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☒ **PT Initial Assessment** ☐ **PT Reassessment** ☐ **PT Revisit** ☐ **PT D/C Summary**

Patient Name: (last, first)		Therapist	SOC Date / /	Visit Date / /	Time In Am Pm	Time Out Am Pm
Date of Birth / /	Sex: (Circle one) Male Female	Referring Diagnosis:		Onset Date: / /	Other Diagnosis:	
Complete at Initial Assessment/Reassessment or D/C Summary Prior level of function: _____ _____ _____ Past Medical/Surgical History: _____ _____ _____ Fall History: <input type="checkbox"/> No <input type="checkbox"/> Yes Number of falls in the last 3 months: _____ Equipment (DME) at home: <input type="checkbox"/> SC <input type="checkbox"/> Walker <input type="checkbox"/> W/C <input type="checkbox"/> Raised Toilet Seat <input type="checkbox"/> Commode <input type="checkbox"/> Shower Chair <input type="checkbox"/> Grab Bar <input type="checkbox"/> Hospital Bed <input type="checkbox"/> Other _____ TUG: ____ Sec N/A ____ Comment _____ > 19 sec (High risk of fall) Tinetti: ____/28 N/A ____ Comment _____ <19/28 (high risk of fall)			Completed at ALL Visits Vitals: Pre TX: BP ____ Pulse: ____ Resp: ____ Post TX: BP ____ Pulse: ____ Resp: ____ Pain Level: - 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 - Location of pain: _____ Description of pain: <input type="checkbox"/> sharp <input type="checkbox"/> aching <input type="checkbox"/> dull <input type="checkbox"/> radiating <input type="checkbox"/> other _____ Patient's chief complaint: _____ _____ Precautions/Contraindications: _____ _____ Mental Status: <input type="checkbox"/> Alert <input type="checkbox"/> Oriented <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time <input type="checkbox"/> Forgetful <input type="checkbox"/> Able to follow Simple/Complex commands <input type="checkbox"/> HOH <input type="checkbox"/> Vision Issue Homebound Status: <input type="checkbox"/> Yes <input type="checkbox"/> No Taxing Effort to Leave Home Due To: <input type="checkbox"/> SOB with min exertion <input type="checkbox"/> Pain with ambulation <input type="checkbox"/> Unsteady gait, requires assist to ambulate <input type="checkbox"/> Improper use of assistive device <input type="checkbox"/> Impaired cognitive status <input type="checkbox"/> Other _____ _____			

CLINICAL FINDINGS

Part and Action	Strength	Range of Motion	Part and Action	Strength	Range of Motion
UE	L	R	L	R	
Shoulder flexion/extension			Neck		
Shoulder Abduction/ Adduction			Flexion/Extension		
Shoulder Int./Ext. Rotation			Side Bending R/L		
Elbow Flexion/Extension			Rotation R/L		
Wrist movements			Trunk		
Finger movements			Forward Bending		
LE			Backward Bending		
Hip Flexion/ Extension			Side Bending R/L		
Hip Abduction/ Adduction			Rotation R/L		
Knee Flexion/ Extension			ROM (Active) by Degree; STRENGTH Key: Numerical Scores 0-5/5 WFL=Within Functional Limits, NA=Not Applicable, NT=Not Tested		
Ankle DF/PF/IV/EV					

Visit Date _____

Patient Name _____

BALANCE ASSESSMENT**Sitting Balance:** Static: Normal / Good / Fair / Poor**Dynamic:** Normal / Good / Fair / Poor**Standing Balance:** Static: Normal / Good / Fair / Poor**Dynamic:** Normal / Good / Fair / PoorFunctional Reach Test: _____ ☐ N/A _____

<13 inches (high risk of fall)

FUNCTIONAL STATUS

		Independent	Distant Supervision	Standby Assist	Contact Guard	Min Assist	Mod. Assist	Max Assist	Total Assist/Dependent	Not Tested/NA	Comments
BED MOBILITY	Rolling R&L										
	Supine to Sit										
	Sit to Supine										
	Scoot/ Bridge										
Transfers	Sit to Stand										
	Stand to Sit										
	Bed ↔ W/C										
	Toilet/ BSC										
	Tub/Shower										
	Stand/Pivot										
W/CHAIR <input type="checkbox"/> NA	Level/Uneven Surface										
	Mgmt: Brakes/Arm/Leg Rests										
Wt. Bearing Status (circle one) FWB WBAT PWB TTWB NWB LLE RLE LUE RUE	Ambulation Surfaces	Assistive Device			Distance			Assistance Required			
	Level										
	Uneven										
	Stairs										

GAIT EVALUATION: (Mark all that apply) ☐ Normal

- ☐ **Deviations:** ☐ L/R Antalgic ☐ L/R Trendelenberg ☐ L/R Flat Foot ☐ L/R Foot Drop ☐ L/R Short Stride
☐ L/R Short Stance ☐ L/R Circumduction ☐ Wide/Narrow base ☐ Shuffling Gait ☐ Festinating/ Spastic ☐ L/R hip hiking
☐ Scissored/ Ataxic ☐ Arm Swing diminished ☐ Improper Use of Assistive device ☐ L/R Genu Recurvatum
☐ Other _____

