

GENERAL TEACHING HOSPITAL

Rehabilitation Services - Physical Therapy
123 Medical Center Drive, Anytown, ST 12345
Phone: (555) 123-4567 | Fax: (555) 123-4568

 **FICTITIOUS DATA FOR SOFTWARE TESTING ONLY** 
NOT A REAL MEDICAL RECORD

PHYSICAL THERAPY INITIAL EVALUATION

PATIENT INFORMATION

Name: John A. Doe
(FICTIONAL)
DOB: 01/15/1985
Age: 40 years
Sex: Male
MRN: 1234567890
Evaluation Date: 08/18/2025

REFERRAL INFORMATION

Referring Physician: Dr. Amanda Rehab, MD (PM&R)
Date of Referral: 08/15/2025
Diagnosis: S/P left hip ORIF, cervical strain, lumbar strain
Therapy Orders: Evaluate and treat x 6-8 weeks
Precautions: WBAT left lower extremity

REMINDER: FICTITIOUS TESTING DOCUMENT

SUBJECTIVE

Patient is a 40-year-old male presenting for PT evaluation 3 weeks status post left intertrochanteric hip fracture with ORIF. Patient reports motor vehicle accident on 07/30/2025, surgery 07/31/2025. Chief complaints include:

- Left hip pain and stiffness (current pain 4-5/10 at rest, 7/10 with activity)
- Difficulty walking distances greater than 100 feet

- Neck stiffness and pain (4/10 constant)
- Lower back pain (6/10, worse with sitting)
- Inability to return to normal activities

Goals: Patient wants to walk without assistive device, return to work as accountant, resume playing tennis, and be independent with all activities. Prior level of function was unlimited and independent for all activities including recreational sports.

OBJECTIVE FINDINGS

Range of Motion (degrees):

Joint/Motion	Left	Right	Normal
Hip Flexion	85°	115°	0-120°
Hip Extension	-5°	15°	0-20°
Hip Abduction	25°	45°	0-45°
Cervical Rotation	60° bilaterally		0-80°
Cervical Flexion	35°		0-50°
Lumbar Flexion	Fingertips 15cm from floor		Fingertips to floor

Strength Testing (Manual Muscle Test 0-5 scale):

Muscle Group	Left	Right
Hip Flexors	4/5	5/5
Hip Extensors	3+/5	5/5
Hip Abductors	3/5	5/5
Quadriceps	4-/5	5/5
Hamstrings	4/5	5/5

FUNCTIONAL ASSESSMENT

Transfers: Independent bed ↔ chair, requires min assist car transfers

Ambulation: 100 feet with walker before fatigue, antalgic gait pattern

Stairs: Unable to assess - patient not ready

Balance: Good static sitting/standing balance, fair dynamic balance

Gait Analysis:

- Decreased weight-bearing on left leg
- Shortened stance phase on left
- Trendelenburg gait pattern
- Requires walker for stability and pain relief
- Gait speed: 0.4 m/s (severely impaired, normal >1.2 m/s)

SPECIAL TESTS

Hip: Thomas test positive on left (hip flexor tightness)

Spine: Straight leg raise negative bilaterally, limited lumbar extension

Neurological: Sensation intact, DTRs 2+ and symmetric

Incision: Well healed, no signs of infection, minimal swelling

ASSESSMENT

PT Diagnosis: Impaired physical function secondary to left hip fracture status post ORIF with associated cervical and lumbar strain

Impairments:

- Decreased ROM: left hip all planes, cervical spine, lumbar spine
- Decreased strength: left hip and thigh musculature
- Impaired gait with antalgic pattern
- Functional limitations with mobility and ADLs
- Pain limiting participation in activities

Prognosis: Good - Patient is young, motivated, and healing appropriately post-surgery

Frequency: 3x/week for 6-8 weeks

Estimated # of visits: 18-24 visits

PLAN OF CARE

Short-term goals (2-3 weeks):

- Increase left hip flexion to 100°
- Increase left hip strength to 4+/5 for major muscle groups
- Ambulate 300 feet with walker independently
- Decrease pain to 3/10 with activity

Long-term goals (6-8 weeks):

- Return to normal hip ROM within 10° of right side
- Return to 5/5 strength all left hip musculature
- Independent ambulation without assistive device for unlimited distances
- Return to work without restrictions
- Resume recreational activities as appropriate

Treatment Plan:

- Therapeutic exercises for strengthening and ROM
- Gait training with progressive weight-bearing
- Manual therapy for joint and soft tissue mobility
- Functional training for ADLs and work activities
- Pain management with modalities as appropriate
- Patient education for home exercise program

THERAPIST ATTESTATION

I have personally examined this patient and developed the above plan of care.

Evaluated by: Sarah Therapy, PT, DPT

Date/Time: 08/18/2025, 09:00

Physical Therapist

License #: PT-11111 (FICTIONAL)

 **END OF FICTITIOUS TESTING DOCUMENT** 
FOR SOFTWARE TESTING PURPOSES ONLY