

**Patient Name:** V^• dÚææ ) c      **MR:** ÝÝÝÝ      **Visit Date:** Í Þ ÆÆFÍ  
**Episode Period:** € Í Þ ÆÆFÍ ÁÆÍ Þ ÆÆFÍ      **Time In:** €FKÍ ÁÚT      **Time Out:** €GKÉÁÚT  
**Associated Mileage:**      **Surcharge:**      **Physician:** V^• dÚ@• ææ Á ÈÈ

**Vital Signs**

N/A

SBP	DBP	HR	Resp	Temp	Weight	O2 Sat
FFÍ	ÏÏ	Í€	Fí	_____	_____	_____

**Mental Assessment**

N/A

**Orientation:** [ |æ ) c á Á H  
**Level of Consciousness:** æ^c  
**Comment:**  
 \_\_\_\_\_

**Pain Assessment**

N/A

**Pain Location:** |^• d[ , ^| Áææ Áæ á Á [ • c |æ |  
 @  
**Pain level:** G  
**Increased by:** } [ Á ææ ! }  
**Relieved by:** \_\_\_\_\_

**Living Situation**

N/A

**Dwelling Level:**  One       Multiple  
**Stairs:** À• c ] • Á ' '       Yes       No  
**Lives with:**  
 Alone       Family       Friends       Significant Other  
**Support:**  
 Willing caregiver available       Limited caregiver support       No caregiver available  
**Home Safety Barriers:** Šä æ á Áææ ^ æ !

**Physical Assessment**

N/A

<b>Speech</b>	P [   { æ	<b>Vision</b>	Y ^æ• Á  æ• ^•	<b>Hearing</b>	P [   { æ
<b>Skin</b>	P [   { æ	<b>Edema</b>	{ äá Á äææ ! æ ŠÖ • , ^  ä *	<b>Muscle Tone</b>	P [   { æ
<b>Coordination</b>	Ö^& ^æ^á & [   ä ä æ^á	<b>Sensation</b>	Q Áæc	<b>Endurance</b>	Ö^& ^æ^á

**Clinician Signature:** Ò^&d [ } ææ^ ÁÜæ } ^ á Á^ K^• dÖ|ä ææ ÁÚV      **Date:** Í Þ ÆÆFÍ

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**Associated Mileage:**      **Surcharge:**      **Physician:** T^•cÚ@•ææ M.D.

**Physical Assessment**

movements through  
 left lower extremity  
**Safety Awareness** Good

**Prior and Current Level Of Function**

N/A  
**Prior Level Of Function:**  
 Patient was ambulating short distances within the home and performing ADL's independently.  
**Current Level Of Function:**  
 Patient is unable to safely ambulate within the home due to decreased balance and strength. Patient requires assistance with ADL's, ambulation and transfers.

**Homebound Reason**

- |  |   |
|--|---|
| <input type="checkbox"/> N/A   | <input type="checkbox"/> Medical restriction.                     |
| <input checked="" type="checkbox"/> Requires considerable and taxing effort. | <input checked="" type="checkbox"/> Needs assist with ambulation. |
| <input checked="" type="checkbox"/> Needs assist with transfer.              | <input type="checkbox"/> Unable to be up for long period.         |
| <input checked="" type="checkbox"/> Needs assist leaving the home.           | <input type="checkbox"/> Unsafe to go out of home alone.          |
| <input type="checkbox"/> Severe SOB upon exertion.                           |   |

**Prior Therapy Received**

N/A  
 No previous PT.

**Physical Assessment**

N/A  
**Comment**  
 Patient presents with decreased left lower extremity strength and coordination.

Part	Action	ROM Right	ROM Left	Strength Right	Strength Left
<b>Shoulder</b>	<b>Flexion</b>	_____	_____	_____	_____
	<b>Extension</b>	_____	_____	_____	_____
	<b>Abduction</b>	_____	_____	_____	_____
	<b>Int Rot</b>	_____	_____	_____	_____
	<b>Ext Rot</b>	_____	_____	_____	_____
<b>Elbow</b>	<b>Flexion</b>	_____	_____	_____	_____
	<b>Extension</b>	_____	_____	_____	_____
<b>Finger</b>	<b>Flexion</b>	_____	_____	_____	_____

