PTA 104L Orthopedic Dysfunctions Lab
Initial Evaluation- Case 1

Date of Visit: 05/08/2012
Diagnosis: Low Back Pain (724.2)

History of Present Illness Or Injury

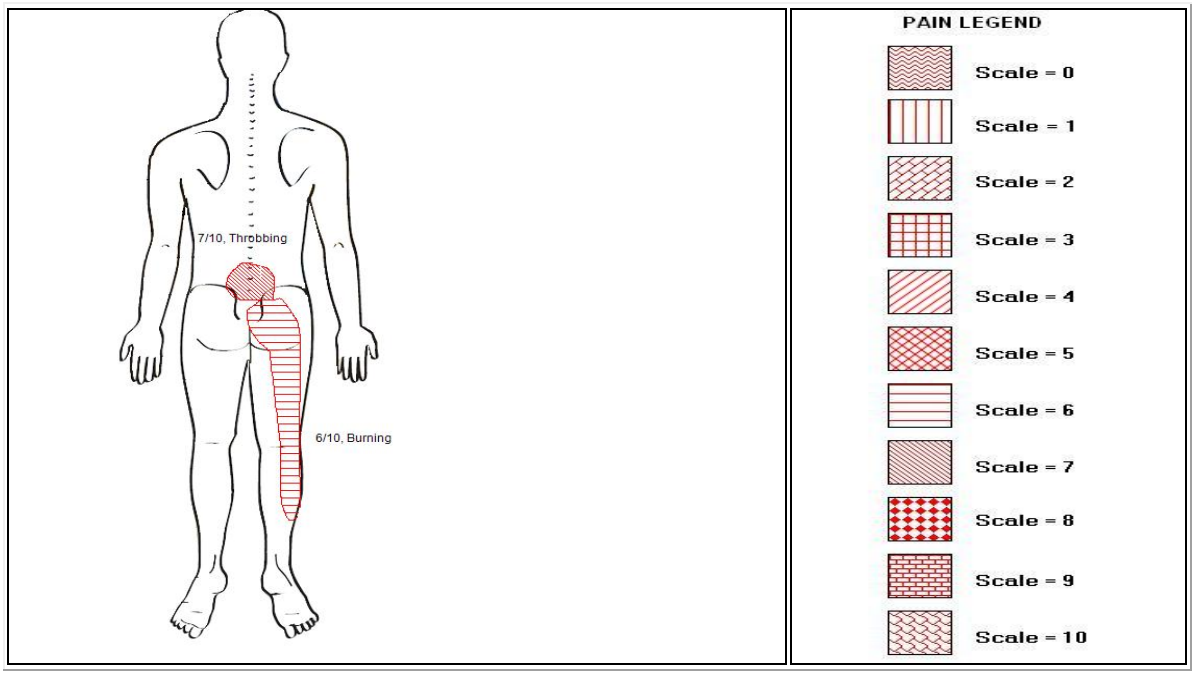
Current problem(s) began 05/01/12. The problem(s) affect the low back and right side.

Pt is an elementary school teacher. Reports getting up out of a low classroom chair and felt a pull in the back with sharp pain radiating down into the outside of lower right leg. Pn ranges from 6-9/10

The patient is taking care of the problems through ice, ibuprofin, rest. 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 2 days per week. Does not exercise beyond normal daily activities and chores.

Social History
Lives with child/children and spouse/significant other. The home has stairs & railing.

Subjective
Motivated to return to work. Concerned about not being able to walk, but pain is too much to walk further than 15-20 ft to the bathroom. Sleep is disturbed due to pain. Would like to get moving as soon as possible.

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 R 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	Unable due to pain
Left Side Bending	10
Right Rotation	Unable due to pain
Left Rotation	Unable due to pain

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

Palpation Pain and spasm reproduced with light palpation to lower lumbar paraspinals, L SI margin and iliolumbar ligamentous region

MMT - Gross Motion Exam - Trunk And Lumbar Note : Unable to test due to pain; gross movements observed: Pain with R hip flexion, abd, knee extension bilaterally. R Hip ext NT

Tension Signs – Special Tests

Straight Leg Raise	Positive at 45 degrees
Prone knee flexion	Lumbar lordosis increases at 45 degrees R knee flexion
Crossed Straight Leg Raise	Positive at 0 degrees adduction
Slump Test	Positive, with trunk and cervical flexion and ankle dorsiflexion

Peripheral Sensation: Light touch sensation intact L4-S1 bilaterally

Functional Mobility
Bed Mobility

Bed Mobility	Assistance
Supine to prone	Unable without assistance and cues
Rolling right	Unable without assistance and cues

Transfers / Transitions

Transfers From	Transfers To	Assistance
Short sit	Stand	Able for limited duration

Locomotion and Gait
Using step to pattern with L lateral trunk shift, decreased stride length R; initial contact has inadequate heel strike R.

Treatment:

Patient Education: Reinforced and practiced importance of spinal protection and positioning for tissue healing (e.g., log roll, prone lying on two pillows, body mechanics); discussed using cane for gait for lumbar joint protection.
Therex: instruction in isometric static stabilization in hooklying ("drawing in") with repeat demonstration and practice x 10, initiated gentle mid-range heel slide, x 5 each alternating LEs
Manual Traction: 25% pain decrease with interval manual lumbar traction in hooklying x 5 minutes

Assessment:

Symptoms are consistent with acute extension-bias movement dysfunction in the lumbar spine. Pain limits all functional mobility and interferes with return to work. Altered mechanics due to pain prevent repetitive strain to lumbar spine. Pt would benefit from use of assistive device to increase walking tolerance.
The prognosis is good.

Plan of Care

Short Term Goals (2 weeks):
1. The patient will normalize gait pattern with assistive device on level terrain x 300+ feet.

2. Pain will be decreased by 50%.

3. Postural control in standing will be improved to neutral standing.

Long Term Goals (12 weeks):
1. The patient will return to prior functional level without pain at work.

2. Risk of recurrence of condition will be reduced; independent with home spinal exercise program.

Interventions:
Therex, manual therapy, manual traction, modalities 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 supine/prone positioning techniques; progress spinal stabilization to tolerance, increase ambulation distance with minimal postural compensation and least restrictive device; continue pain control (modalities/traction).

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

Therapist Signature
Christina Howard, MPT
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Date Report Signed 05/08/12