Planetrehab Rehabilitation
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SHOULDER EVALUATION

Date: 2/10/2010
Patient Code: PPT00001
Patient: Lawrence Tierney
Physician: Dr. Sara Sitardites, MD
Primary Diagnosis: 726.2 Other affections of shoulder region

Precautions: NONE
DOB: 8/7/1950 **Age**: 59
Date of Initial Eval: 2/10/2010
Date Plan Established: 2/10/10

Time Treatment Started: 1:01 PM **Time Treatment Ended:** 2:05 PM **Total Treatment Time:** 64 minutes

History: Patient is a 59 year old Male who is in good health. **Past Medical History:** Non-Significant. **Current Medication:** NSAIDS, pain medications. **Chief Complaint At This Time:** Right Shoulder Pain. **Symptoms are relieved by** Rest and ADL's that don't involve overhead activities **and made worse by** activities above shoulder level with lifting and sleeping on shoulder. **Prior Function Level**: Excellent.

Treatment Report: The clinician performed a comprehensive evaluation in order to gather information, data from measurements and identify significant clinical findings. From this information, a complete plan of care is established. The clinician used electrical stimulation to decrease pain, and/or reduce swelling, and/or increase circulation, and/or treat nerve injury, and/or assist in muscle reeducation. Electrodes were used and placed with the parameters of the current set and monitored by the therapist throughout the session of 15 minutes. 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 36 minutes.

Significant Clinical Findings:
Pain Level: 6/10
Observation: right shoulder is elevated and anteriorly rotated
Functional Activity Level: Good
Gait: WFL

AROM	RIGHT	LEFT	PROM	RIGHT	LEFT	MMT	RIGHT	LEFT
Extension	15°	25°	Extension	°	°	Extension	4/5	5/5
Flexion	155°	180°	Flexion	°	°	Flexion	4/5	5/5
IR	75°	90°	IR	°	°	IR	5/5	5/5
ER	70°	90°	ER	°	°	ER	4/5	5/5
Abduction	145°	180°	Abduction	°	°	Abduction	4/5	5/5
Adduction	°	°	Adduction	°	°	Adduction	5/5	5/5
Horizontal Abduction	90°	90°	Horizontal Abduction	°	°	Horizontal Abduction	/5	/5
Horizontal Adduction	60°	80°	Horizontal Adduction	°	°	Horizontal Adduction	/5	/5

PALPATION	RIGHT	LEFT
Supraspinatus	+ttp	-
Infraspinatus	+ttp	-
Teres Minor	+ttp	-
Subdeltoid	-	-
SC joint	-	-
AC joint	+ttp	-
Clavicle	-	-
Subscapularis	+ttp	-
Biceps	-	-
Pectorals	-	-
Other:		

SPECIAL TESTS	RIGHT	LEFT
Impingement (int rot and flex)	+	-
Drop arm (rotator cuff)	-	-
Yergason's (bicep tendon instability)	-	-
Apprehension	+	-
TOS (Adson's)	-	-
Capsular pattern	-	-
Painful arc	+	-

Grip Strength	Good	Good

Problem List

1. Decreased ROM
2. Decreased Strength
3. Decreased Function
4. Pain
5. Difficulty walking
6. Functional limitation

Plan of Care: I plan to treat the patient with

() Balance/Proprioception Training
(x) Electrical Stimulation
() Gait Training
(x) Home Program
(x) Hot/Cold Pack
(x) Iontophoresis
(x) Joint Mobilization
(x) Neuromuscular re-ed
(x) Patient Education
(x) Soft tissue mobilization
() Taping
(x) Therapeutic Activity
(x) Therapeutic Exercise
() Traction
(x) Ultrasound
Other: ()

Short Term Goals to be met in 3 weeks weeks:

1. Increase ROM by 25%
2. Increased strength by 1/3 muscle grade
3. Decrease Pain/pain score improvement by 10%
4. Improve Neuro-Motor control
5. Patient stated goal
6. Other

Long Term Goals to be met in 6 weeks weeks:

1. ROM WFL
2. Strength WNL
3. Eliminate Pain
4. Return to active Sport or ADL without Pain
5. Patient stated goal
6. Other

Frequency: 3 X per week
Duration: 4 weeks
Rehabilitation Potential: GOOD

Patient is aware of Diagnosis and Prognosis: YES
Goals and plans discussed with patient: YES
Questions answered: YES

I certify that I have examined this patient and physical therapy is medically necessary. The services will be provided while the patient is under my care. The plan established will be renewed every thirty days or more often if the patient's condition requires it.

_____**Date:** 2/10/2010
Therapist's Signature - Lloyd L Braun MPT

As the treating physician, I have reviewed this plan of care for my patient and hereby sign in agreement. Therapy is necessary on an outpatient basis and these services will be provided while the patient is under my care. The above plan of care is established and will be reviewed every 30 days. This signature serves as a prescription confirmation. I have included specific additional instructions or modifications as warranted on the lines below:

_____

_____

_____

_____Date: _____
Physician Signature - Dr. Sara Sitardites, MD