasound/Phonophoresis | 1 |
| | See Flowsheet | |
| 97110 | Therapeutic Exercise | 1 |
| | See Flowsheet | |

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Assessment

Rehab Potential: Good

Plan

Instructions: Continue per Plan of Care

Certification of Medical Necessity: It will be understood that the treatment plan mentioned above is certified medically necessary by the documenting therapist and referring physician mentioned in this report. Unless the physician indicates otherwise through written correspondence with our office, all further referrals will act as certification of medical necessity on the treatment plan indicated above.

Thank you for this referral. If you have questions regarding this plan of care, please contact me at (602)555-4879. Please sign and return: Fax#: (602)555-4880

I certify the need for these services furnished under this plan of treatment and while under my care.

 Scottie L. Pippen
 License #4564
 Completed by Scottie L. Pippen on January 23, 2013 at 2:16 pm

 I have no revisions to the plan of care.

 Revise the plan of care as follows

 Physician Signature
 B. Baggins test, MD

Date: _____

Demo Physical Therapy

123 Test St
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Second clinic location

8842 W. Fake Street, suite 4
Chicago, IL, 00000-5263
P: (808)454-6546
F: (808)454-6879
www.demo-pt.com

FLWSHEET**Date:** 01/01/1970**Patient:** "Little", Corky**Start Date:** 03/27/2012**Physician:** B. Baggins test, MD (9999999995) / B. Baggins test, MD (9999999995)**Diagnosis:** 726.32: Lateral epicondylitis**Location:** gym**Arm Raises**

| Date | Weights/Sets/Reps | Minutes | SPO2 | HR | RR | Surface | Supervision |
|------------|-------------------|---------|------|----|----|---------|--------------------|
| 2012-12-28 | 3/4/5 | | | | | | 1:1 w/Therapist TS |

Treadmill

| Date | Weights/Sets/Reps | Minutes | SPO2 | HR | RR | Surface | Supervision |
|------------|-------------------|---------|------|----|----|---------|--------------------|
| 2012-12-28 | d/d | d | | | | | 1:1 w/Therapist TS |

(12/5) Bending

| Date | Weights/Sets/Reps | Minutes | SPO2 | HR | RR | Surface | Supervision |
|------------|-------------------|---------|------|----|----|---------|--------------------|
| 2012-12-28 | t4 | | | | | | 1:1 w/Therapist TS |

Shoulder Press

| Date | Weights/Sets/Reps | Minutes | SPO2 | HR | RR | Surface | Supervision |
|------------|-------------------|---------|------|----|----|---------|--------------------|
| 2012-12-28 | | 4 | | | | | 1:1 w/Therapist TS |

Kneeling

| Date | Weights/Sets/Reps | Minutes | SPO2 | HR | RR | Surface | Supervision |
|------------|-------------------|---------|------|----|----|---------|--------------------|
| 2012-12-28 | 3/3/3 | | | | | | 1:1 w/Therapist TS |

(1) Bending

| Date | Weights/Sets/Reps | Minutes | SPO2 | HR | RR | Surface | Supervision |
|------------|-------------------|---------|------|----|----|---------|--------------------|
| 2012-12-28 | 2/3/4 | | | 3 | 4 | | 1:1 w/Therapist TS |

(12/5) Bending

| Date | Weights/Sets/Reps | Minutes | SPO2 | HR | RR | Surface | Supervision |
|------------|-------------------|---------|------|----|----|---------|--------------------|
| 2012-12-28 | 2/3/4 | | | | | | 1:1 w/Therapist TS |

1, 2

| Date | Weights/Sets/Reps | Minutes | SPO2 | HR | RR | Surface | Supervision |
|------------|-------------------|---------|------|----|----|---------|--------------------|
| 2012-12-28 | 4/6/6 | | | | | | 1:1 w/Therapist TS |

Ambulation Training

| Date | Weights/Sets/Reps | Minutes | SPO2 | HR | RR | Surface | Supervision |
|------------|-------------------|---------|------|----|----|---------|--------------------|
| 2012-12-28 | 2/3 | | | | | | 1:1 w/Therapist TS |

