

# PHYSICAL THERAPY PROGRESS NOTE

PATIENT NAME:

MR#:

DOB:

## SKILLED SERVICES PROVIDED

Gender: Male Female

|  |  |
|--|--|
| <input type="checkbox"/> PT Evaluation                     | <input type="checkbox"/> Ultrasound                        |
| <input type="checkbox"/> Therapeutic exercises             | <input type="checkbox"/> Hot pack                          |
| <input type="checkbox"/> Therapeutic activities            | <input type="checkbox"/> Cold pack/ice massage             |
| <input type="checkbox"/> Bed mobility/Transfer training    | <input type="checkbox"/> Massage/soft tissue mobilization  |
| <input type="checkbox"/> Gait training                     | <input type="checkbox"/> Joint Mobilization                |
| <input type="checkbox"/> Muscle/movement reeducation       | <input type="checkbox"/> PT/CG education (safety/bodymech) |
| <input type="checkbox"/> Prosthetic/orthotic training      | <input type="checkbox"/> Other:                            |
| <input type="checkbox"/> Home exercise program instruction | Vital Signs BP: HR: RR: SpO2: Temp:                        |

## SUBJECTIVE

☐ Pain ☐ Fatigue ☐ Weakness ☐ Unsteady gait ☐ Condition improved  
Pain Assessment Intensity/Scale: Site: Description:  
Frequency: ☐ All the time ☐ Daily but not constantly ☐ Less often than daily ☐ Patient has no pain  
Other:

## OBJECTIVE DATA

|                     |                                  |                                    |                              |                              |                              |                              |                              |                            |                            |
|---------------------|----------------------------------|------------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|----------------------------|----------------------------|
| <b>BED MOBILITY</b> | Bridge                           | Dependent <input type="checkbox"/> | Max <input type="checkbox"/> | Mod <input type="checkbox"/> | Min <input type="checkbox"/> | CGA <input type="checkbox"/> | SBA <input type="checkbox"/> | S <input type="checkbox"/> | I <input type="checkbox"/> |
|                     | Rolling / Scoot                  | Dependent <input type="checkbox"/> | Max <input type="checkbox"/> | Mod <input type="checkbox"/> | Min <input type="checkbox"/> | CGA <input type="checkbox"/> | SBA <input type="checkbox"/> | S <input type="checkbox"/> | I <input type="checkbox"/> |
|                     | Supine to sit                    | Dependent <input type="checkbox"/> | Max <input type="checkbox"/> | Mod <input type="checkbox"/> | Min <input type="checkbox"/> | CGA <input type="checkbox"/> | SBA <input type="checkbox"/> | S <input type="checkbox"/> | I <input type="checkbox"/> |
|                     | Sit to supine                    | Dependent <input type="checkbox"/> | Max <input type="checkbox"/> | Mod <input type="checkbox"/> | Min <input type="checkbox"/> | CGA <input type="checkbox"/> | SBA <input type="checkbox"/> | S <input type="checkbox"/> | I <input type="checkbox"/> |
| <b>TRANSFER</b>     | Sit <> Stand                     | Dependent <input type="checkbox"/> | Max <input type="checkbox"/> | Mod <input type="checkbox"/> | Min <input type="checkbox"/> | CGA <input type="checkbox"/> | SBA <input type="checkbox"/> | S <input type="checkbox"/> | I <input type="checkbox"/> |
|                     | Bed <> Chair                     | Dependent <input type="checkbox"/> | Max <input type="checkbox"/> | Mod <input type="checkbox"/> | Min <input type="checkbox"/> | CGA <input type="checkbox"/> | SBA <input type="checkbox"/> | S <input type="checkbox"/> | I <input type="checkbox"/> |
|                     | Toilet                           | Dependent <input type="checkbox"/> | Max <input type="checkbox"/> | Mod <input type="checkbox"/> | Min <input type="checkbox"/> | CGA <input type="checkbox"/> | SBA <input type="checkbox"/> | S <input type="checkbox"/> | I <input type="checkbox"/> |
|                     | Bathing/Shower                   | Dependent <input type="checkbox"/> | Max <input type="checkbox"/> | Mod <input type="checkbox"/> | Min <input type="checkbox"/> | CGA <input type="checkbox"/> | SBA <input type="checkbox"/> | S <input type="checkbox"/> | I <input type="checkbox"/> |
| <b>GAIT</b>         | Indoors/even terrain Distance:   | Dependent <input type="checkbox"/> | Max <input type="checkbox"/> | Mod <input type="checkbox"/> | Min <input type="checkbox"/> | CGA <input type="checkbox"/> | SBA <input type="checkbox"/> | S <input type="checkbox"/> | I <input type="checkbox"/> |
|                     | Outdoor/uneven terrain Distance: | Dependent <input type="checkbox"/> | Max <input type="checkbox"/> | Mod <input type="checkbox"/> | Min <input type="checkbox"/> | CGA <input type="checkbox"/> | SBA <input type="checkbox"/> | S <input type="checkbox"/> | I <input type="checkbox"/> |
|                     | Device:                          |                                    |                              |                              |                              |                              |                              |                            |                            |
| <b>Stairs</b>       | #Steps: Device:                  | Dependent <input type="checkbox"/> | Max <input type="checkbox"/> | Mod <input type="checkbox"/> | Min <input type="checkbox"/> | CGA <input type="checkbox"/> | SBA <input type="checkbox"/> | S <input type="checkbox"/> | I <input type="checkbox"/> |
|                     | Pattern: Precautions:            |                                    |                              |                              |                              |                              |                              |                            |                            |

