

**United Therapy Centers
Physical Therapy Evaluation**

Patient Name: ELVA TEST

Account Number: 44279

Date: 07/31/2008

Accident Date: 01/01/2009

Diagnosis: lower back sprain

Occupation: basketball coach

Relevant History: Pt. is a 30 y/o male/female who complains of trouble bending and lifting

Relevant Medical History: non-contributory non-c

Medications: OTC PAIN MEDICATIONS

Medical Tests:

| Test | Result |
|----------------------------------|-------------------------------|
| <input type="checkbox"/> MRI | no fractures or disc problems |
| <input type="checkbox"/> X-Ray | non-contributory |
| <input type="checkbox"/> CT-Scan | CT-Sc |
| <input type="checkbox"/> EMG | EMGSc |
| <input type="checkbox"/> Other | Other |

SUBJECTIVE: Patient's chief complaint is pain at a 5/10 level in 3 MON
Pain is increased by: movement Decreased by: heat, rest

| | |
|---|---|
| <input type="checkbox"/> Weakness Weakn | <input type="checkbox"/> Numbness NumbrNumb |
| <input type="checkbox"/> Other Other ther | |

Patient also has difficulty with the following ADLs:

| | | |
|---|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Bathing | <input type="checkbox"/> Housework |
| <input type="checkbox"/> Sitting for extended time | <input type="checkbox"/> Hygiene | <input type="checkbox"/> Vacuum |
| <input type="checkbox"/> Standing for extended time | <input type="checkbox"/> Hair | <input type="checkbox"/> Lifting |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Bending | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Running | <input type="checkbox"/> Cooking | |
| <input type="checkbox"/> Other Other | <input type="checkbox"/> Dishes | |

OBJECTIVE: Appearance:

(+/-)

| | | |
|---|------------|-------|
| + | Spasm | Spasm |
| - | Asymmetry | symm |
| - | Edema | Edema |
| - | Ecchymosis | Ecchy |
| - | Wasting | Wasti |
| | Other | Other |

Gait: Normal Gait Pattern, Decreased Stance Time on Right/Left,
Decreased Stride Length on Right/Left, Circumduction on right/left,
Other Other

Balance: good

XFERS: ERS

Palpation: Tender in: L3-L5

Spasm in: L3-L5

Other: her

Patient Name: ELVA TEST Date: 07/31/2008

ROM: Cervical Flexion 30, ext 30, Rrot 40, Lrot 40, R late flex 30, L lat flex 30

Lumbar Flexion Flex, ext, ext, R lat flex, R l, L lat flex, L l

L l Flexion Flex, ext, ext, abd, abd, add, add, Int rot, Int, ext rot, ext, plantar fl, plan, dorsi fl, dor, inversion, inv, eversion, eve, pronation, prona, supination, sup, radial dev, rad, ulnar dev, uln

, uln Flexion Flex, ext, ext, abd, abd, add, add, Int rot, Int, ext rot, ext, plantar fl, plan, dorsi fl, dor, inversion, inv, eversion, eve, pronation, prona, supination, sup, radial dev, rad, ulnar dev, uln

, uln Flexion Flex, ext, ext, abd, abd, add, add, Int rot, Int, ext rot, ext, plantar fl, plan, dorsi fl, dor, inversion, inv, eversion, eve, pronation, prona, supination, sup, radial dev, rad, ulnar dev, uln

Strength Deficit: tren

Sensation: No C/O, Paraesthesia, Numbness: Numbn

Reflex: fle

Special Test:

+/- +/-

Table with 2 columns and 7 rows listing various physical therapy tests such as Cervical Compression, SLR, Sacroiliac Compression, McMurray Test, Ligament Stability, Sitting Root Test, LaSegue, Sacroiliac Distraction, Cruciate Draw Test, and Tinel's Sign.

Assessment: Pain in: Pain ed ROM ed RO

ed Strength 30% ed Sensation ed Se

Other Other

STG

LTG

Table with 2 columns and 5 rows listing goals for Short Term Goals (STG) and Long Term Goals (LTG), such as 'Increase ROM in: Incre by b%' and 'Improve gait/balance: Impro'.

Plan: Modalities PRN including (Heat/cold Pack, Infrared, Electric Stimulation, Therapeutic Ultrasound, Cervical Traction, Lumbar Traction, Whirlpool, Paraffin, Phonophoresis, Massage, Manual Therapy, Therapeutic Exercise to increase strength and flexibility, Therapeutic activities to improve functional ability, Patient Education, PNF Techniques, OTHER OTHER

Physical Therapist Signature: Physi