Demo Physical Therapy

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**Daily Note /
Billing Sheet****Patient Name:** "Little", Corky**Date of Birth:** 02/04/2002**Referring Physician(s):** Brant, Horace MD / Blackwell, Patricia CRNP**Date of Original Eval:** 03/27/2012**Treatment Diagnosis:** 726.32: Lateral epicondylitis**Secondary Insurance Name:** Gieco**Date of Daily Note:** 08/07/2012**Injury/Onset Date/Change of Status Date:** 03/27/2012**Diagnosis:** 726.32: Lateral epicondylitis**Visit No.:** 15**Primary Insurance Name:** Allstate**Subjective****History of Falls:** No**Pain Scale: Worst: Best: Current:****Mental Status/Cognitive Function Appears Impaired?** No**Objective**

| CPT® Code | Untimed Codes | Units |
|-----------|--------------------------|-------|
| 97012 | Mechanical Traction | 1 |
| 90901 | Biofeedback Training | 1 |
| CPT® Code | Direct Timed Codes | Units |
| 97032 | E-Stim Manual | 1 |
| | See Flowsheet | |
| 97035 | Ultrasound/Phonophoresis | 1 |
| | See Flowsheet | |
| 97110 | Therapeutic Exercise | 1 |
| | See Flowsheet | |

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Assessment**Rehab Potential:** Good**Patient Problems:**

- patie

Short Term Goals:

1: (1 Visit) | 0% | patien |

Plan**Instructions:** Continue per Plan of Care

Scottie Pippen

License #4564

Completed by Scottie Pippen on August 7, 2012 at 2:03 pm

Patient Name: "Little", Corky
Date of Birth: 02/04/2002
Referring Physician(s): Brant, Horace MD / Blackwell, Patricia CRNP
Date of Original Eval: 03/27/2012
Treatment Diagnosis: 726.32: Lateral epicondylitis
Secondary Insurance Name: Gieco

Date of Daily Note: 08/05/2012
Injury/Onset Date/Change of Status Date: 03/27/2012
Diagnosis: 726.32: Lateral epicondylitis
Visit No.: 8
Primary Insurance Name: Allstate

Subjective

History of Falls: No
Pain Scale: Worst: Best: Current:
Mental Status/Cognitive Function Appears Impaired? No

Objective

| CPT® Code | Untimed Codes | Units |
|-----------|---|-------|
| 97012 | Mechanical Traction | 1 |
| 90901 | Biofeedback Training | 1 |
| CPT® Code | Direct Timed Codes | Units |
| 97032 | E-Stim Manual See Flowsheet | 1 |
| 97035 | Ultrasound/Phonophoresis See Flowsheet | 1 |
| 97110 | Therapeutic Exercise See Flowsheet | 1 |

C P T c o p y r i g h t 2 0 1 1 A m e r i c a n M e d i c a l A s s o c i a t i o n . A l l r i g h t s r e s e r v e d .

Assessment

Rehab Potential: Good
Patient Problems:
 - patie
Short Term Goals:
 1: (1 Visit) | 0% | patien |

Plan

Instructions: Continue per Plan of Care

Original Note Completed On: August 7, 2012 2:03pm
 Addendum Completed On: August 7, 2012 2:03pm

Demo Physical Therapy

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**Daily Note /
Billing Sheet****GENESIS**
Rehab Services

Patient Name: "Little", Cork y
Date of Birth: 02/04/2002
Referring Physician(s): Baggins, Bilbo MD
Surgery: (Date) 12/03/1977
Visit No.: 2

Date of Daily Note: 07/25/2012
Injury/Onset Date/Change of Status Date: 12/09 /2011
Diagnosis: 754.30: Congenital Dislocation Of Hip, Unilateral
Date of Original Eval: 12/09/2011
Treatment Diagnosis: 754.30: Congenital Dislocation Of Hip, Unilateral

Insurance Name: Blue Cross/Blue Shield (AZ)

Subjective

Treatment Side: N/A
History of Falls: No
Mental Status/Cognitive Function Appears Impaired? No

Assessment

Rehab Potential: Good

Plan

Instructions: Continue per Plan of Care

Scottie Pippen

License #4564

Completed by Scottie Pippen on July 25, 2012 at 1:09 pm

D emo Physical Therapy

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www.google.com



FLWSHEET

Date: 03/29/2012

Patient: "Little", Corky

Start Date: 03/26/2012

Physician: T. BERNARD, MD (9999999995) / J. E. BILLINGHURST, MD (1205008109)

