

PTA 104L Orthopedic Dysfunctions Lab Initial Evaluation – Case 2

Date of Visit: 05/08/2012

Diagnosis: Low Back Pain (724.2)

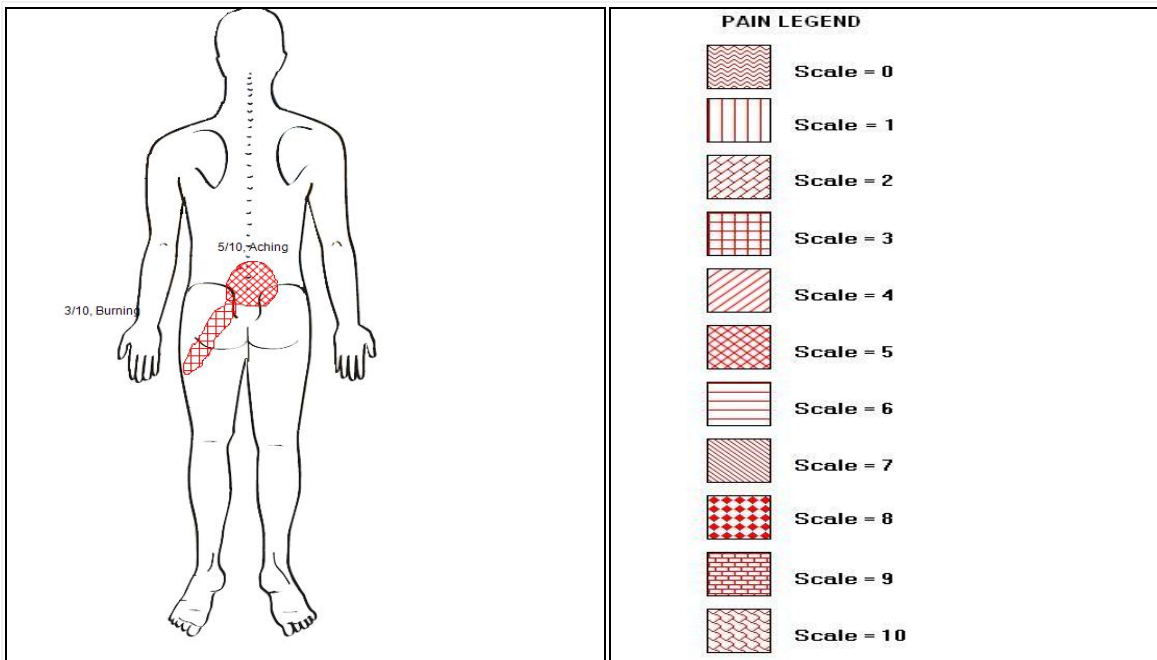
History of Present Illness Or Injury

Current problem(s) began 4/22/2012. The problem(s) effect the low back and left side.

Pt is a stay at home parent of two young children. Reports lifting toddler and felt a pull in the back with sharp pain radiating down into the outside of lower left leg. Borrowed a walker to move around house due to pain. Pn initially 9/10, and has decreased to 5/10. Symptoms down L leg have decreased and reports 3/10 burning pain in L buttock Patient is taking care of the problems through ibuprofin, rest, heat and ice. No other medications reported.

Sxs increase w/ bending, lifting, pulling, pushing, standing and walking. These complaints are reduced by lying down.

Pain Drawing Posterior View



Health Status

The patient rates general health as good. Takes alcoholic drinks 1 day per week. Does not exercise beyond normal daily activities and chores.

Patient Name PTA Student
MRN 00009322

Social History

Lives with child/children and spouse/significant other. The home has stairs & railing. Currently sleeping on downstairs couch.

Subjective

Motivated to walk without help and to lift children without pain. Interested in exercises to prevent recurrence and would like to move back upstairs.

Objective

Systems Review HR 72bpm, RR 12/min, BP (mm Hg): 136/70

Supplemental Questions - Lumbar Spine -Normal – NO RED FLAGS

Observation / Posture

Standing: unable to assume full standing. L lateral shift in trunk and decreased WB in L LE

Sitting: flexed, leaning forward, using UEs for weight bearing support

Observation: Difficulty transferring from sit to stand with bracing/guarding;

Range of Motion - of Motion - Active (Testing limited by bracing and guarding)

	Single Movements Findings
Flexion	45 and painful
Extension	-10 and painful, pain decreased with repetition
Right Side Bending	20 degrees
Left Side Bending	5 degrees
Right Rotation	~50%
Left Rotation	~50%

Lower Extremity Reflexes: Mid-Range Normal (2+), L2-L4, S1-2

Palpation Pain reproduced with firm palpation to lower lumbar paraspinals, L QL, R piriformis and iliolumbar ligamentous region

MMT - Gross Motion Exam: Able to move B LE against gravity; Poor control of core stabilizers with hip/LE MMT; MMT in trunk NT due to pain c/o and poor stability

Tension Signs – Special Tests

Straight Leg Raise	L Positive at 60 degrees
Prone knee flexion	Lumbar lordosis increases at 75 degrees L knee flexion
Crossed Straight	L Positive at 10 degrees adduction

Leg Raise	
Slump Test	Positive, with trunk, cervical and ankle flexion and knee ext

Peripheral Sensation: Light touch sensation intact L4-S1 bilaterally

Locomotion and Gait

Using step through pattern with FWW, decreased stride length L

Treatment:

Patient Education: Instructed in proper bending/lifting techniques; discussed placing frequently needed objects/items between hip and chest height

Therex: Stabilization activities in hooklying: alternating heel slides, hip IR/ER, and slow marching in hooklying

Assessment:

Symptoms are consistent with subacute extension-bias movement dysfunction in the lumbar spine. Pain limits all functional mobility and interferes with childcare activities. Poor control of core stabilizers during marching increases stress/strain to lumbar spine. Pt would benefit from less restrictive assistive device to normalize gait pattern. The prognosis is excellent.

Plan of Care

Short Term Goals (2 weeks):

1. The patient will normalize gait pattern with least restrictive assistive device on level terrain x 300+ feet.
2. The patient will ambulate up/down stairs safely with least restrictive device.
2. Pain will be decreased by 50%.
3. Independent with core stabilization exercises with limb motion in all planes in hooklying/weightbearing postures

Long Term Goals (12 weeks):

1. The patient will return to prior functional level without pain.
2. Risk of recurrence of condition will be reduced; independent with home spinal exercise program.

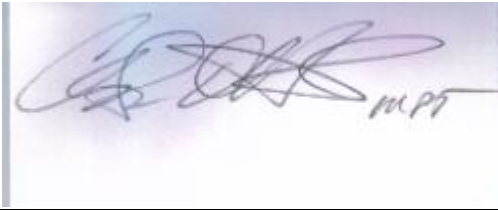
Interventions:

Therex, manual therapy, traction PRN, ther act, gait training, patient educ.

Plan:

Pt states has a cane at home and will bring it the next appointment.
Follow up on response to hooklying core stabilization techniques; progress spinal stabilization as indicated, increase ambulation distance with minimal postural compensation and least restrictive device; curb/stair training as needed.

Frequency & Duration 2/Week X 12Week(s)

A rectangular box containing a handwritten signature in blue ink. The signature is cursive and appears to read 'CHOWARD' followed by 'MPT' in a smaller font.

Therapist Signature

Christina Howard, MPT
OR 3891

Date Report Signed 05/08/2012