

Patient Name: _____ **MR:** _____ **DOB:** _____
Episode Period: _____ **Physician:** _____ **Order#:** _____

DME

N/A
Available: _____
Needs: _____
Suggestion: _____

Medical Diagnosis

N/A
Medical Diagnosis: _____
Onset _____
PTDiagnosis: _____
Onset _____
Comment _____

Treatment Plan

N/A
PT Frequency & Duration _____
 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 training Teach energy conservation techniques
 Relaxation technique Teach safe and effective breathing technique Teach hip precaution
 Electrical stimulation **Body Parts:** _____ **duration:** _____
 Ultrasound **Body Parts:** _____ **duration:** _____
 TENS **Body Parts:** _____ **duration:** _____
 Prosthetic training Pulse oximetry PRN
Other _____

Modalities

N/A

Clinician Signature: _____ **Date:** _____

Patient Name: V^•cÚæa }c	MR: YYY	DOB: YYÉYÉYYY
Episode Period: é ð ð ð ð / äé ð ð ð ð	Physician: V^•cÚ@•æa Ä ÖÉ	Order#: YYYYYY

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 Caregiver

Treatment Performed:
 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
<input type="checkbox"/> N/A Contacted HHA and reported frequency.	<input type="checkbox"/> N/A 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
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Clinician Signature:	Date:
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