Diagnosis: 726.32: Lateral epicondylitis

Location: GYM

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Daily Note / Billing Sheet

Patient Name: "Little", Corky
Date of Birth: 02/02/2008
Referring Physician(s): Blackwell, Patricia CRNP
Date of Original Evaluation: 03/28/2012
Treatment Diagnosis: 726.32: Lateral epicondylitis
Secondary Insurance Name: Geico

Date of Daily Note: 03/28/2012
Injury/Onset Date/Change of Status Date: 03/28/2012
Diagnosis: 726.32: Lateral epicondylitis
Visit Number: 6
Primary Insurance Name: Allstate

Subjective

Informant Providing History: Mother
History of Falls: No
Pain Scale: Worst: Best: Current:

Objective

| CPT® Code | Untimed Codes | Units |
|-----------|---|-------|
| 97012 | Mechanical Traction | 1 |
| 90901 | Biofeedback Training | 1 |
| CPT® Code | Direct Timed Codes | Units |
| 97032 | E-Stim Manual See Flowsheet | 1 |
| 97035 | Ultrasound/Phonophoresis See Flowsheet | 1 |
| 97110 | Therapeutic Exercise See Flowsheet | 1 |

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Assessment

Rehab Potential: Good
Patient Problems:
- patie
Short Term Goals:
1: (1 Visit) | 0% | patien |

Plan

Instructions: Continue per Plan of Care

Michael Scott, DPT, CSCS
License #AZ-68934
Completed by Michael Scott, DPT, CSCS on April 24, 2012 at 6:39 am

D emo Physical Therapy

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FLOWSHEET

Date: 03/27/2012

Patient: "Little", Corky

Start Date: 03/26/2012

Physician: T. BERNARD, MD (9999999995) / J. E. BILLINGHURST, MD (1205008109)

Diagnosis: 726.32: Lateral epicondylitis

Location: NEW

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 www.google.com

**FLWSHEET****Date:** 03/27/2012**Patient:** "Little", Corky**Start Date:** 03/26/2012**Physician:** T. BERNARD, MD (9999999999) / J. E. BILLINGHURST, MD (1205008109)**Diagnosis:** 726.32: Lateral epicondylitis**Location:** GYM**(12/5) Bending**

| Date | Weights/Sets/Reps | Minutes | SPO2 | HR | RR | Surface | Supervision |
|-------------------|-------------------|---------|------|----|----|---------|--------------------|
| 03/27/2012 | 2/3/4 | | | | | | 1:1 w/Therapist JM |
| 03/27/2012 | 2/3/4 | | | | | | 1:1 w/Therapist JM |
| 03/06/2012 | 6/6/6 | | | | | | 1:1 w/Therapist JM |
| Sum of minutes: 0 | | | | | | | |

1, 2

| Date | Weights/Sets/Reps | Minutes | SPO2 | HR | RR | Surface | Supervision |
|-------------------|-------------------|---------|------|----|----|---------|--------------------|
| 03/27/2012 | 4/6/6 | | | | | | 1:1 w/Therapist JM |
| 03/16/2012 | 3/6/7 | | | | | | 1:1 w/Therapist JM |
| 03/08/2012 | 4/5/6 | | | | | | 1:1 w/Therapist JM |
| Sum of minutes: 0 | | | | | | | |

Arm Raises

| Date | Weights/Sets/Reps | Minutes | SPO2 | HR | RR | Surface | Supervision |
|-------------------|-------------------|---------|------|----|----|---------|--------------------|
| 03/26/2012 | t/t/t | t | | | | | 1:1 w/Assistant TS |
| 03/26/2012 | t/t/t | t | | | | | 1:1 w/Assistant TS |
| 03/26/2012 | s | | | | | | 1:1 w/Assistant TS |
| 03/26/2012 | jj/5/jjj | jjj | | | | | 1:1 w/Assistant TS |
| 03/26/2012 | jj/5/jjj | jjj | | | | | 1:1 w/Assistant TS |
| 03/26/2012 | jj/5/jjj | jjj | | | | | 1:1 w/Assistant TS |
| 03/26/2012 | gdfgdfg/gdfgdf | | | | | | 1:1 w/Assistant TS |
| 03/26/2012 | gdfgdfg/gdfgdf | | | | | | 1:1 w/Assistant TS |
| 03/24/2012 | 3/100 | | | | | | 1:1 w/Assistant TS |
| 03/24/2012 | t/t/t | t | | | | | 1:1 w/Assistant TS |
| 08/04/2011 | 3/100 | | | | | | 1:1 w/Therapist GB |
| 10/25/2010 | 8 | 0 | | | | Floor | 1:1 w/Therapist TS |
| Sum of minutes: 0 | | | | | | | |

