Planetrehab Rehabilitation
3 Petroleum Center
1001 W. Pinhook
Lafayette, LA 70503
800-982-5447
888-648-1554 (fax)

DAILY TREATMENT NOTE

Date of Visit: 2/16/2010
Patient Code: PPT00001
Patient: Lawrence Tierney
Physician: Dr. Sara Sitardites, MD
Primary Diagnosis: 726.2 Other affections of shoulder region

DOB: 8/7/1950 **Age**: 59
Date of Onset: 10/16/2009
Number of Visits to Date: 3
Number of Missed Visits to Date: 0

Time Treatment Started: 3:03 PM **Time Treatment Ended:** 3:59 PM **Total Treatment Time:** 56 minutes

I. SUBJECTIVE COMPLAINT:
Lawrence Tierney is a 59 year old Male and presents with complaints of Right Shoulder Pain. Patient complains of shoulder pain daily. Last treatment helped. Patient requests continued PT.

II. TREATMENT REPORT:
The clinician utilized hands on techniques to provide strengthening, ROM, stretching and synergistic movement patterns to joint and muscle groups. Exercises were performed in open and closed kinetic chain and were specifically catered to target the patient's deficient areas. The clinician also utilized combined movement patterns to return patient to their former function level in ADL's and other activities. TOTAL TIME FOR THERAPUTIC EXERCISE: minimum of 15 minutes. The clinician applied specific manual techniques to improve the mobility of both joints and tissue. This may include joint mobilization, oscillation and passive stretching to enhance range of movement, transverse friction massage to reduce scar tissue, effleurage to decrease edema in a joint or limb, proprioceptive neuromuscular facilitation (PNF) to restore normal movement patterns. TOTAL TIME FOR MANUAL THERAPY: minimum of 41 minutes.

III. ASSESSMENT/SUMMARY:
The patient tolerated today's treatment well. Pain lessened to 7/10. Mobility improved. Functional ability improved. The patient still suffers continued shoulder pain.

IV. TREATMENT PLAN:
Continue manual therapy, PRN modality treatment, clinical gym strengthening and progressive home exercise and self-care training.

Submitted by the treating clinician.

_____**Date:** 2/16/2010
Therapist's Signature - Joe Davola PT