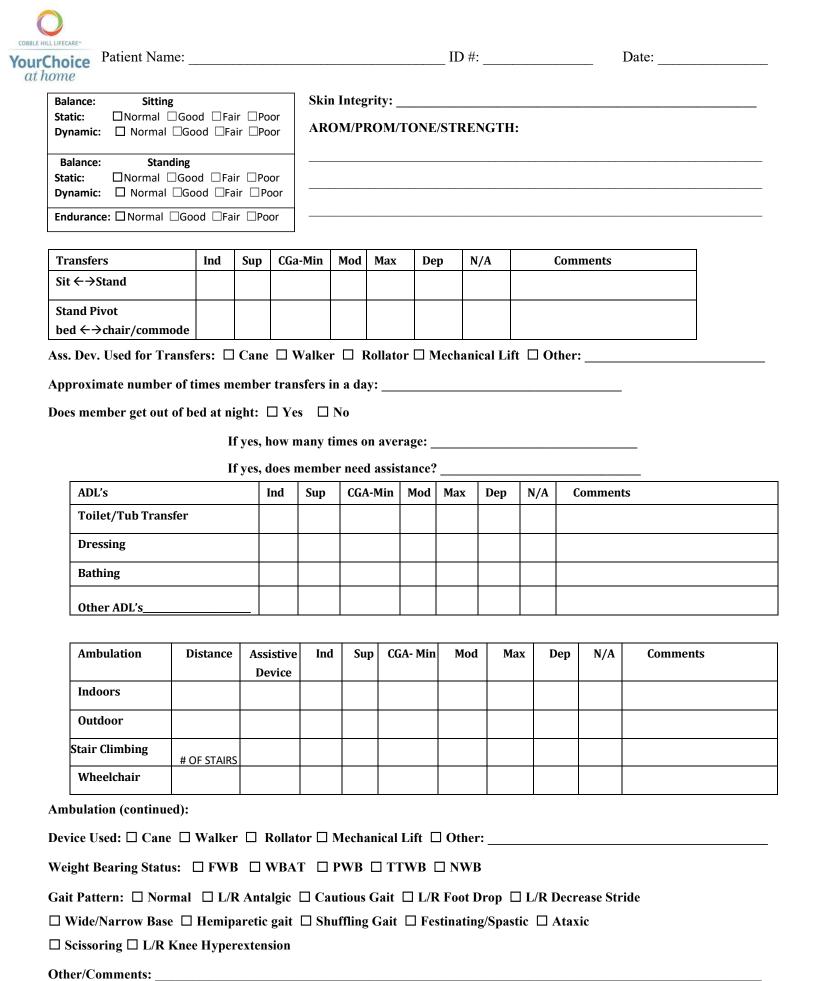
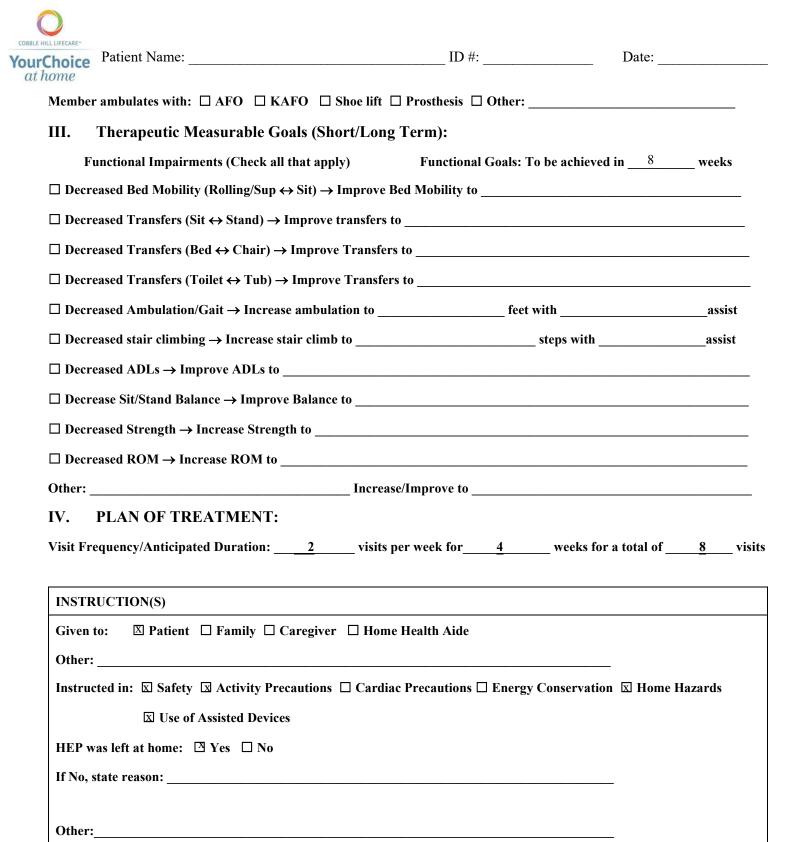


