CEEanne AP[{^AP^achc@ ìFFÁÔ@A]]^}åadr^ÁÖ¦ÈÀGEF Ùaa&lad(^}d(ÉÓODÁNÍÌIF Ú@{}^KÁQTPÎDÁIFHÉFFHIÁGÁOanneKÁQTPÎDÁIJHÉJFGG				PT Plan Of Care			
Patient Name: V^• œ́Úǽã	^} c	MR:ÝÝÝÝ		DOB: ÝÝĐÝÝĐÝÝÝ			
Episode Period: € ÆH) Defî <i>A</i> ZAEÎ Bef DOEFÎ	Physician:	V^•oÁÚ@•ã&ã a)	Order#:ÝÝÝÝÝÝÝ			
DME							
□ N/A							
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Needs:							
Suggestion:							
		Medica	Diagnosis				
□ N/A Medical Diagnosis:							
Onset			-				
PTDiagnosis:			Õ^}^¦æþã^åÁ¸^æà}^••Ébåã-aBč ĉÁ¸ão@bæ{à` æaā[}				
Onset			€ÍBEÍEDSEFÌ				
Comment							
		Treatr	nent Plan				
□ N/A							
PT Frequency & Duration			F¸ FÁG¸ I				
☑ Therapeutic exercise		☑ Bed Mobility Training		Transfer Training			
☑ Balance Training		☑ Gait Training		☑ Neuromuscular re-education			
Functional mobility training		▼ Teach safe and effective use of adaptive/assist device		☑ Teach safe stair climbing skills			
☑ Teach fall prevention/safety		☑ Establish/upgrade home exercise program		☑ Pt/caregiver education/training			
☑ Proprioceptive training		Postural control to	raining	☑ Teach energy conservation techniques			
·			ffective breathing	☐ Teach hip precaution			
□ Electrical stimulation		hnique	Body Parts:	duration:			
□ Ultrasound			Body Parts:	duration:			
□ TENS			Body Parts:	duration:			
□ Prosthetic training		☑ Pulse oximetry PRN					
Other			E i dice eximetry i				
Modalities							
□ N/A O2t^Ájæ&\Áj¦Á@?æAjæ&\Áæ}	.^^å^åÁ[¦ÁjæãjÁ&[}d	[È					
Clinician Signature:				Date:			
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Patient Name;∨^• œ́Úæã} (MR:ÝÝÝÝ		DOB: ÝÝĐÝÝĐÝÝÝ
Episode Period: € BE-EDEFÌ ÆÆ BEFEDEFÌ	Physician:	V^• œÁÚ@• 88&@m) ÁT EÖE	Order#:ÝÝÝÝÝÝÝ
	PT	Goals	
 ☑ Patient will demonstrate ability to perform how ☑ Improve bed mobility to independent within 2 ☑ Patient will improve sit to stand transfer skill ☑ Patient will be able to ambulate using FWW ☑ Improve strength of left lower extremity to 4/ ☑ Patient will have increase in Tinetti Performativeeks. Additional goals: PT Short Term Goals:	2 weeks to independent a device at least 25 5 grade to improvance Oriented Mo	ssist using good ecce feet on even surface re ambulation and tran bility Assessment sco	to be able to perform ADL within 4 weeks. ensfers within 4 weeks ere to 22 over 28 to reduce fall risk within 4
Óæþæð & \hÁÚææð \ \circ Á $\stackrel{?}{a}$ $\stackrel{?}{$			
		e Recommendation	
□ N/A ☑ OT □ MSW □ ST Reason ŒÖŠ€	□ Podiatrist	Other	
	R	ehab	
□ N/A Rehab Diagnosis: Rehab Potential:		Õ^}^¦æþã^åÁ¸^æè} ⊠ Good	^••Énåã-a&` ĉÁ,ão@Ánae(à` aaea[} □ Fair □ Poor
	Disch	arge Plan	
□ N/A Patient to be discharged to the care of Discharge Plans		☑ Physician☐ Discharge when willing and able to raspects of patient's	nanage all
	0		
□ N/A Training Topics V¦æ)•-^¦•kốÔ`^åÁjææð}oÁ(Á,^¦-{¦{Á·ãó√(Ácæ)å Clinician Signature:		are Provided bašÁ,ão©Á:aãoÁs^ cÁse)åÁÁ	Date:
Ò ^&c [} 38æ ^ÁÛðt}^å.Ás^kÁv^•ơÔ ð; 38æ; ÁÚV			ÍÐÓEЀFÌ

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PT Plan Of Care Patient Name: ハー・水の砂(水の) Physician: ハー・ルの) Physician: Name Name Name Name Name Name Name Name				
Skilled Care Provided Skilled Care Provided	IÌFFÁÔ@3[]^}åæ∜AÖ¦BÀG⊕F Ùæ&¦æ{^}qÉBÔOÆÁ√ÍÌIF			PT Plan Of Care
Skilled Care Provided forward and hips back and descend slowly and reach back with hand to chair/couch prior to descend. Following cuing, patient was able to perform correctly 30% of the time with decreased balance and eccentric control. Patient will require further training for increased safety with transfers to minimize risk of falls and further injury. Trained: Patient	Patient Name:∨^•oÁJææ?} c	MR:ÝÝÝÝ		DOB: ÝÝĐÝÝĐÝÝÝ
