PHYSICAL THERAPY ASSOCIATES OF TEXAS



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Patient Name: Raymond Weiss Patient DOB: 01-01-1959

Patient Sex: Male

Visit Date: 03-07-2016 Date of Accident: 03-02-2016

Visit Type: Re-Eval

Accident Details Visit: follow up Status: improving Date: 03/02/2016

Brief Description of Accident: Driving in center lane on North Dallas Pkwy, patient was hit on the rear passenger side of his car. He felt such a big impact that he thought he was rear-ended. He felt his body was "whiplashed". He noted instant pain in his left knee followed by headaches while he was waiting for the police. Pain started to get much worse next day.

Driving conditions: dry

Patient location in vehicle: driver Patient wearing a seat-belt: yes

Did airbags deploy: yes Area of Impact: Front

Did Patient see accident about to occur: yes

Did patient brace for impact: yes Was The Patient Car Moving: yes

How fast: 45 mph

Was the other vehicle moving: ves

Head position at time of impact: Looking straight Did patient hit body parts on auto: Left knee Did patient had a pre-existing complaint: no Has patient been in accident before: no

Did patient go to the hospital or urgent care: yes Did patient suffer any cuts, scrapes, or bruises: no

Were x-rays taken: yes

Is patient working at current time: yes

Subjective

Knee Pain

Patient presents with Knee Pain. -Left side

Onset: sudden.

On a scale of 1 to 10, with 10 being the worst pain, the patient rates it as 5.

Aggravating Factors: standing.

Alleviating factors: analgesic medications, heat, lying down and muscle relaxers.

Associated symptoms are loss of motion and loss of strength.

MEDICAL HISTORY: Patient has a history of no medical symptoms.

FAMILY HISTORY: Father has history of alzheimer's disease. Mother has history of epilepsy.

SOCIAL HISTORY: Alcohol consumption is social. Patient is current every day smoker. Smoking 2 pack/day.

Patient works as school teacher.

SURGICAL HISTORY: Patient has no significant past surgical history.

ROS

Constitutional no constitutional symptoms

Musculoskeletal no musculoskeletal symptoms except the ones noted above.

Respiratory no respiratory symptoms

CVS no CVS symptoms

Endocrine no endocrine symptoms

GI no GIT symptoms

GU no GU symptoms

Neurological no neurological symptoms **Psychiatric** no psychiatric symptoms

Skin no skin symptoms

Objective

Height is 70 inches. Weight is 175 lbs.

BMI: 25.11.

Patient is alert and oriented X3.

Cervical ROM:

Flexion (0-50): no pain. Extension (0-60): no pain. Lt Lat Flexion (0-45): no pain. Rt Lat Flexion (0-45): no pain. Lt Rotation (0-80): no pain. Rt Rotation (0-80): no pain.

Lumbopelvic ROM:

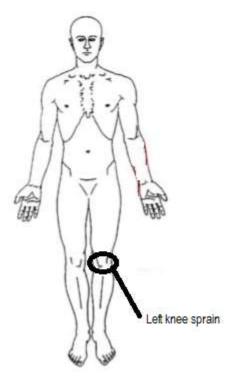
Flexion (0-90): no pain Extension (0-25): no pain Lt Lat Flexion (0-25): normal Rt Lat Flexion (0-25): normal

Lt Rotation: normal Rt Rotation: normal

Extremity Examination:

Knee

Flexion (0-110): no pain. Extension (0): no pain



Knee ortho tests: Abduction Stress: left. Lachmans: left. Adduction Stress: left. McMurray: left. Apleys Compression: left. Apley Distraction: left. Patella Ballottemen: left. Patella Grinding: left. Valgus Stress: left.

Varus Stress: left

Dermatomes C5-T1:

Lt C5: normal. Rt C5: normal. Lt C6: normal. Rt C6: normal. Lt C7: normal. Rt C7: normal. Lt C8: normal. Rt C8: normal. Lt T1: normal. Rt T1: normal.

Dermatomes L3-S1:

Lt L3: normal. Rt L3: normal. Lt L4: normal. Rt L4: normal. Lt L5: normal. Rt L5: normal. Lt S1: normal. Rt S1: normal.

Reflexs C5 C6 C7:

Lt C5 Biceps: 2+ Active. Rt C5 Biceps: 2+ Active.

Lt C6 Brachioradialis: 2+ Active. Rt C6 Brachioradialis: 2+ Active.

Lt C7 Triceps: 2+ Active. Rt C7 Triceps: 2+ Active.

Reflexes L4 S1:

Lt L4 Patellar: 1+ Sluggish. Rt L4 Patellar: 1+ Sluggish. Lt S1 Achilles: 1+ Sluggish. Rt S1 Achilles: 1+ Sluggish.

Gait: Normal. Antalgia: Normal.

Assessment

Pain In Unspecified Knee (M25.569) Left knee Person Injured In Unsp Motor-Vehicle Acc, Traffic, Sequela (V89.2XXS) Sprain Of Unsp Cruciate Ligament Of Unsp Knee, Sequela (S83.509S) Left knee

Plan

Hot/Cold Therapeutic Exercise Strength/Stabilizer Therapeutic Massage Mobilization

Short Term Goals (In 4 weeks): Decrease pain by 50%, Decrease spasm, Decrease radicular pain, numbness & tingling, Decrease inflammation, Increase ROM by 10 degrees, Improve saftey awareness, Increase strength by 2 grades, Improve gait, Improve posture, Improve balance, Independence w/HEP and Pain free ADL & IADL

Long Term Goals: Return to independence w/ADL & IADL, Increase ROM to affected body parts w/full function potential, Perform ADL & IADL without pain or difficulty, Demonstrate independence in HEP and Increase strength to affected body parts to full

2 office visits per week for 2 weeks. Re-evaluate in 3 weeks.

Prognosis: Good/Progressing

Decrease pain by 100. Increase ROM by 100.

Work Status: Patient needs ability to take breaks when necessary due to pain

Procedure

Therapeutic Massage
Gait Training
Functional Activity
Mobilization
Mechanical Traction
Hot/Cold
Therapeutic Exercise
Strength/Stabilizer
Neuromuscular Reeducation

The visit was electronically signed off by Kristen Lager, PT on 03/07/2016 10:44:57 PM