# THERAPY EVALUATION INITIAL VISIT PHYSICAL THERAPY

Date of Visit:		Time In:				Tim	e Out: _				
Patient Name:				II	O #:			_ Age: _			
Primary Diagnosis:											
Reason for Referral:											
I. HISTORY / PRIOR S	TATU	S AND	FUN	NCTIC	N:						
Past Medical / Surgical History:											
Precautions / Contraindications:	Falls/safe	ety									
Mental Status: Alert and Oriented	to 🗆 I	Person	□ P	lace	□ Date	e 🗆 F	Patient i	s able to	self-direct	ННА	/Caregiver
Comments:											
☐ Patient requires considerable an	d taxing	g effort 1	to leav	e the ho	ome due	to: 🗆 D	yspnea	□ Car	diac Limita	ations	☐ Weakness
Home Setting: ☐ Private House [	□ Apart	tment	□ Oth	er:							
☐ Outdoor Steps:		_step(s)	) Rail (	on: 🗆 1	Right Si	de □ L	eft Side				
☐ Indoor Steps: _		_ step(s)	) Rail	on: 🗆 1	Right Si	de □ L	eft Side				
Lives with: ☐ Alone ☐ Spor											
Sensation/Pain (Level): □ 0					ona _ □ 4	_	□ 6			□ 9	□ 10
Location:								ш,	ш 0		□ 10
II. Findings											
Vital Signs: Pre-Tx: BP HR		DD	Ç.,	ω.	D	at Twi E	o D	ШΒ	DD		SnO.
Present Functional Level:		.кк	sp	JO2	r	)St-1 X; E	or	_ пк_	KK_		SpO <sub>2</sub>
Bed mobility	Ind	Sup	CG	Min	Mod	Max	Dep		Comment	s	
Rolling (Left ←→Right)		-					1				
Supine ←→Sit	+										
Bridging	+										
Bed Mobility (continued):			1	-I			-I				
Type of Bed: ☐ hospi	tal bed	□stan	dard b	ed 🗆	couch	□ othe	r:				
Height of Bed: □ star	ıdard he	eight [	□ low	□ hi	gh						
Adaptive Device Used	: 🗆 Tr:	apeze	□ Me	chanica	ıl lift □	Other:					
Does the member req		_									
If yes, how much assis					-				_ 1.0		
ii jes, non much assis	tunct 15	cucu	to sai	cry com	Piece ac						





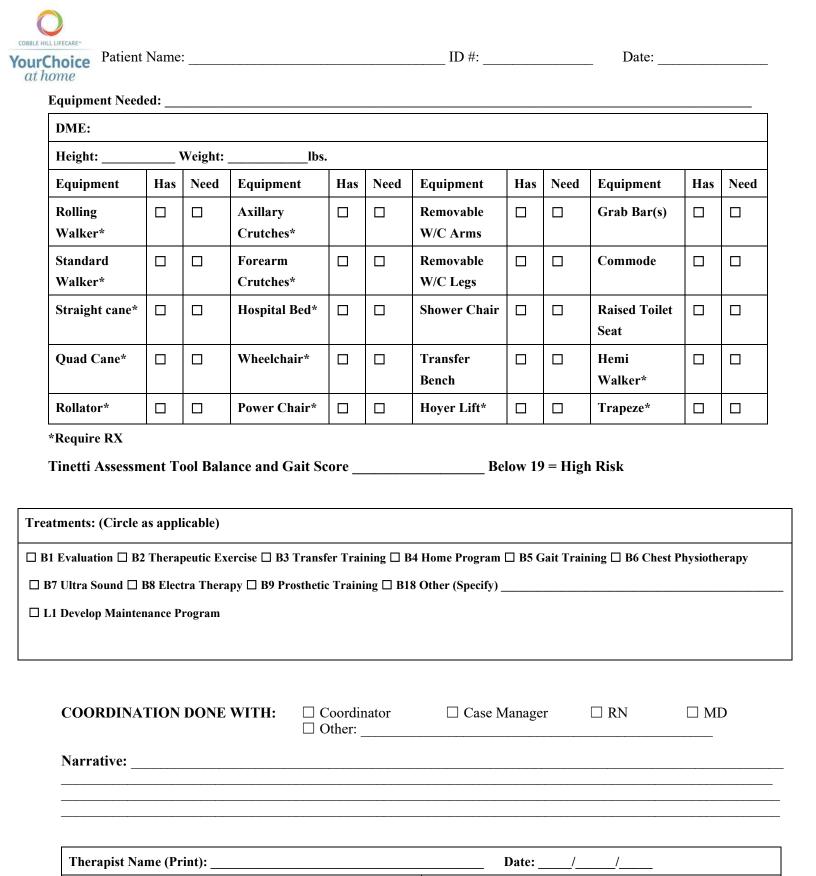
Response to Instructions: 

