

# Evaluation

Evaluation No. : :EVAL00017

Name : DKT test

Age : 78

Medical Diagnosis : fdf

Present Complaints : dfd

## Assessments

Intensity : 9

Nature Dull Pain

Mobility : Hyperlaxed ROM

Remark : mobility\_remark

Tightness : Hip

Muscle Strength : Grade 3

Remark : muscle\_remark



















Muscle Tone

Special Tests : special\_test

BreathlessnessGrade 3

Fatigue : Yes

## Bed Mobility

FIM score / Activity	Date of eval	Rolling	Supine to sit	Sit to stand
Total Assistance 1	date			
Maximal Assistance 2	date			
Moderate Assistance 3	date			
Minimal Assistance 4	date			
Contact Guarding 5 A	date			
Supervision or setup 5 B	date			

Modified Independence 6 date

☐☐☐

Complete Independence 7 date

☐☐☐

## **B. Transfers**

### **Transfer to wheelchair**

<b>FIM Levels</b>	<b>Date of eval</b>	<b>wheelchair/comode</b>	<b>Chair</b>	<b>Car transfer</b>
Total Assistance 1	date	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Maximal Assistance 2	date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate Assistance 3	date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimal Assistance 4	date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact Guarding 5 B	date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision or setup 5 A	date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modified Independence 6	date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete Independence 7	date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **Balance Assessment**

### **Berg Balance Scale**

<b>Balance Item</b>	<b>Score (0-4)</b>
Sitting unsupported	2
sitting to standing	
standing to sitting	
Transfers	
Standing with eyes close	
Standing with feet together	
Tandem standing	
Standing on one leg	
Turning trunk (feet fixed)	
Retrieving objects from floor	
Turning 360 degrees	

Stool stepping

Reaching forward while standing 3

Total Score 5

Recommendation for physiotherapy

☒Yes ☐No

Gait speed

gait speed

Treatment Goals

Independent Mobility ▼

Remark

treatment\_goal\_remark

Therapy Time

20 min ▼

Expected sessions

Thrice Daily ▼

Next Evaluation Date