

YOUR PHYSIOTHERAPY & FOOT HEALTH CENTRES

Cobourg | Port Hope | Peterborough | Oshawa | Bowmanville

Progress / Discharge Report

Publicly funded Physiotherapy

Date: 06/02/2020

Patient Name: [Redacted]

D.O.B.: [Redacted]

Injury / Problem Treated: Lumbar spine derangement syndrome referring pain to left knee; underlying left medial meniscus tear (resolved & self-manageable with HEP)

Dear Dr. Havats (905) 373-9335

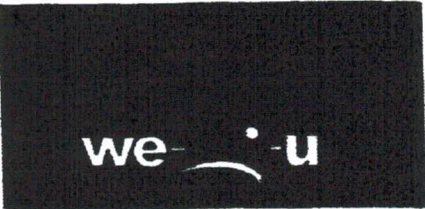
Mr. [Redacted] is improved in his L Knee symptoms; now, he is able to go downstairs, twist/rotate his L Knee in standing and do ball room dancing with no pain in his L Knee. He has been discharged from the above episode of care with a home maintenance exercise program.

Thank you for your referral.

- ATHLETIC THERAPIST
CHIROPODIST
PHYSIOTHERAPIST
MASSAGE THERAPIST
CHIROPRACTOR

Health Professional: [Signature]

Poela Subramanian Sundaram, PT



YOUR PHYSIOTHERAPY & FOOT HEALTH CENTRES

# YOUR PATIENT RESULTS

Dear Dr. Hounts

DATE: 07-02-2020

Patient Name: [Redacted]

DOB: [Redacted]

Problem being treated at We-Fix-U: Resolve inability to function left knee properly.

Your patient would like to report to you about his/her treatment results at We-Fix-U.

My PAIN & MOBILITY before starting treatment at We-Fix-U was:

PAIN (normal) 1 2 3 4 5 6 7 8 9 10 (it really, really hurts!)

MOBILITY (normal) 1 2 3 4 5 6 7 8 9 10 (I can't move an inch)

AFTER \_\_\_\_\_ weeks of treatment and 6 # of treatments

Today my pain and/or mobility is at:

PAIN (normal) 1 2 3 4 5 6 7 8 9 10 (it really, really hurts!)

MOBILITY (normal) 1 2 3 4 5 6 7 8 9 10 (I can't move an inch)

What can you do now that you could not do prior to your first treatment?

Rotate body over knee, inch turn  
Typical movements as used in Ballroom Dancing  
" " " " Martial Arts.

Patient Signature: [Redacted]

(Yes my wife and I work & try to be fit.)

Your We-Fix-U Medical Practitioner: Mr. Baka (who used a novel approach)

Bala Sundaram, PT

Practitioner Comments:

Had an excellent prognosis

**Lower Extremity Functional Scale**

Name: \_\_\_\_\_

Date of Birth: (dd/mm/yyyy) \_\_\_\_\_

Family Physician: Dr. Haunts

Today's Date: (dd/mm/yyyy) 07-02-2020

We are interested in knowing whether you are having any difficulty with the activities listed below due to your **LOWER LIMB** problem. Please circle an answer for each activity regarding the difficulty you are experiencing **TODAY**.

TODAY would you or do you have any trouble with:

Activities	Extreme difficulty or unable to perform	Quite a bit of difficulty	Moderate difficulty	A little bit of difficulty	No difficulty
1-Any of your usual work, housework or school activities	0	1	2	3	4
2-Your usual hobbies, recreational or sporting activities	0	1	2	3	4
3-Getting into or out of the bath	0	1	2	3	4
4-Walking between rooms	0	1	2	3	4
5-Putting on your shoes/socks	0	1	2	3	4
6-Squatting	0	1	2	3	4
7-Lifting an object from the floor (ex-bag of groceries)	0	1	2	3	4
8-Performing light activities around your home	0	1	2	3	4
9- Performing heavy activities around your home	0	1	2	3	4
10-Getting into or out of a car	0	1	2	3	4
11-Walking 2 blocks	0	1	2	3	4
12-Walking a mile	0	1	2	3	4
13-Going up or down 10 stairs (about 1 flight)	0	1	2	3	4
14-Standing for 1 hour	0	1	2	3	4
15-Sitting for 1 hour	0	1	2	3	4
16-Running on even ground	0	1	2	3	4
17-Running on uneven ground	0	1	2	3	4
18-Making sharp turns while running fast	0	1	2	3	4
19-Hopping	0	1	2	3	4
20-Rolling over in bed	0	1	2	3	4

*I came a "long way" from not able to walk, do stairs, let alone dance & martial arts*

LEFS =  $\frac{79}{80}$