Treadmill

| Date | Weights/Sets/Reps | Minutes | SPO2 | HR | RR | Surface | Supervision |
|-------------------|-------------------|---------|------|----|----|---------|--------------------|
| 03/26/2012 | r | | | | | | 1:1 w/Assistant TS |
| 03/26/2012 | r | | | | | | 1:1 w/Assistant TS |
| 03/26/2012 | d/d | d | | | | | 1:1 w/Assistant TS |
| 03/24/2012 | r | | | | | | 1:1 w/Assistant TS |
| Sum of minutes: 0 | | | | | | | |

(12/5) Bending

| Date | Weights/Sets/Reps | Minutes | SPO2 | HR | RR | Surface | Supervision |
|------------|-------------------|---------|------|----|----|---------|--------------------|
| 03/26/2012 | t4 | | | | | | 1:1 w/Assistant TS |
| 03/26/2012 | t4 | | | | | | 1:1 w/Assistant TS |

Date: **2012-03-27**

Demo Physical Therapy

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**FLWSHEET**

| Date | Weights/Sets/Reps | Minutes | SPO2 | HR | RR | Surface | Supervision |
|--------------------|-------------------|---------|------|----|----|------------|--------------------|
| 03/24/2012 | 5/5/5 | 5 | | | | High Table | 1:1 w/Assistant TS |
| 03/24/2012 | t4 | | | | | | 1:1 w/Assistant TS |
| 06/02/2011 | 5/5/5 | 5 | | | | High Table | 1:1 w/Therapist TS |
| Sum of minutes: 10 | | | | | | | |

Shoulder Press

| Date | Weights/Sets/Reps | Minutes | SPO2 | HR | RR | Surface | Supervision |
|--------------------|-------------------|---------|------|----|----|---------|--------------------|
| 03/26/2012 | | 4 | | | | | 1:1 w/Assistant TS |
| 03/26/2012 | | 4 | | | | | 1:1 w/Assistant TS |
| 03/24/2012 | | 4 | | | | | 1:1 w/Assistant TS |
| Sum of minutes: 12 | | | | | | | |

Kneeling

| Date | Weights/Sets/Reps | Minutes | SPO2 | HR | RR | Surface | Supervision |
|------------|-------------------|---------|------|----|----|---------|--------------------|
| 03/14/2012 | 3/3/3 | | | | | | 1:1 w/Therapist JM |
| 03/09/2012 | 3/3/3 | | | | | | 1:1 w/Therapist JM |
| 03/07/2012 | 3/3/3 | | | | | | 1:1 w/Therapist JM |
| 03/05/2012 | 3/3/3 | | | | | | 1:1 w/Therapist JM |

Sum of minutes: 0

(1) Bending

| Date | Weights/Sets/Reps | Minutes | SPO2 | HR | RR | Surface | Supervision |
|------------|-------------------|---------|------|----|----|---------|--------------------|
| 03/07/2012 | 2/3/4 | | | 3 | 4 | | 1:1 w/Therapist JM |

Sum of minutes: 0

Ambulation Training

| Date | Weights/Sets/Reps | Minutes | SPO2 | HR | RR | Surface | Supervision |
|------------|-------------------|---------|------|----|----|---------|--------------------|
| 03/07/2012 | 2/3 | | | | | | 1:1 w/Therapist JM |
| 03/01/2012 | 2/3 | | | | | | 1:1 w/Therapist JM |

