



# THERAPRACTICS BACK RE-EVAL

PATIENT: \_\_\_\_\_ DATE: \_\_\_\_\_

PATIENT #: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_ PHYSICIAN: \_\_\_\_\_

## GENERAL COMMENTS

Pain level & % improvement: \_\_\_\_\_

Since the Initial Eval. on \_\_\_\_\_ / Re-Eval. on \_\_\_\_\_ the patient has had \_\_\_\_\_ treatments.

The patient's physical therapy treatment program has consisted of: Ther. Exs. STM Jt. Mobs. IFC

U.S. Other: \_\_\_\_\_

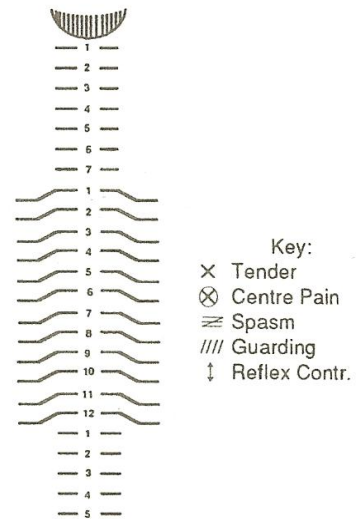
The patient has had a total of \_\_\_\_\_ treatments since the Initial Evaluation.

ASSESSMENT / OBJECTIVE PALPATION: \_\_\_\_\_

PALPATION/CONDITION:

### T/L SPINE R.O.M. & STRENGTH (\* = Pain)

T/L SPINE MOTIONS (Est. Normal)	R.O.M.	STRENGTH
FORWARD BEND (90°)	°	/5
BACKWARD BEND (30°)	°	/5
SIDE BEND RIGHT (30°)	°	/5
SIDE BEND LEFT (30°)	°	/5
ROTATION RIGHT (30°)	°	/5
ROTATION LEFT (30°)	°	/5



STRENGTH	LEFT	RIGHT
L 1, 2 Psoas	/5	/5
L 3 Quads	/5	/5
L 4 Ant. Tib.	/5	/5
L 5 E.H.L.	/5	/5
S 1 F.H.L.	/5	/5
S 2 Hamstring	/5	/5

SUMMARY: The patient has made Good Fair Poor progress in physical therapy.

Additional comments: \_\_\_\_\_

Recommend that the patient be Discharged to a H.E.P. Continue with the following treatment plan:

Treatment Plan: Ther. Exs. STM Jt. Mobs. IFC U.S. Other: \_\_\_\_\_

Frequency: \_\_\_\_\_ x/wk. Duration: \_\_\_\_\_ wks.

\_\_\_\_\_  
R.P.T., D.C.