

Evaluation Data

Evaluation No. : :EVAL00001

Name : balaji1

Age : 70

Medical Diagnosis : diagnosiss

Present Complaints : knee pains

Assessments

Intensity : pains

Nature

Mobility :

Remark :

Tightness : tightnesss

Muscle Strength :

Remark :

Muscle Tone

Special Tests :

Breathlessness

Fatigue :

Bed Mobility

Rolling

FIM score / Activity	Date of eval	Rolling	Supine to sit	Sit to stand
Total Assistance 1	2023-11-07	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Maximal Assistance 2	2023-11-08	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Moderate Assistance 3	2023-11-09	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Minimal Assistance 4	2023-11-11	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Contact Guarding 5 A	2023-11-11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Supervision or setup 5 B	2023-11-11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Modified Independence 6	2023-11-12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Complete Independence 7	2023-11-14	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

B. Transfers

Transfer to wheelchair

FIM Levels	Date of eval	wheelchair/comode Chair	Car transfer
Total Assistance 1	2023-11-17	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Maximal Assistance 2	2023-11-18	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Moderate Assistance 3	2023-11-19	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Minimal Assistance 4	2023-11-20	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact Guarding 5 B	2023-11-21	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supervision or setup 5 A	2023-11-22	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Modified Independence 6	2023-11-24	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Complete Independence 7	2023-11-25	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Interpretation:

Balance Assessment

Berg Balance Scale

Balance Item	Score (0-4)
Sitting unsupported	
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

Total Score

Interpretation Remark:

Gait Assessment

Gait Remark:

Recommendation for physiotherapy:

Gait speed:

Treatment Goals: knee pains

Remark:

Therapy Time:

Expected sessions: Daily Twice

Next Evaluation Date: 20-dec-2023