Sum of minutes: 0

Demo Physical Therapy

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**FLWSHEET****Date:** 03/27/2012**Patient:** "Little", Corky**Start Date:** 03/26/2012**Physician:** T. BERNARD, MD (9999999999) / J. E. BILLINGHURST, MD (1205008109)**Diagnosis:** 726.32: Lateral epicondylitis**Location:** GYM**Arm Raises**

| Date | Weights/Sets/Reps | Minutes | SPO2 | HR | RR | Surface | Supervision |
|------------|-------------------|---------|------|----|----|---------|--------------------|
| 03/26/2012 | t/t/t | t | | | | | 1:1 w/Assistant TS |
| 03/26/2012 | t/t/t | t | | | | | 1:1 w/Assistant TS |
| 03/26/2012 | s | | | | | | 1:1 w/Assistant TS |
| 03/26/2012 | jj/5/jjj | jjj | | | | | 1:1 w/Assistant TS |
| 03/26/2012 | jj/5/jjj | jjj | | | | | 1:1 w/Assistant TS |
| 03/26/2012 | jj/5/jjj | jjj | | | | | 1:1 w/Assistant TS |
| 03/26/2012 | gdfgdfg/gdfgdf | | | | | | 1:1 w/Assistant TS |
| 03/26/2012 | gdfgdfg/gdfgdf | | | | | | 1:1 w/Assistant TS |
| 03/24/2012 | 3/100 | | | | | | 1:1 w/Assistant TS |
| 03/24/2012 | t/t/t | t | | | | | 1:1 w/Assistant TS |

Sum of minutes: 0

Treadmill

| Date | Weights/Sets/Reps | Minutes | SPO2 | HR | RR | Surface | Supervision |
|------------|-------------------|---------|------|----|----|---------|--------------------|
| 03/26/2012 | r | | | | | | 1:1 w/Assistant TS |
| 03/26/2012 | r | | | | | | 1:1 w/Assistant TS |
| 03/26/2012 | d/d | d | | | | | 1:1 w/Assistant TS |
| 03/24/2012 | r | | | | | | 1:1 w/Assistant TS |

Sum of minutes: 0

(12/5) Bending

| Date | Weights/Sets/Reps | Minutes | SPO2 | HR | RR | Surface | Supervision |
|------------|-------------------|---------|------|----|----|------------|--------------------|
| 03/26/2012 | t4 | | | | | | 1:1 w/Assistant TS |
| 03/26/2012 | t4 | | | | | | 1:1 w/Assistant TS |
| 03/24/2012 | 5/5/5 | 5 | | | | High Table | 1:1 w/Assistant TS |
| 03/24/2012 | t4 | | | | | | 1:1 w/Assistant TS |

Sum of minutes: 5

Shoulder Press

| Date | Weights/Sets/Reps | Minutes | SPO2 | HR | RR | Surface | Supervision |
|------------|-------------------|---------|------|----|----|---------|--------------------|
| 03/26/2012 | | 4 | | | | | 1:1 w/Assistant TS |
| 03/26/2012 | | 4 | | | | | 1:1 w/Assistant TS |
| 03/24/2012 | | 4 | | | | | 1:1 w/Assistant TS |

Sum of minutes: 12



Patient Name: "Little", Corky
Date of Birth: 02/04/2002
Referring Physician(s): Blackwell, Patricia CRNP
Visit No.: 6

Date of Re-Examination: 03/27/2012
Injury/Onset Date/Change of Status Date: 03/27/2012
Diagnosis: 726.32: Lateral epicondylitis
Treatment Diagnosis: 726.32: Lateral epicondylitis

Subjective

Informant Providing History: Mother
Treatment Side: N/A
History of Falls: No
Pain Scale: Worst: Best: Current:

Objective

Range of Motion

| Shoulder AROM | Right | Left |
|------------------------|-------|------|
| Flexion | WNL | WNL |
| Scaption | WNL | WNL |
| Abduction | WNL | WNL |
| Extension | WNL | WNL |
| ER in Neutral Position | WNL | WNL |
| IR in Neutral Position | WNL | WNL |
| Horizontal Abduction | WNL | WNL |
| Horizontal Adduction | WNL | WNL |

| Shoulder PROM | Right | Left |
|--------------------------------|-------|------|
| Flexion | WNL | WNL |
| Scaption | WNL | WNL |
| Abduction | WNL | WNL |
| Extension | WNL | WNL |
| ER in Neutral Position | WNL | WNL |
| IR in Neutral Position | WNL | WNL |
| ER in Scapular Plane | WNL | WNL |
| IR in Scapular Plane | WNL | WNL |
| ER in 90 Degrees Abduction | WNL | WNL |
| IR in 90 Degrees Abduction | WNL | WNL |
| IR in Sleeper Stretch position | WNL | WNL |
| Horizontal Abduction | WNL | WNL |
| Horizontal Adduction | WNL | WNL |

