

PHYSICAL THERAPY EVALUATION AND THERAPY PLAN OF CARE

Pulse: /min BP: / RR: /min Pain Assessment: Pain Severity Level: 0 1 2 3 4 5 6 7 8 9 10 Location: Aggravated by: Relieved by:	Patient Name:								_ Time In::				Time Out::					
SIGNIFICANT MEDICAL HISTORY / CLINICAL FINDINGS Primary Dx:									DOB: Male: Femal					ale:				
Primary Dx:	Physician Nam								Physician Phone #:									
Past Modical History:				SIGI	NIFICA	M TA	EDICA	L HIS	TORY	/ CLIN	IICAL F	INDING	iS					
Past Medical History:	Primary Dx:								Onset	Date:_			Reha	b. Dx:				
Past Medical History:	Secondary Dx:																	
Poor																		
Mental Status:	Prior PT Service	es:																
Dither:	Prognosis:	Poor			arde	d		Fair		G	ood							
Dither:	Mental Status:	Alert			Oriente	d (Tim	- ne □	Place	P€	erson)	Г	Disc	riented	d	ПЕ	oraetf	ul
Action											,					ш.	o. go	
Pulse:									Sho	rtnaes	of Bro	ath who	n Amh	ulata :	> 20 ft		Vas	
Pain Assessment: Pain Severity Level: 0 1 2 3 4 5 6 7 8 9 10										111633	o or bre	alli Wile	II AIIIL	Julate 2	- 20 II	• Ш	162	140
Relieved by:										7 0	•	10 1						
No																		
Pain management plan established with patient:									_					_		_	_	
Musculoske stal Assessment:	Type: A	ching B	urning		Radia	ting	Re	terred		Spasm	nodic	Cor	nstant	/	Agitate	d _	Interr	nittent
Musculoske stal Assessment:	Pain managem	ent plan esta	blished	d with	patien	t:	Ye	s		No								
Movements	Pulmonary As	sessment: _																
Movements	Musculoskele	etal Assessm	ent:			Muscle Strength							Range of Motion					
Shoulder Flexion/Extension										1								
Elbow Flexion/Extension	Shoulder		sion							9						•		
Wrist Flexion/Extension Florider Flexion/Extension Flexion/Extension/Rotation Flexion/Extensio		Abduction/Ad	duction	า														
Fingers Flexion/Extension	Elbow	Flexion/Exten	sion															
Hip Flexion/Extension	Wrist	Flexion/Exten	sion															
Abduction/Adduction	Fingers	Flexion/Exten	sion															
Flexion/Extension	Hip	Flexion/Exten	sion															
Ankle Flexion/Extension Foot Inversion/Eversion Trunk Flexion/Extension/Rotation Muscle Tone: Normal Abnormal Specify: Balance Impairment: Sitting Static: Dynamic: Standing Static: Dynamic: Coordination: Sensation: Functional Assessment: Current Functional Status Prior Functional Status Functional Assessment: Normal Status Prior Functional Status Bed mobility Supine to sit Transfer in/out of bed Bed to chair Sit to stand Toilet/commode		Abduction/Adduction																
Foot	Knee	Flexion/Exten	sion															
	Ankle	Flexion/Extension																
Muscle Tone: Normal Abnormal Specify: Salance Impairment: Sitting Static: Dynamic: Standing Static: Dynamic:	Foot	Inversion/Eve	rsion															
Salance Impairment: Sitting Static: Dynamic: Standing Static: Dynamic: Dynamic: Dynamic: Sensation: Functional Assessment: Current Functional Status Prior Functional Status	Trunk	Flexion/Exten	sion/R	otation														
Salance Impairment: Sitting Static: Dynamic: Standing Static: Dynamic: Dynamic: Dynamic: Sensation: Functional Assessment: Current Functional Status Prior Functional Status	Muscle Tone:	Norn	nal		Abnorn	nal	S	necify										
Functional Assessment: Current Functional Status												handin.	_	Ctatio	_	D. a		
Functional Assessment: Current Functional Status Ind Sup CG Min Mod Max Dep NA Ind Sup CG Min Mod Max Dep NA Bed mobility Image: CG mobility or color of the color of th	_			•								otandin	9	Static		_ Dyi	namic:	
Ind Sup CG Min Mod Max Dep NA Ind Sup CG Min Mod Max Dep NA Bed mobility Supine to sit Transfer in/out of bed Bed to chair Sit to stand Toilet/commode	Coordination:						_ 5	ensati	on:									
Bed mobility Supine to sit Transfer in/out of bed Bed to chair Sit to stand Toilet/commode	Functional A	ssessment:			Curre	nt Fund	tional	Status					Prio	r Funct	ional S	tatus		
Supine to sit Transfer in/out of bed Bed to chair Sit to stand Toilet/commode			Ind	Sup	CG	Min	Mod	Max	Dep	NA	Ind	Sup	CG	Min	Mod	Max	Dep	NA
Transfer in/out of bed Bed to chair Sit to stand Toilet/commode	Bed mobility																	
Bed to chair Sit to stand Toilet/commode	Supine to sit																	
Sit to stand Toilet/commode	Transfer in/out	of bed																
Toilet/commode	Bed to chair																	
Shower/tub transfer																		
Orthosis/prosthesis																		

Patient Name:									Date:	MR#	:		
Ambulation	Ind	Sup	VC	CG	Min	Mod	Max	A. Device	Distance	Prior St	atus		
Indoors													
Outdoors													
# of stairs													
Gait Deviations													
Home Bound Status:													
patient needs taxing	effort	to lea	ve ho	me	u	nable	to wal	k to elevator o	r street	bed bound			
medical restrictions					_ re	esidua	ıl weak	ness		requires assistance	for all activities		
confusion unable to	leave	home	alone		S	evere	SOB						
Home Assessment:													
Current Functional Prob	Nom				E.	ınotio	nal Ga	als and Outco	mo		# of Visits		
Current Functional From	леш				FU	inctio	nai Go	als and Outco	ille		# OI VISILS		
Patient/Caregiver State	ed Go	als:											
Falls Assessment and I													
Timed Up and Go Test S	core:		sec		Tin	netti 1	Γest So	core: /2	8 Func	tional Reach Test Sc	ore: inch		
Has the patient fallen in													
Does the patient need fa								Ye	s No				
Intervention and Plan of	f Car	e:											
Functional Gait Train	ing			Tran	sfer T	Γrainin	g		Progressive	Balance & Coordina	tion Training		
Progressive Therape	utic E	xercis	e $\overline{}$	RON	И Ехе	rcise			Establish a	nd Upgrade Home Ex	cercise Program		
Falls Prevention Man	agem	ent		Card	diopul	lmona	ry Reh	nabilitation	Caregiver E	ducation			
Orthotic/Prosthetic T	rainin	g		NDT	-				Postural Tra	aining			
Others:													
Skilled Treatment Prov	ided t	his Vi	sit: _										
Communication of Care	with	. 🗆	MD		NI [ordina	tor OT	ST				
Name:					_								
Eval +									visits Ne	xt Visit Date:			
Frequency/Duration:													
Plan of Care discussed	with F	Patient	/Care	giver	Ye	es [No	Patient Signat	ure:				
Therapist Name:					Th	nerapi	st Sigr	nature:		Date:	Date:		
Physician Notified: Physician Signature:													