

Document info

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Performed by: Irvin Haak
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SIJ Evaluation 1x visit

Patient: OTTO SNOW

Patient: SNOW, OTTO MRN: [REDACTED] FIN: 210240644
Age: 58 years Sex: Male DOB: [REDACTED]
Author: Haak PT, Irvin S.

Basic Information

Referring Physician: Dorsher MD, Peter T.
Diagnosis: Pain Sacroiliac (ICD9 724.6, Billing Diagnosis, Medical).
Diagnosis for therapy: Decrease functional use of lower extremity, Decreased strength, Pain.
Onset date: Several years, 6 years.
Complicating factors: Multiple conditions, previous hernia repair .

Subjective

Saw Dr. Dorsher in Oct 2013 and reviewed his notes today, patient was seen by Dr. Dorsher this week and notes are not available at this time. Since seeing Dr. Dorsher in Oct 2013 the ant hip and thigh pain resolved after SIJ mobilization and has seen a number of therapists working on hip/core strengthening. Has had chiropractic manipulation over time and describes self manipulating his right SIJ every morning leaning to the right side and bending to the side. Currently his pain is minimal 2/10 in right buttock. Has questions about strengthening and is here from the Tampa, FL area. .

Pain Assessment

Visual analog scale: 2 out of 10.
right buttock LB/SIJ.

Patient Goals

Reduced pain.
Return to highest level of independence.
Return to prior functional level.
Increase strength.

Objective

Prior level of function

Independent.

Current level of function

Modified independent with activities of daily living.

Range of motion

Hip internal rotation limited on the right affected lower extremity 15 degrees.

Strength

Hip abduction strength 4-/ 5 on right, ,5/5 on left, right hip ER/IR 4/5, left hip IR 4/5 with pain /cramping.

abdominal strength 4/5.

Special tests

SLR negative, standing FB test negative, pelvic alignment symmetrical .

Balance: Within normal limits.

Treatment

Manual therapy x 10 minutes for soft tissue mobilization to the psoas and iliotibial tibial band, manual stretching for the hip internal and external rotation. Hip mobilization for inferior and lateral glides. Sidelying hip flexor stretch. intermittent long-leg distraction and logrolling technique.

Ther Ex x 25 minutes: Abdominal bracing, abdominal bracing with marching, leg lowering 30 x, supine hip abduction with mini band around knees unilaterally x 20, side lying clams with mini band around knees 20 repetitions each. planks on ball stirring the pot, side planks 30 sec x 3, crab walking, monster walking 50ftx2, standing hip extension with black miniband at ankles 10 x2 each. bridging with knee extension x10x2.

reviewed all exercises that he is performing and modified as indicated.

Patient education: Body mechanics / posture principles, Activities of daily living modifications.

Assessment**Clinical Impression/Assessment**

patient presents with right buttock pain and history of SIJ dysfunction hip and core weakness and should benefit from core/hip/pelvic girdle strengthening and stabilization. .

Rehab Potential

Good.

Short Term Goals

One Time Visit Goals: Patient/caregiver demonstrated ability to perform home exercise program in 1 visit for improved performance of activities of daily living.

Long Term Goals

To improve ability to perform home management activities (e.g. housecleaning, cooking, yardwork).

To improve ability to perform work, education, leisure activities.

Plan

Frequency and Duration: 2 times per week, 2 weeks.

Interventions Planned: Manual therapy, Neuromuscular re-education, Therapeutic exercise.

Plan of Care Agreement: Patient/caregiver advised of the Physical Therapy plan of care and is in agreement with this recommended plan.

Physician Review: Verification of this note by the physician indicates review of the evaluation, endorsement of the Plan of Care, and Certification of the Medical Necessity of Therapy Services.

Orders/Charges: Order-Charge Entry (Selected)

Outpatient Orders

Order Processing

zz Evaluation PT:

zz Manual Therapy PT:

zz Therapeutic Exercise PT: , Total timed units: 35 minutes, Total treatment time:
60 minutes.