Strength

Selective Tissue Tension Lower

Hip

| | Right | Left |
|-----------------------|---------------------|---------------------|
| Hip Flexion | Strong and Painless | Strong and Painless |
| Hip Adduction | Strong and Painless | Strong and Painless |
| Hip Abduction | Strong and Painless | Strong and Painless |
| Hip Extension | Strong and Painless | Strong and Painless |
| Hip Internal Rotation | Strong and Painless | Strong and Painless |
| Hip External Rotation | Strong and Painless | Strong and Painless |

Assessment

Rehab Potential: Good
Contraindications to Therapy: None
Patient Problems:

D emo Physical Therapy

123 Test St, Suite 3
Demo, AZ 85024-1144
Phone: (602)555-4879
Fax: (602)555-4880
www.google.com

Patient Name: "Little", Corky**Date of Birth:** 02/04/2002**Document Date:** 03 /27/2012

Physical Therapy Re-Examination

- patie

Short Term Goals:

1: (1 V isit) | 0% | patien |

Plan**Frequency:** 1 time visit only**Duration:** N/A**Plan:** Begin Plan as Outlined**Treatment to be provided:**

Certification of Medical Necessity: It will be understood that the treatment plan mentioned above is certified medically necessary by the documenting therapist and referring physician mentioned in this report. Unless the physician indicates otherwise through written correspondence with our office, all further referrals will act as certification of medical necessity on the treatment plan indicated above.

Thank you for this referral. If you have questions regarding this plan of care, please contact me at (602)555-4879. Please sign and return: Fax#: (602)555-4880



Scottie Pippen
License #4564

Completed by Scottie Pippen on June 20, 2012 at 12:13 pm

I certify the need for these services furnished under this plan of treatment and while under my care.

☐ I have no revisions to the plan of care.

☐ Revise the plan of care as follows _____

Physician Signature _____

P. Blackwell, CRNP

Date: _____

Patient Name: "Little", Corky
Date of Birth: 02/02/2008
Referring Physician(s): BERNARD, THOMAS MD / BILLINGHURST, JASON E. MD
Date of Original Eval: 01/26/2012
Treatment Diagnosis: 726.32: Lateral epicondylitis

Date of Progress Note: 03 /26/2012
Injury/Onset Date/Change of Status Date: 01/26/2012
Diagnosis: 726.32: Lateral epicondylitis

Visit No.: 1

Subjective

Informant Providing History: Mother
History of Falls: No

Assessment

Rehab Potential: Good

Patient Problems:

- patie

Short Term Goals:

[illegible]

Plan

Frequency: 1 time visit only

Duration: N/A

Treatment to be provided:

Certification of Medical Necessity: It will be understood that the treatment plan mentioned above is certified medically necessary by the documenting therapist and referring physician mentioned in this report. Unless the physician indicates otherwise through written correspondence with our office, all further referrals will act as certification of medical necessity on the treatment plan indicated above.

Thank you for this referral. If you have questions regarding this plan of care, please contact me at (602)555-4879. Please sign and return: Fax#: (602)555-4880

I certify the need for these services furnished under this plan of treatment and while under my care.

 I have no revisions to the plan of care.

Revise the plan of care as follows_____

Physician Signature _____

T. BERNARD, MD

Date:

See 2. Wormy D.P.T.

Tom Smith, ATC

License #4321-5

Completed by Tom Smith, ATC on March 26, 2012 at 2:15 pm

D emo Physical Therapy

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F: (602)555-4880
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**FLWSHEET****Date:** 03/24/2012**Patient:** "Little", Corky**Start Date:** 02/09/2012**Physician:** T. BERNARD, MD (9999999995) / J. E. BILLINGHURST, MD (1205008109)**Diagnosis:** 726.32: Lateral epicondylitis**Location:** GYM**A rm R aises**

| Date | Weights/Sets/Reps | Minutes | SPO2 | HR | RR | Surface | Supervision |
|------------|-------------------|---------|------|----|----|---------|--------------------|
| 03/24/2012 | 3/100 | | | | | | 1:1 w/Assistant TS |
| 03/24/2012 | t/t/t | t | | | | | 1:1 w/Assistant TS |