forward and hips back and descend slowly and reach back with hand to chair/couch prior to descend. Following cuing, patient was able to perform correctly 30% of the time with decreased balance and eccentric control. Patient will require further training for increased safety with transfers to minimize risk of falls and further injury. Trained: IP Patient Patient Caregiver Treatment Performed: HEP: Cued patient to sit up tall, activate quadriceps to straighten knee and to lower slowly. Following cuing, patient was able to perform correctly 50% of the time with decreased left LE eccentric control and coordination. Patient will require further training for increased lower extremity strength for improved transfers and ambulation to minimize risk of falls and further injury. Patient Response: Care Coordination Safety Issues/Instruction/Education ANA Contacted HHA and reported frequency. Safety Issues/Instruction/Education Care Coordination Safety Issues/Instruction/Education Contacted HHA and reported frequency. No/A Education: Educated patient on the importance of pacing upon standing to assess for dizziness prior to ambulation to minimize risk of pacing education. Educated patient on importance of frequent position changes and movement for importance of frequent position changes	Episode Period: € EE-100€Fì ÆÆ€ EEF100€Fì	Physician:	V^• cÁÚ @• 38ãa; ÁT BÖÉ	Order#:ÝÝÝÝÝÝÝ
was able to perform correctly 30% of the time with decreased balance and eccentric control. Patient will require further training for increased safety with transfers to minimize risk of falls and further injury. Trained: Trained: 12 Patient Caregiver Treatment Performed: HEP: Coud patient to perform long arc quads while seated. Verbally cued patient to sit up tall, activate quadriceps to straighten knee and to lower slowly. Pollowing cuing, patient was able to perform correctly 50% of the time with decreased left LE eccentric control and coordination. Patient will require further training for increased lower extremity strength for improved transfers and ambutation to minimize risk of falls and further injury. Patient Response: Care Coordination Safety Issues/Instruction/Education NIA Contacted HHA and reported frequency. Safety Issues/Instruction/Education NIA Contacted HHA and reported frequency. Safety Issues/Instruction/Education to minimize risk of laziness prior to ambutation to minimize risk of falls and further injury. Following education, patient verbalized understanding. Education: Educated patient on importance of frequent position changes and movement for improved blood flow to minimize risk of DVT. Following education, patient verbalized understanding. Notification Patient Caregiver Understands diagnosis/prognosis and agrees with Goals/Time frame and Plan of Care (POC) Yes No Physician Signature Date Clinician Signature: Date:		Skilled Ca	re Provided	
Treatment Performed: HEP: Cude platient to perform long arc quads while seated. Verbally cued patient to sit up tall, activate quadriceps to straighten knee and to lower slowly. Following cuing, patient was able to perform correctly 50% of the time with decreased left LE eccentric control and coordination. Patient will require further training for increased lower extremity strength for improved transfers and ambulation to minimize risk of falls and further injury. Patient Response: Care Coordination	was able to perform correctly 30% of the time w for increased safety with transfers to minimize ri	ith decreased b	alance and eccentric rther injury.	control. Patient will require further training