|                |                             |                            |                             |                             |                            |                             |                             |                            |                             |                             |                            |                             |                             |                            |                             |                             |                            |                             |
|----------------|-----------------------------|----------------------------|-----------------------------|-----------------------------|----------------------------|-----------------------------|-----------------------------|----------------------------|-----------------------------|-----------------------------|----------------------------|-----------------------------|-----------------------------|----------------------------|-----------------------------|-----------------------------|----------------------------|-----------------------------|
| <b>BALANCE</b> | <b>Static</b>               |                            |                             |                             |                            |                             | <b>Dynamic</b>              |                            |                             |                             |                            |                             |                             |                            |                             |                             |                            |                             |
| Sitting        | P- <input type="checkbox"/> | P <input type="checkbox"/> | P+ <input type="checkbox"/> | F- <input type="checkbox"/> | F <input type="checkbox"/> | F+ <input type="checkbox"/> | G- <input type="checkbox"/> | G <input type="checkbox"/> | G+ <input type="checkbox"/> | -P <input type="checkbox"/> | P <input type="checkbox"/> | P+ <input type="checkbox"/> | -F <input type="checkbox"/> | F <input type="checkbox"/> | F+ <input type="checkbox"/> | -G <input type="checkbox"/> | G <input type="checkbox"/> | G+ <input type="checkbox"/> |
| Standing       | P- <input type="checkbox"/> | P <input type="checkbox"/> | P+ <input type="checkbox"/> | F- <input type="checkbox"/> | F <input type="checkbox"/> | F+ <input type="checkbox"/> | G- <input type="checkbox"/> | G <input type="checkbox"/> | G+ <input type="checkbox"/> | -P <input type="checkbox"/> | P <input type="checkbox"/> | P+ <input type="checkbox"/> | -F <input type="checkbox"/> | F <input type="checkbox"/> | F+ <input type="checkbox"/> | -G <input type="checkbox"/> | G <input type="checkbox"/> | G+ <input type="checkbox"/> |

## THERAPEUTIC EXERCISES/ACTIVITIES PERFORMED

## ASSESSMENTS

Patient is ☐ Uncooperative ☐ Requires encouragement ☐ Cooperative/motivated

|   |                               |                               |                               |                                    |
|---|-------------------------------|-------------------------------|-------------------------------|------------------------------------|
| Patient's response to today's treatment     | Poor <input type="checkbox"/> | Fair <input type="checkbox"/> | Good <input type="checkbox"/> | Excellent <input type="checkbox"/> |
| Patient's progress toward established goals | Poor <input type="checkbox"/> | Fair <input type="checkbox"/> | Good <input type="checkbox"/> | Excellent <input type="checkbox"/> |
| Activity Tolerance/Endurance:               | Poor <input type="checkbox"/> | Fair <input type="checkbox"/> | Good <input type="checkbox"/> | Excellent <input type="checkbox"/> |
| Safety/Body mechanics                       | Poor <input type="checkbox"/> | Fair <input type="checkbox"/> | Good <input type="checkbox"/> | Excellent <input type="checkbox"/> |

Comment:

## DEFICIT AREAS/REASONS FOR BEING HOMEBOUND

|   |  |     |           |   |        |
|---|--|-----|-----------|---|--------|
| ROM   | U/E:   | LE: | Cervical: | Trunk:  | Other: |
| Strength  | U/E:   | LE: | Cervical: | Trunk:  | Other: |
| <input type="checkbox"/> Inadequate safety awareness    | <input type="checkbox"/> Unable/difficulty w/ stairs, ambulating outdoors  |     |           | <input type="checkbox"/> Difficulty w/ transfer                     |        |
| <input type="checkbox"/> Localized Weakness/instability | <input type="checkbox"/> Inefficient gait w/ increased fall risk, unsteady |     |           | <input type="checkbox"/> Bed bound/chair bound                      |        |
| <input type="checkbox"/> Impaired balance               | <input type="checkbox"/> Non-ambulatory/requires assistance to leave home  |     |           | <input type="checkbox"/> Profound general weakness                  |        |
| <input type="checkbox"/> Limited ROM                    | <input type="checkbox"/> Difficulty to manage stairs, ambulate outdoors    |     |           | <input type="checkbox"/> Significant taxing effort performing tasks |        |
| Comments/PT Plan:                                       |  |     |           |   |        |

|            |        |                  |               |
|------------|--------|------------------|---------------|
| Therapist: | Title: | Signature: _____ | Date:         |
| Therapist: | Title: | Signature: _____ | Time In: Out: |