T readm ill

| Date | Weights/Sets/Reps | Minutes | SPO2 | HR | RR | Surface | Supervision |
|------------|-------------------|---------|------|----|----|---------|--------------------|
| 03/24/2012 | r | | | | | | 1:1 w/Assistant TS |

(12/5) Bending

| Date | Weights/Sets/Reps | Minutes | SPO2 | HR | RR | Surface | Supervision |
|------------|-------------------|---------|------|----|----|------------|--------------------|
| 03/24/2012 | 5/5/5 | 5 | | | | High Table | 1:1 w/Assistant TS |
| 03/24/2012 | t4 | | | | | | 1:1 w/Assistant TS |

Shoulder Press

| Date | Weights/Sets/Reps | Minutes | SPO2 | HR | RR | Surface | Supervision |
|------------|-------------------|---------|------|----|----|---------|--------------------|
| 03/24/2012 | | 4 | | | | | 1:1 w/Assistant TS |

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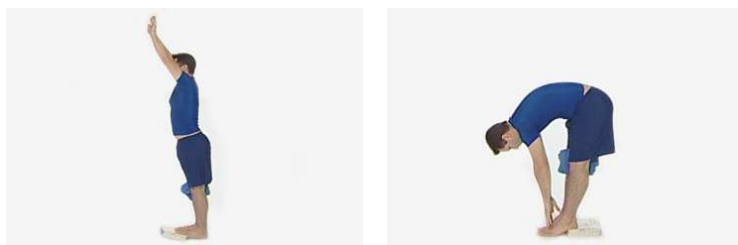


1. Ankle: AROM Seated Dorsiflexion (with or without weight)



- Sit tall in a chair facing forward with your feet slightly apart and flat on the ground.
- Keeping your heels on the ground, lift your forefoot and toes up as high as you can.
- Return to initial position and repeat.
- PROGRESSION: Repeat with a weight above your foot.

2. Lower Extremity: Standing Active Hamstring Stretch



- Stand with your heels placed on a small step, feet together and squeeze a towel between your knees.
- Reach your arms above your head, bend over and touch your toes.
- Return to starting position and repeat.

3. Ankle: Active Circumduction



- Start seated in a chair with your leg elevated and your ankle unsupported.
- Move the ankle in a circular motion.
- Begin in a clockwise direction.
- Repeat in a counter clockwise direction.

4. Ankle: AROM Plantar Flexion



- Lie on your back or sit tall on the floor with your leg fully extended.
- Without bending your knee, move your forefoot down (point your toes) as far as you can and then bring your forefoot back up towards your knee as far as you can.
- Repeat as prescribed.

5. Ankle: Active Ankle Dorsiflexion with Inversion



- In long sitting pull your foot towards you and turn to the inside.
- Return to starting position and repeat.

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Home Exercise Program



GENESIS

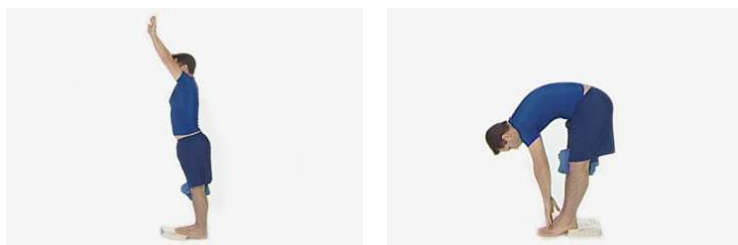
Rehab Services

1. Ankle: AROM Seated Dorsiflexion (with or without weight)



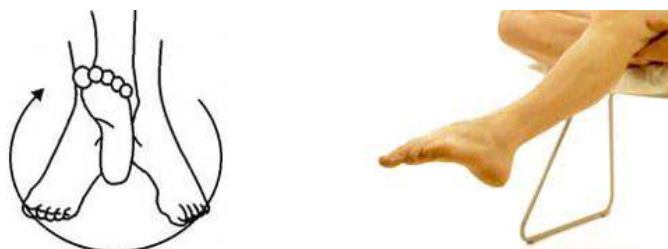
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Home Exercise Program