HEP: Cued patient to perform long arc quads while seated. Verbally cued patient to sit up tall, activate quadriceps to straighten knee and to lower slowly. Following cuing, patient was able to perform correctly 50% of the time with decreased left LE eccentric control and coordination. Patient will require further training for increased lower extremity strength for improved transfers and ambulation to minimize risk of falls and further injury. Patient Response: Care Coordination Safety Issues/Instruction/Education N/A Contacted HHA and reported frequency. Education: Educated patient on the importance of pacing upon standing to assess for dizziness prior to ambulation to minimize risk of falls and further injury. Following education, patient verbalized understanding. Educated patient on importance of frequent position changes and movement for improved blood flow to minimize risk of DVT. Following education, patient verbalized understanding. Notification Notification Notification Patient Caregiver Understands diagnosis/prognosis and agrees with Goals/Time frame and Plan of Care (POC) Yes Physician notified and agrees with POC, frequency and duration. Comments (if any): left message reporting frequency Physician Signature Date Clinician Signature: Date:			☑ Patient	□ Caregiver
□ N/A Contacted HHA and reported frequency. Education: Educated patient on the importance of pacing upon standing to assess for dizziness prior to ambulation to minimize risk of falls and further injury. Following education, patient verbalized understanding. Education: Educated patient on importance of frequent position changes and movement for improved blood flow to minimize risk of DVT. Following education, patient verbalized understanding. Notification Patient □ Caregiver Understands diagnosis/prognosis and agrees with Goals/Time frame and Plan of Care (POC) Yes □ No Physician notified and agrees with POC, frequency and duration. Comments (if any): left message reporting frequency Physician Signature Date Clinician Signature: Date:	knee and to lower slowly. Following cuing, patie control and coordination. Patient will require furt ambulation to minimize risk of falls and further in	nt was able to pe ther training for in	erform correctly 50%	of the time with decreased left LE eccentric
Education: Educated patient on the importance of pacing upon standing to assess for dizziness prior to ambulation to minimize risk of falls and further injury. Following education, patient verbalized understanding. Education: Educated patient on importance of frequent position changes and movement for improved blood flow to minimize risk of DVT. Following education, patient verbalized understanding. Notification	Care Coordination		Safet	y Issues/Instruction/Education
☑ Patient ☐ Caregiver Understands diagnosis/prognosis and agrees with Goals/Time frame and Plan of Care (POC) ☑ Yes ☐ No ☑ Physician notified and agrees with POC, frequency and duration. Comments (if any): left message reporting frequency Physician Signature ☐ Date Clinician Signature: □ Date:			Education: Educate standing to assess risk of falls and furt verbalized understanding to the standard standard importance of frequimproved blood floor	for dizziness prior to ambulation to minimize ther injury. Following education, patient anding. Education: Educated patient on uent position changes and movement for w to minimize risk of DVT. Following
Understands diagnosis/prognosis and agrees with Goals/Time frame and Plan of Care (POC) ☑ Yes ☐ No ☑ Physician notified and agrees with POC, frequency and duration. Comments (if any): left message reporting frequency Physician Signature ☐ Date Clinician Signature: □ Date:		Notif	ication	
Clinician Signature: Date:	Understands diagnosis/prognosis and agrees ☑ Yes		ne frame and Plan o	
•	Physician Signature			Date
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