

PHYSIOTHERAPY ASSESSMENT REPORT

Patient's Name: **Mr X**
 Date of Birth: _____
 Date of Referral: **29/10/15**
 Line Manager: _____

Treating Clinician: **Caroline Everett**
 Company: **Automotive Industry**
 Date of Assessment: **02/10/15**
 Personnel Officer: _____

1. CURRENT SITUATION

History of Condition

Mr X has attended for Physiotherapy assessments in 2011, 2013 and 2015 for episodes of low back pain. Mr X reported that once each episode of pain has settled his low back remains in a settled state and he hasn't had episodes of pain in between the dates detailed above.

Mr X reported that since his last attended appointment at Pen-y-Lôn on 1st September 2015 his back has been in a settled state and he was continuing to perform the exercises prescribed at his assessment and treatment.

Mr X reported that he injured his knee at home last night when he slipped and his knee bent forcibly. Please note the function assessment has taken into account Mr X's low back only. Mr X was able to perform the required tests.

Current aggravating Factors - Mr X reported his low back is currently in a settled state and there are no specific aggravating factors. Mr X reported his low back is tolerant to the lifting activities he is currently required to perform at work.

Current easing factors – Nil reported as not currently in exacerbation. Mr X reported to be continuing with his home exercises previously prescribed.

Medication – Nil currently being taken for low back.

Findings on Examination

On examination on 2nd November 2015 Mr X presented with –

Posture – Satisfactory

Low back Ranges of movement – All full and reported to be pain-free. Some mild stiffness and tightness observed at end range movements.

Straight leg raises (sciatic nerve stretch test) – 70degrees bilaterally (satisfactory – may benefit from on-going stretching but not a specific injury concern)

Lower Limb Power – Nothing abnormal observed

Lower limb sensation – Nothing abnormal observed

Lower limb reflexes – Nothing abnormal observed

Hips – Satisfactory

There was no reported pain on palpation (manual pressure by therapist) of the low back: There was some mild, general stiffness and tightness observed. There was no muscle spasm or guarding and no responses to indicate pain.

Functional Tests - Back Performance Scale

Sock Test

The patient sitting on a high, firm bench with his feet unsupported. He is asked to grab his toes with the finger-tips of both hands by bending of the leg.

Mr X was able to perform this test in a satisfactory manner

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Pick-up Test

The patient is standing on the floor. A curled up piece of paper is dropped on the floor. The patient is instructed to pick up the paper in various ways.

Mr X was able to perform this test in a satisfactory manner.

Fingertip to floor Test

The patient is standing on the floor, feet 10cm apart and knees straight. The patient is instructed to reach as far as possible to the floor.

Mr X was able to reach the floor with the tips of his fingers which is a satisfactory result.

Roll-Up Test

The patient is lying supine on a firm mattress. The patient is instructed to roll up slowly into a long sitting position with the arms relaxed.

Mr X was able to perform this test with marked effort (a score of 1 on a scale of 0-3 where 0 is least effort and 3 is maximum effort): Therefore Mr X performed this test in a satisfactory manner – there is an indication of a mild weakness of the abdominal musculature / core musculature.

Lift Test

The patient is standing on the floor in front of a table. He is instructed to repeat lifting the box containing a 5Kg weight repeatedly for one minute.

Mr X was able to comfortably handle the box more than 15 times in the minute which is the highest (best) score for this test. A satisfactory result.

30 second pelvic tilt = Mr X performed this satisfactorily – there was some weakening of the movement at the end of the 30 seconds which indicates some weakness of the core musculature – Mr X is advised to continue his prescribed exercises in order to improve his core strength

30 second pelvic bridge = Mr X performed this satisfactorily – there was some weakening of the movement at the end of the 30 seconds which indicates some weakness of the core musculature – Mr X is advised to continue his prescribed exercises in order to improve his core strength

Diagnosis / Conclusion of findings: It is recommended that Mr X has some mild stiffness and tightness of his low back, some mild reduced lower limb flexibility and some residual core strength weakness. It is advised his low back is in a settle state presently.

2. WORK RECOMMENDATIONS

Recommended fitness for work / restrictions / modifications / return to work

It is recommended based upon the presentation of signs and symptoms on assessment on 2nd November 2015 that Mr X -

- Will be able to perform the transition to the Process Technician role. It is not possible to predict that Mr X will or will not experience an exacerbation of his low back in the future. It would not be possible to link an exacerbation directly to the new role unless a specific 'incident' occurred. (It is a possibility he may experience an exacerbation of his back in the future if he stays in his current role also. Encouragingly Mr X's exacerbations are well spaced and the time in between is not reducing).
- Mr X indicated that the proposed job role would provide some variation of tasks which may be beneficial to his back.

It is recommended that if Mr X starts the Process Technician role he would require -

- Up to date manual handling training
- Task specific training
- The tasks should be risk assessed and manual handling aids be provided where appropriate: Manual Handling expectations should not exceed weight and frequency that is unreasonable.
- Manual Handling activities should allow a technician to be able to perform techniques in a safe manner that allows efficient movement techniques that the Manual Handling Operations Regulations 1992 recommend to be implemented.
- His compliance to fulfil his duty of care to himself and adhere to his training and guidance, report any difficulty or exacerbation to his line manager immediately.
- The regular rotation of tasks and activities
- Mr X to break up prolonged or repeated activities.

Are other treatment/investigation required?

YES

NO

3. ADDITIONAL INFORMATION

Response to any specific questions raised at the referral, plus any other comments

Please note the recommendations are provided based upon the presentation on assessment at Pen-y-Lôn Physiotherapy and Occupational Health on 2nd November 2015. This is based on the brief job description provided where there were no specific guidance on weights or positioning of handling.

Should further information be required please do not hesitate to contact Pen-y-Lôn. Should task specific recommendations be required an on-site Ergonomic Assessment would be recommended.

Date: 02/11/15

Signature: Caroline Everett BSc (hons) MCSP HCPC

(Signed copy attached to file at Pen Y Lôn)