GENESIS

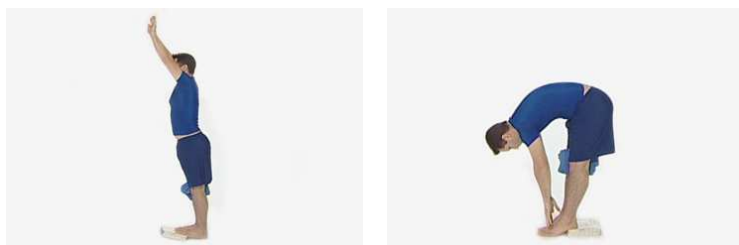
Rehab Services

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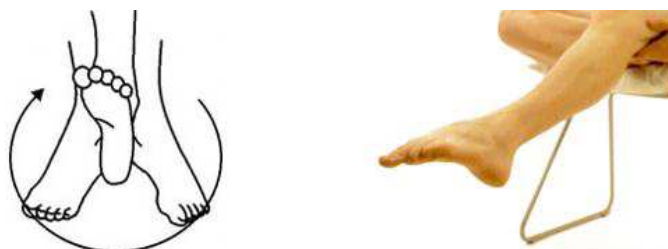
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5. Ankle: Active Ankle Dorsiflexion with Inversion



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www.webpt.com

Home Exercise Program

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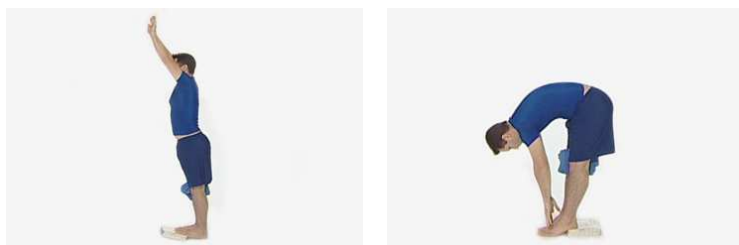
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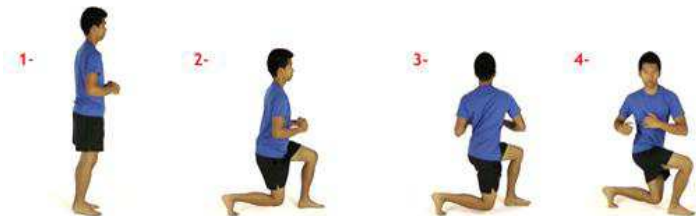
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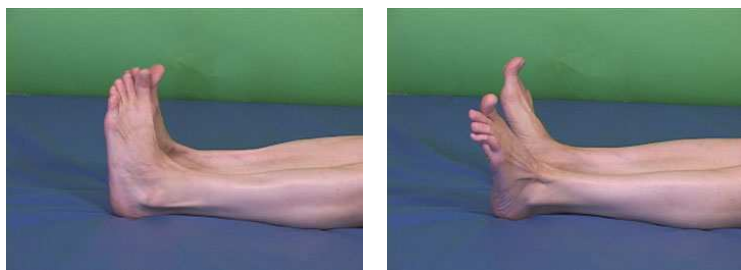
Home Exercise Program

6. Lower Extremity: Backward Walking Lunge with Trunk Rotation



- With your feet shoulder width apart take a step backward.
- Lower your body by bending the knees to 90 degrees without touching the floor with you back knee.
- Keep front knee in line with toes and do not let knee move inward or outward.
- Just before the knee touches the ground, rotate upper body over the front leg.
- Rotate body back to starting position.
- With front leg, push upwards to return to starting position.
- Take another step backward with opposite foot and perform the same movement.

7. Ankle: AROM Inversion/Eversion



- Lie on your back or sit tall on the floor with your feet comfortably apart.
- With out turning your knee in, bring both feet diagonally up and in (big toes towards each other).
- With out turning your knee out, bring both feet diagonally up and out (big toes away from each other).
- Repeat as prescribed.

8. Knee: Lying AROM Knee Bend/Knee Flexion



- Lie face down on a mat with your legs straight.
- Tighten your abdominal muscles by pulling your belly button towards your spine and hold the contraction.
- Bend your knee towards your buttock.
- Return to starting position and repeat.