Arias Home Health
4811 Chippendale Dr.#201
Sacramento, CA 95841
Phone: (916) 913-1134 | Fax: (916) 993-9122

PT Discharge

Patient Name:	V^•cÚaæ}c(ÀÀÀ)	**DOB:**	ÝÝÐÝÝÐÝÝÝÝ
Episode Period:	05/08/2018 - 07/06/2018	**Visit Date:**	5/31/2018
Time In:	02:30 PM	**Time Out:**	03:15 PM
Physician:	V^•cÚ@•ãæ M.D.	**Associated Mileage:**	
Surcharge:			

Current Function Status

Physical Assessment

Part	Action	ROM Right	ROM Left	Strength Right	Strength Left
Shoulder	**Flexion**				
	Extension				
	Abduction				
	Int Rot				
	Ext Rot				
Elbow	**Flexion**				
	Extension				
Finger	**Flexion**				
	Extension				
Wrist	**Flexion**				
	Extension				
Hip	**Flexion**				
	Extension				
	Abduction				
	Int Rot				
	Ext Rot				
Knee	**Flexion**				
	Extension				
Ankle	**Plantarflexion**				
	Dorsiflexion				
Trunk	**Flexion**				
	Rotation				
	Extension				
Neck	**Flexion**				
	Extension				
	Lat Flexion				
	Long Flexion				
	Rotation				

Clinician Signature:
Electronically Signed by: V^•cÔ|ã ãæ PT

Date:
5/31/2018

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Physical Assessment

Comment

BILATERAL LOWER EXTREMITIES - RANGE OF MOTION =WITHIN FUNCTIONAL LIMITS, MILD LEFT KNEE FLEXION CONTRACTURE APPROX . - 10 DEGREES

LEFT SHOULDER FLEXION =0-100 DEGREES - HIGH TONE. , LEFT ELBOW WFL , LEFT HAND/WRIST FLEXOR TONE.- ORTHOTIC DONNED

LEFT LE LEG LENGTH DISCREPANCY NOTED. SCAR NOTED LEFT POSTERIOR LATERAL HIP.

STRENGTH - R LE 4-/5 GROSSLY, LEFT LE KNEE 4-/5 , LEFT HIP EXTENSION 2+/5. L SLR 3+/5

Bed Mobility

	Assistance	Assistive Device
Rolling to Right	CGA = Contact Guard Assist	
Rolling to Left	Min A = 25% Assist	
Sit Stand Sit	Mod A = 50% Assist	
Sup to Sit	Min A = 25% Assist	

Comment

SUPINE TO SIT WITH HOB RAISED TO 30 DEGREES

Transfer

	Assistance	Assistive Device
Bed-Chair	Min A = 25% Assist	None
Chair-Bed	Mod A = 50% Assist	None
Chair to W/C	Mod A = 50% Assist	None
Toilet or BSC	Mod A = 50% Assist	None
Car/Van	Not Tested	
Tub/Shower	Not Tested	

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Transfer

	Static	Dynamic
Sitting Balance	N = Maintain static sitting/standing with maximum challenges from all directions	G = Maintain dynamic sitting/standing balance through moderate excursions of active trunk movement.
Stand Balance	F- = Maintain static sitting/standing balance with CG assist.	P = Maintain dynamic sitting/standing balance through minimal excursions of active trunk movement with moderate assist.

Comment

Gait Analysis

Level	____ x ____ feet		
Unlevel	____ x ____ feet		
Step/Stair	____ x ____ steps		
	☐ No Rail	☐ 1 Rail	☐ 2 Rails

Assistive Device

Gait Quality/Deviation

WB Status

Comment

W/C Mobility

☐ N/A

Level	Min A = 25% Assist	**Uneven**	Max A = 75% Assist
Maneuver	Min A = 25% Assist	**ADL**	Max A = 75% Assist

Pain Assessment

Pain Location	N/A	**Pain Level**	0
Increased by	N/A	**Relieved by**	

Skilled Care Provided This Visit

1. CAREGIVER TRAINING - STAFF INSERVICE - INSTRUCT/REVIEW W/C TO BED AND BED TO W/C TRANSFER, INSTRUCTED IN OPTIMAL W/C POSITIONING, LE POSITIONING, PATIENT TRUNK POSITION, BODY MECHANICS FOR

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Skilled Care Provided This Visit

CAREGIVER DURING SET UP.
2. STANDING BALANCE - TACTILE CUES TO TRUNK AND BILATERAL POST HIP FOR TRUNK/LE EXTENSION, VERBAL CUES FOR LE EXTENSION, LATERAL WT SHIFT IN STANDING WITH LIMITED L LE WT BEARING TOLERANCE DUE TO LIMITED STRENGTH /STABILITY
3. BED MOBILITY TRAINING - HEAD OF BED RAISED TO 30 DEGREES, TACTILE CUES TO LE'S TO INITIATE, PATIENT ABLE TO INITIATE TRANSITION TO SITTING, TACTILE CUES TO TRUNK TO FACILITATE , VERBAL CUES FOR UE UTILIZATION.

Reason for Discharge

Reached Maximum Potential
☐ Per Patient/Family Request
☐ Goals Met
☐ Expired
☐ No Longer Homebound
☐ Prolonged On-Hold Status
☐ Hospitalized

Other

Condition of patient at time of discharge

☐ Totally dependent for care
☐ Inappropriate for home care
☐ Returned to self/family care
☐ Returned to optimum level of independence
Rehabilitated to maximum potential

Other

Summary of care provided

GAIT TRAINING, TRANSFER TRAINING, BED MOBILITY, BALANCE TRAINING, THEREX, CAREGIVER TRAINING, ASSESSED FEASIBILITY OF TRANSFER POLE. RECOMMENDATIONS FOR MODIFICATION OF HOSPITAL BED FOR SAFE CHAIR/BED TRANSFERS
DME RECOMMNDATIONS

Summary of progress made

PATIENT DEMONSTRATES
1. GAIT WITHOUT ASSISTIVE DEVICE 5-7 STEPS WITH MIN/MODA
2. SIT TO STAND MIN A
3. STAND PIVOT FROM BED TO CHAIR MIN A
4. ROLLING TO LEFT SIDE LYING - CGA
5. PATIENT/CAREGIVER INDEPENDENT WITH BED TO CHAIR TRANSFER
6. PATIENT /CAREGIVER INDEPENDENT WITH COMMODE TRANSFER

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Surcharge:			

Physician Signature	**Date**
Electronically Signed by: V^•cÁÚ@•ã&ãæ} ÁM.D.	ÁÁÁÁÁÁÁ6/10/2018

Clinician Signature:	**Date:**
Electronically Signed by: V^•cÁÔ|ã}ã&ãæ} PT	5/31/2018