

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	<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 A	date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervision or setup 5 B	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"/>

B. Transfers

Transfer to wheelchair

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

Balance Assessment

Berg Balance Scale

Balance Item	Score (0-4)
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

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Yes

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No

Gait speed

gait speed

Treatment Goals

Independent Mobility

▼

Remark

treatment_goal_remark

Therapy Time

20 min



Expected sessions

Thrice Daily



Next Evaluation Date