

TEST PHYSICAL THERAPY OFFICE

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Physical Therapy Evaluation (12/05/10)

Patient: John Doe **Referring Physician:** Pete Hamstring, MD
Sex: m **CC Physician:**
DOB: 01/02/23 **DOI:** 11/20/10
Case Description: NF Leg **DO Surgery:** 11/20/10
 V57.1 CARE INVOLVING OTHER
Diagnosis: PHYSICAL THERAPY **Surgery Type:**
 821.01 FRACTURE OF SHAFT OF FEMUR
 CLOSED **Occupation:** Computer
Precautions: WBAT
PMHx / Mental Status: HTN, DM
 Reports while driving was involved in a motor vehicle accident. Transported to hospital by ambulance from scene.
Subjective: Surgery performed on 11/20/10. Currently reports post operative pain and swelling. Difficulty walking distance due to pain. Also reports inability to bend or straighten left knee.
Ambulation: Antalgic. Poor heel strike on left.
Device: Crutches **Pain: Rest:** 3/10 **Activity:** 8/10
Level: Independent **Blood Pressure:** 120/75

Tenderness						
Location: Incision site	<table border="1"> <tr> <td><input type="checkbox"/> Absent</td> <td><input type="checkbox"/> +1 Mild</td> <td><input checked="" type="checkbox"/> +2 Moderate</td> <td><input type="checkbox"/> +3 Considerable</td> <td><input type="checkbox"/> +4 Severe</td> </tr> </table>	<input type="checkbox"/> Absent	<input type="checkbox"/> +1 Mild	<input checked="" type="checkbox"/> +2 Moderate	<input type="checkbox"/> +3 Considerable	<input type="checkbox"/> +4 Severe
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Location: Left medial knee joint line	<table border="1"> <tr> <td><input type="checkbox"/> Absent</td> <td><input type="checkbox"/> +1 Mild</td> <td><input checked="" type="checkbox"/> +2 Moderate</td> <td><input type="checkbox"/> +3 Considerable</td> <td><input type="checkbox"/> +4 Severe</td> </tr> </table>	<input type="checkbox"/> Absent	<input type="checkbox"/> +1 Mild	<input checked="" type="checkbox"/> +2 Moderate	<input type="checkbox"/> +3 Considerable	<input type="checkbox"/> +4 Severe
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Balance		
	Static	Dynamic
Standing	Fair	Fair
Sitting	Normal	Normal

HIP	AROM				PROM				END FEEL				MANUAL MUSCLE STRENGTH (0-5)				Pain Quality			
	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R
Flexion	85	120	L	R	L	R	L	R	L	R	3-	5	L	R	Sharp	Absent				
Extension	10	30	L	R	L	R	L	R	L	R	3-	5	L	R	Dull	Absent				
Abduction	15	40	L	R	L	R	L	R	L	R	2+	5	L	R	Dull	Absent				

Reflexes	L	R
BICEPS BRACHII C5:	+2	+2
BRACHIORADIALIS C6:	+2	+2
TRICEPS C7:	+2	+2
QUADRICEPS L4:	+2	+2
GASTROCNEMII S1:	+2	+2

Notes:

KNEE	AROM				PROM				END FEEL				MANUAL MUSCLE STRENGTH (0-5)				Pain Quality			
	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R
Flexion	95	135	L	R	105	140	L	R	Empty	Normal	L	R	3+	5	L	R	Sharp	Absent		
Extension	10	0	L	R	5	0	L	R	Capsular	Normal	L	R	3-	5	L	R	Sharp	Absent		

Notes:

Transfers & Bed Mobility	Sit to Stand	Toilet	Bathtub	Supine-Sit	Rolling
Levels	Independent	Independent	Independent	Independent	Independent
Notes	Shower chair				

Special Test	Additional Information
None at this time.	
Assessment/Prognosis	Treatment
Expect improved ROM gains at hip and knee.	AROM/ AAROM, HEAT/ COLD, BALANCE, PROM, GAIT, STRENGTHENING, E-STIMULATION, STRETCHING, BICYCLE, JOINT MOBS, MANIPULATION, MYOFASCIAL/MASSAGE, HOME EXERCISE, FREQUENCY—3 x wk, DURATION—60 Days

Goals	
Short Term Goal/s: (4 WKS)	1.Improve Left knee flexion to 115 degrees 2.Restore full active knee ext to neutral. 3.Amb 150 ft with single crutch with less than 3/10 pain.
Long Term Goal/s: (8 WKS)	1.Ambulate 500 ft without assistive devices. 2.Improve knee flexion to 130 degrees on left. 3.Single leg stance on left greater than 5 seconds.

X **John Smith, PT** **2010-12-05**
 Physical Therapist Date
 Electronically Signed. Provider ID: 12345678