**Clinician Signature:**      **Date:**  
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**Physical Assessment**

	<b>Extension</b>				
<b>Wrist</b>	<b>Flexion</b>	_____	_____	_____	_____
	<b>Extension</b>	_____	_____	_____	_____
<b>Hip</b>	<b>Flexion</b>	WFL	WFL	4+/5	3-/5
	<b>Extension</b>	_____	_____	_____	_____
	<b>Abduction</b>	_____	_____	_____	_____
	<b>Int Rot</b>	_____	_____	_____	_____
<b>Knee</b>	<b>Ext Rot</b>	_____	_____	_____	_____
	<b>Flexion</b>	WFL	WFL	4+/5	3-/5
<b>Ankle</b>	<b>Extension</b>	WFL	WFL	4+/5	3-/5
	<b>Plantarflexion</b>	_____	_____	_____	_____
<b>Trunk</b>	<b>Dorsiflexion</b>	_____	_____	_____	_____
	<b>Flexion</b>	_____	_____	_____	_____
	<b>Rotation</b>	_____	_____	_____	_____
<b>Neck</b>	<b>Extension</b>	_____	_____	_____	_____
	<b>Flexion</b>	_____	_____	_____	_____
	<b>Lat Flexion</b>	_____	_____	_____	_____
	<b>Long Flexion</b>	_____	_____	_____	_____
	<b>Rotation</b>	_____	_____	_____	_____

**Bed Mobility**

<input type="checkbox"/> N/A		
	<b>Assistance</b>	<b>Assistive Device</b>
<b>Rolling to Right</b>	I = Independent	Other
<b>Rolling to Left</b>	I = Independent	Other
<b>Sit Stand Sit</b>	S = Supervision	Other
<b>Sup to Sit</b>	I = Independent	Other
<b>Comment</b>		
Patient requires stable surface for transfers.		

**Gait Analysis**

<input type="checkbox"/> N/A	
<b>Level</b>	CGA = Contact Guard Assist x 10 feet

<b>Clinician Signature:</b> Electronically Signed by: <b>V. A. [Redacted] PT</b>	<b>Date:</b> <b>11/11/2020</b>
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Patient Name: \_\_\_\_\_ MR: \_\_\_\_\_ Visit Date: \_\_\_\_\_  
 Episode Period: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_  
 Associated Mileage: \_\_\_\_\_ Surcharge: \_\_\_\_\_ Physician: \_\_\_\_\_ M.D.

**Gait Analysis**

Unlevel \_\_\_\_\_ x \_\_\_\_\_ feet  
 Step/Stair \_\_\_\_\_ x \_\_\_\_\_ feet  
 No Rail       1 Rail       2 Rails

**Assistive Device**  
**Gait Quality/Deviation**  
 Cued patient to ambulate with gait belt and CGA. Verbally cued patient to stand tall and increase hip flexion to minimize foot drag. Following cuing, patient was able to perform correctly 25% of the time with significant flexed posture, required stable surfaces for balance, bilateral foot drag and decreased balance. Patient will require further training for increased dynamic standing balance to minimize risk of falls and further injury.

**Transfer**

N/A

	<b>Assistance</b>	<b>Assistive Device</b>
<b>Bed-Chair</b>	CGA = Contact Guard Assist	Other
<b>Chair-Bed</b>	CGA = Contact Guard Assist	Other
<b>Chair to W/C</b>	CGA = Contact Guard Assist	Other
<b>Toilet or BSC</b>	_____	_____
<b>Car/Van</b>	_____	_____
<b>Tub/Shower</b>	CGA = Contact Guard Assist	Other
<b>Sitting Balance</b>	<b>Static</b>	<b>Dynamic</b>
	N = Maintain static sitting/standing with maximum challenges from all directions	G = Maintain dynamic sitting/standing balance through moderate excursions of active trunk movement.
<b>Stand Balance</b>	F = Able to sit/stand unsupported without balance loss or UE support.	F- = Maintain dynamic sitting/standing balance through minimal excursions of active trunk movement with CG assist.
<b>Comment</b> Patient requires stable surfaces for contact during standing.		

**WB**

N/A  
 Status: FWB (full weight bearing)  
 Other:  
**Comment**  
 \_\_\_\_\_

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_

**Assessment**  
 N/A  
 Patient was recently hospitalized due to sudden loss of function throughout left extremities and significantly high BP. Patient was transported to hospital and had an MRI indicating no sign of CVA. Patient presents with residual left sided weakness and poor coordination. Patient requires stable surfaces for balance during ambulation of short distances. Patient has been utilizes a power chair for a couple years due to increased fatigue and difficulty breathing during ambulation. Patient will require further skilled physical therapy to work on balance, safety, gait training and strengthening which can not be met with HEP alone.

**Standardized test**

	Prior	Current
<b>Tinetti POMA:</b>	_____	16/28
<b>Timed Get Up &amp; Go Test:</b>	_____	_____
<b>Functional Reach:</b>	_____	_____
<b>Other:</b>	_____	High fall risk

**MD Orders**

**DME**

N/A  
**Available:** power chair, grab bars, FWW, bedside commode  
**Needs:** \_\_\_\_\_  
**Suggestion:** \_\_\_\_\_

**Medical Diagnosis**

N/A  
**Medical Diagnosis:** \_\_\_\_\_  
**Onset** \_\_\_\_\_  
**PTDiagnosis:** Generalized weakness, difficulty with ambulation

**Clinician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Electronically Signed by: V^•cŌ|ā Bāē PT      Í Đ ĐĐĐĐ

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**Associated Mileage:**      **Surcharge:**      **Physician:** T^•ÁÚ@•ææ M.D.

