

[Name of HH Agency]

Phone:

Fax:

PHYSICAL THERAPY EVALUATION

EPISODE: 07/18/14 - 09/15/14
07/22/14 4:00PM - 5:00PM 60 MIN

PHYSICIAN:

PHONE:

FAX:

PATIENT:

DOB:

Reason for Evaluation Initial

Pt is a 73 y/o female who fell off an escalator two years ago. Pt reports her L LE started to get weaker approx. 18 months ago and has progressively gotten weaker since; to the point where she can't stand nor walk. Pt reports her R LE and L UE have also been getting weaker the past 6 months. Pt has lost almost all function of her legs and is now dependent on PCG for transfers and ADLs. Pt is a good candidate for PT to help improve strength, endurance and function.

Homebound Status

- needs assistance for all activities
- leaves home with taxing effort
- leaves for med appointments only
- dependent on assistive device
- residual weakness

Pt unable to walk.

Rehabilitation Potential

- fair

Visitation Frequency

2WK6

Pertinent Diagnoses

- Paralysis B LE (L > R)

Medical/Surgical/Falls History

S/P fall on escalator two years ago. H/O breast cancer. Pt is concerned she may have ALS.

Prior Functional Status

Bed mobility: Independent

Transfers: Independent

Balance: Good

Ambulation: Independent

Functional status started to decline approx. 18 months ago.

Precautions

Fall precautions due to pt has no strength in B LE.

Vital Signs

BP	TEMP	PULSE (Radial)	PULSE (Apical)	RESP
116/76 (Right arm sitting)		75 (Reg)		
117/74 (Right arm sitting)				

Pain

- No pain at present

Home Safety

- stairs
- needs grab bar

Support System

- No support problems

Adaptive Equipment

- wheeled walker
- commode

hospital bed, transport chair, elevated toilet seat w/ handles, electric stair lift, electric recliner

Cognitive Status

- No problems (oriented x 4)

Muscle Tone

- Hypotonia in LE (R)
 - Hypotonia in LE (L)
- significant atrophy L upper leg

Sensation

- Intact

Proprioception

- Intact

Skin Integrity

- Intact

Edema

- non-pitting
- pedal (R)
- pedal (L)

Posture

- forward head
- rounded shoulders
- scoliosis

Dyspnea

- No deficit

Range of Motion and Strength

ROM			Motion	MMT	
Right	Left	Norm		Right	Left
			Shoulder		
WFL	70	140°	Flexion	5/5	2/5
WFL	N/A	50°	Extension	N/A	N/A
WFL	60	170°	Abduction	4/5	2/5
WFL	N/A	0°	Adduction	N/A	N/A
WFL	N/A	70°	Internal rotation	N/A	N/A
WFL	N/A	90°	External rotation	N/A	N/A
			Elbow		
WFL	WFL	145°	Flexion	5/5	3+/5
WFL	WFL	0°	Extension	5/5	3+/5
WFL	WFL	80°	Pronation	5/5	3/5
WFL	WFL	80°	Supination	5/5	3/5
			Wrist		
WFL	WFL	80°	Flexion	5/5	5/5
WFL	WFL	70°	Extension	5/5	5/5
WFL	WFL	20°	Radial deviation	N/A	N/A
WFL	WFL	30°	Ulnar deviation	N/A	N/A
			Hip		
N/A	N/A	120°	Flexion	2/5	1/5
N/A	N/A	25°	Extension	2/5	1/5
N/A	N/A	50°	Abduction	2/5	1/5
N/A	N/A	30°	Adduction	2/5	1/5
N/A	N/A	45°	Internal rotation	2/5	1/5
N/A	N/A	45°	External rotation	2/5	1/5

Right	Left	Norm	Knee	Right	Left
20	0	135°	Flexion	2/5	1/5
0	0	0°	Extension	2/5	1/5
Right	Left	Norm	Ankle	Right	Left
0	N/A	15°	Dorsiflexion	1/5	1/5
WFL	N/A	45°	Plantarflexion	3+/5	1/5
WFL	N/A	35°	Inversion	4/5	1/5
0	N/A	15°	Eversion	2/5	1/5

Bed Mobility

Roll/turn	Minimal assist
Sit-to-supine	Maximum assist
Supine-to-sit	Maximum assist
Scoot/bridge	Maximum assist

Transfers

Sit-to-stand	Dependent
Stand-to-sit	Maximum assist
In/out of bed	Dependent
Commode/Toilet	Dependent
In/out of tub/shower	Dependent

Balance Sitting

Static	Fair-	Weak trunk
Dynamic	Poor+	Weak trunk

Gait

- Non-ambulatory

Physical Therapy Care Plan: New Interventions

- 1 Therapeutic exercise to develop strength, flexibility, ROM
- 2 Sit to stand training
- 3 Sitting static balance training
- 4 Sitting dynamic balance training
- 5 Upgrade home exercise program
- 6 Energy Conservation Techniques
- 7 Bed mobility training
- 8 Fall Recovery Techniques

Physical Therapy Care Plan: New Goals

- 1 Patient's endurance will improve to a Fair level as evidenced by patient being able to tolerate 30 minutes of moderate physical exertion with 5-6 one minute rest breaks within 6 weeks.
- 2 PCG to be able to verbalize fall recovery techniques as evidenced by PCG explaining when and when not to assist with fall recovery using good body mechanics and safety precautions within 6 weeks.
- 3 Patient will improve bed mobility to mod A so patient can perform skin pressure relief and assist with bed oriented self-care tasks within 6 weeks.
- 4 Patient will improve sit to stand transfer from electric recliner to max A within 6 weeks.

Discharge Plan

- when goals met
 when max rehab potential reached

SIGNATURES:

CARE PLAN DISCUSSED WITH PATIENT/CAREGIVER AND AGREED UPON
COMPLETED AND ELECTRONICALLY SIGNED BY _____, PT

A handwritten signature in black ink, appearing to be 'John' or similar, enclosed in a simple rectangular box.

PATIENT'S SIGNATURE:

PHYSICIAN'S SIGNATURE: _____ DATE: _____

[Name of HH Agency]
[Address]

PHYSICAL THERAPY CARE PLAN

EPISODE: 07/18/14 - 09/15/14
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PHYSICIAN'S SIGNATURE: _____ DATE: _____