

Patient Name: <b>Suzanne Cotter</b> Age: <b>42</b>		Date of Report: <b>3/8/04</b>
Diagnosis: <b>Chondromalacia Patellae</b>		Therapist Name: <b>James Ko</b>
Initial Evaluation date: <b>2/12/04</b> No. of treatments to date: <b>6</b>		Referring MD: <b>Azar/Wallace</b>
		Onset Date: <b>Chronic</b>
		Surgery Date: <b>na</b>
PAIN LEVEL:  AROM:  QUAD STATUS  Q-ANGLE	Before <b>2/12/04</b>	After <b>3/8/04</b>
	Constant 10/10 pain	<b>0-8/10</b>
	Flexion 90% with pain. Unable to assume any resistance secondary to pain.	<b>WNL</b>
	Good recruitment with 70% of normal tone	<b>Very good recruitment with 100% tone</b>
	Right is 25 degrees, left is 20 degrees	<b>same</b>
<i>Comments:</i>	Functionally she continues to have significant difficulty with stairclimbing.	
Assessment of Pt. progress:	Even though she has made significant progress she has now reached her maximum potential.	
Goals:	Follow all knee precautions and perform home care and exercises until follow-up with MD.	
Plan & Recommendations:	<b>She has reached her maximum potential and due to her increased Q-angle and long history of chondromalacia patellae it is appropriate for her to pursue alternative options.</b>	
Treatments Received:	VMO re-education and aggressive biofeedback re-training. Education and instruction on precautions and self care. Knee stabilization, EMS, ice and heat. Lateral band release.	
PT Signature: (James Ko)		Date Faxed:

I concur with the above plan.       Other:

Physician signature: \_\_\_\_\_ M.D.

Date: \_\_\_\_\_

(Please fax back to STAR at 909.279.5577. Thank you.)