Verbalized Understanding and Agreed to Comply 

Need Continuous Instructional

Training

Other: \_\_\_\_



Therapist Signature

Title: \_\_\_\_\_

Patient's Name (PRINT):

Patient's Signature: x\_\_\_\_\_



Patient Name:	ID #·	Date
i aticiit i vaiiic.	$\mathbf{D} \pi$ .	Daic.

## TINETTI BALANCE ASSESSMENT TOOL

Tinetti ME,	Williams	TF, Mayewski R	, Fall Risk	Index for	elderly patients	based of	n number	of chronic	: dis-
abilities. A	m J Med	1986:80:429-434	4						

PATIENTS NAME	_ D.O.B
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#### **BALANCE SECTION**

Patient is seated in hard, armless chair;

		Date		
Sitting Balance	Leans or slides in chair Steady, safe	= 0 = 1		
Rises from chair	Unable to without help Able, uses arms to help Able without use of arms	= 0 = 1 = 2		
Attempts to rise	Unable to without help Able, requires > 1 attempt Able to rise, 1 attempt	= 0 = 1 = 2		
Immediate standing Balance (first 5 seconds)	Unsteady (staggers, moves feet, trunk sway) Steady but uses walker or other support Steady without walker or other support	= 0 = 1 = 2		
Standing balance	Unsteady Steady but wide stance and uses support Narrow stance without support	= 0 = 1 = 2		
Nudged	Begins to fall Staggers, grabs, catches self Steady	= 0 = 1 = 2		
Eyes closed	Unsteady Steady	= 0 = 1		
Turning 360 degrees	Discontinuous steps Continuous	= 0 = 1		
Turning 500 degrees	Unsteady (grabs, staggers) Steady	= 0 = 1		
Sitting down	Unsafe (misjudged distance, falls into chair) Uses arms or not a smooth motion Safe, smooth motion	= 0 = 1 = 2		
	Bala	ince score	/16	



Patient Name:	ID #:	Date:	

### TINETTI BALANCE ASSESSMENT TOOL

#### **GAIT SECTION**

Patient stands with therapist, walks across room (+/- aids), first at usual pace, then at rapid pace.

		Date		
Indication of gait (Immediately after told to 'go'.)	Any hesitancy or multiple attempts No hesitancy	= 0 = 1		
Step length and height	Step to Step through R Step through L	= 0 = 1 = 1		
Foot clearance	Foot drop L foot clears floor R foot clears floor	= 0 = 1 = 1		
Step symmetry	Right and left step length not equal Right and left step length appear equal	= 0 = 1		
Step continuity	Stopping or discontinuity between steps Steps appear continuous	= 0 = 1		
Path	Marked deviation Mild/moderate deviation or uses w. aid Straight without w. aid	= 0 = 1 = 2		
Trunk	Marked sway or uses w. aid No sway but flex. knees or back or uses arms for stability No sway, flex., use of arms or w. aid	= 0 = 1 = 2		
Walking time	Heels apart Heels almost touching while walking	= 0 = 1		
		Gait score	/12	
	Balance score car	ried forward	/16	
	Total Score = Balance + C	Gait score	/28	

**Risk Indicators:** 

Tinetti Tool Score ≤ 18 19 – 23 ≥ 24 Risk of Falls High

Moderate

Low