

MEDICAL HISTORY

A. _____ **Rehabilitation;** _____

1. Physical Therapy

a. **Date(s):** 08/01/07-08/23/07 for a total of 2 visits

Reason for visits: Recurrent low back pain

Assessment:

- Was bending over to pick something up and felt immediate pain
- L1-L5 hypomobile; painful
- Decreased range of motion and acute muscle spasms

Therapy Course:

- Received therapy to address core weakness, decrease spasm, improve function, increase range of motion and teach home exercise program
- Still has pain with bending
- Able to perform exercises without pain
- Able to independently control back pain with a home exercise program

Recommendations/Plan:

- Discharged from therapy

b. **Date(s):** 09/05/07-10/29/07 for a total of 15 visits

Reason for visits: Left knee pain

Assessment:

- Loss of motion/stiffness in back of knee
- Unable to make quick movements or quick changes in direction
- Able to walk ½ mile; no limp
- History of left knee medial menisectomy and old ACL tear in 2005/2006
- Reported leg weakness, poor aerobic conditioning and pain limit his ability to participate in tennis
- Can climb a flight of stairs unrestricted; walk ½ mile

Therapy Course:

- Received therapy to improve function, increase strength, increase range of motion and teach home exercise program
- Improved flexibility, strength and cardiovascular endurance
- Continues with quad weakness and shortness of breath ascending two flights of stairs
- Able to walk 45 minutes before he needs to rest

Recommendations/Plan:

- Discharged from therapy; continue home program