**Medical Diagnosis**

**Onset** 05/05/2018  
**Comment**  


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**Treatment Plan**

N/A

**PT Frequency & Duration** 1w1 2w4

<input checked="" type="checkbox"/> Therapeutic exercise	<input checked="" type="checkbox"/> Bed Mobility Training	<input checked="" type="checkbox"/> Transfer Training
<input checked="" type="checkbox"/> Balance Training	<input checked="" type="checkbox"/> Gait Training	<input checked="" type="checkbox"/> Neuromuscular re-education
<input checked="" type="checkbox"/> Functional mobility training	<input checked="" type="checkbox"/> Teach safe and effective use of adaptive/assist device	<input checked="" type="checkbox"/> Teach safe stair climbing skills
<input checked="" type="checkbox"/> Teach fall prevention/safety	<input checked="" type="checkbox"/> Establish/upgrade home exercise program	<input checked="" type="checkbox"/> Pt/caregiver education/training
<input checked="" type="checkbox"/> Proprioceptive training	<input checked="" type="checkbox"/> Postural control training	<input checked="" type="checkbox"/> Teach energy conservation techniques
<input checked="" type="checkbox"/> Relaxation technique	<input checked="" type="checkbox"/> Teach safe and effective breathing technique	<input type="checkbox"/> Teach hip precaution

Electrical stimulation      **Body Parts:** \_\_\_\_\_ **duration:** \_\_\_\_\_  
 Ultrasound      **Body Parts:** \_\_\_\_\_ **duration:** \_\_\_\_\_  
 TENS      **Body Parts:** \_\_\_\_\_ **duration:** \_\_\_\_\_  
 Prosthetic training       Pulse oximetry PRN

**Other**  


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**Modalities**

N/A

Ice pack or heat pack as needed for pain control.

**PT Goals**

Patient will demonstrate ability to perform home exercise program within 2 weeks.  
 Improve bed mobility to independent within 2 weeks  
 Patient will improve sit to stand transfer skill to independent assist using good eccentric control, stable device within 4 weeks.  
 Patient will be able to ambulate using FWW device at least 25 feet on even surface to be able to perform ADL within 4 weeks.  
 Improve strength of left lower extremity to 4/5 grade to improve ambulation and transfers within 4 weeks  
 Patient will have increase in Tinetti Performance Oriented Mobility Assessment score to 22 over 28 to reduce fall risk within 4 weeks.

**Additional goals:**  


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**Clinician Signature:** **Date:**  
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# PT Evaluation

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**Associated Mileage:**      **Surcharge:**      **Physician:** T^• dÚ@• 333 M.D.

## PT Goals

**PT Short Term Goals:**  
 Balance: Patient will perform lateral stepping while at stable surface with SBA without fall risk 100% of the time within 2 weeks.

**PT Long Term Goals:**  
 Balance: Patient will perform retro walking with FWW with SBA without fall risk 100% of the time within 4 weeks.

## Other Discipline Recommendation

N/A  
 OT       MSW       ST       Podiatrist      **Other** \_\_\_\_\_  
**Reason**  
 ADL's

## Rehab

N/A  
**Rehab Diagnosis:** Generalized weakness, difficulty with ambulation  
**Rehab Potential:**  Good       Fair       Poor

## Discharge Plan

N/A  
**Patient to be discharged to the care of**       Physician       Caregiver       Selfcare  
**Discharge Plans**       Discharge when caregiver willing and able to manage all aspects of patient's care.       Discharge when goals met.

## Skilled Care Provided

N/A  
**Training Topics**  
 Transfers: Cued patient to perform sit to stand transfer from chair with gait belt and SBA. Verbally cued patient to keep chest 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

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<b>Associated Mileage:</b>	<b>Surcharge:</b>	<b>Physician:</b> T^•cÚ@•ææ M.D.

**Skilled Care Provided**

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:**

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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**

<input checked="" type="checkbox"/> Patient	<input type="checkbox"/> Caregiver
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**Understands diagnosis/prognosis and agrees with Goals/Time frame and Plan of Care (POC)**

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Physician notified and agrees with POC, frequency and duration. Comments (if any): left message reporting frequency

<b>Clinician Signature:</b> Electronically Signed by: V^•cÚ ã ææ ÁPT	<b>Date:</b> Í ð ð FÌ
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