TREATMENT RENDERED

- ☒ Safety Instructions ☒ Ther. Ex. ☒ Transfer Training
☒ Bed Mobility Ex ☒ Balance/Coordination Exercises
☒ Gait Training ☐ Stair Training ☐ Prosthetic Training
☐ Stump wrapping ☐ WC Training ☐ Therapeutic Modalities
☐ Sensory Integration Techniques ☐ Neuromuscular Reeducation
☐ Other _____

RESPONSE TO TREATMENT
☐ **Tolerance and Participation in Treatment Session**
☐ 25% ☐ 50% ☐ 75% ☐ 100%

☐ **Progress Towards Goals**

INSTRUCTIONS / SUPERVISION PROVIDED TO

☐ Patient ☐ Family ☐ HHA ☐ HA ☐ Private Hire **HHA NAME:** _____

REGARDING: ☒ HEP ☐ THR Precautions ☐ Use of Assistive Device ☐ Slow positional changes to prevent dizziness

☐ Other _____

☒ ALL VERBALIZED UNDERSTANDING AND AGREEMENT TO COMPLY ☒ On going education needed

PLAN	SHORT TERM GOALS (initial Assessment/re-assessment /update/Discharge) Target Date: / /	Goal	LONG TERM GOALS (initial Assessment/re-assessment /update/Discharge) Target Date: / /	Goal
<input checked="" type="checkbox"/> AROM/PROM Ex.	↑ROM @ _____ TO _____ to facilitate: <input type="checkbox"/> stair negotiation <input type="checkbox"/> transfers <input type="checkbox"/> dressing	<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved <input type="checkbox"/> Partially	↑ROM @ _____ TO _____ to facilitate: <input type="checkbox"/> stair negotiation <input type="checkbox"/> transfers <input type="checkbox"/> dressing	<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved <input type="checkbox"/> Partially
<input checked="" type="checkbox"/> Strengthening Ex.	↑MS @ _____ TO _____ to be able to perform _____	<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved <input type="checkbox"/> Partially	↑MS @ _____ TO _____ to be able to perform _____	<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved <input type="checkbox"/> Partially
<input checked="" type="checkbox"/> Bed Mobs. Training	Will perform bed mobility with _____ Asst.	<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved <input type="checkbox"/> Partially	Will perform bed mobility with _____ Asst.	<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved <input type="checkbox"/> Partially
<input checked="" type="checkbox"/> Transfer Training	Will perform transfers with _____ Asst.	<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved <input type="checkbox"/> Partially	Will perform transfers with _____ Asst.	<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved <input type="checkbox"/> Partially
<input type="checkbox"/> Gait Training with <input type="checkbox"/> Verbal Cues <input type="checkbox"/> Tactile/Manual cues	Will ambulate _____ ft with _____ device and _____ Asst. in order for patient to go to <input type="checkbox"/> bathroom <input type="checkbox"/> living areas	<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved <input type="checkbox"/> Partially	Will ambulate _____ ft with _____ device and _____ Asst. in order for patient to go to the <input type="checkbox"/> bathroom <input type="checkbox"/> living areas, <input type="checkbox"/> mailbox <input type="checkbox"/> doctor office	<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved <input type="checkbox"/> Partially
<input type="checkbox"/> Stair Training with <input type="checkbox"/> Verbal Cues <input type="checkbox"/> Tactile/Manual cues	Will negotiate _____ steps with _____ device and _____ Asst. in order for the patient to go to <input type="checkbox"/> bedroom <input type="checkbox"/> in/out from home.	<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved <input type="checkbox"/> Partially	Will negotiate _____ Steps with _____ device and _____ Asst. in order for the patient to go to the <input type="checkbox"/> bedroom <input type="checkbox"/> in/out from home.	<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved <input type="checkbox"/> Partially
<input type="checkbox"/> Balance/Coord. Training	↑Static/Dynamic sitting/standing Balance to _____ to reduce fall risk and increase patient functional mobility.	<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved <input type="checkbox"/> Partially	↑Static/Dynamic sitting/standing Balance to _____ to reduce fall risk and increase patient functional mobility.	<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved <input type="checkbox"/> Partially
<input type="checkbox"/> Prosth./Orth. Training	Don/doff prosthesis/Orthosis with _____ Asst.	<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved <input type="checkbox"/> Partially	Don/doff prosthesis/Orthosis with _____ Asst.	<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved <input type="checkbox"/> Partially
<input type="checkbox"/> W/C Activities	W/C management/propulsion with _____ Asst.	<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved <input type="checkbox"/> Partially	W/C management/propulsion with _____ Asst.	<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved <input type="checkbox"/> Partially
<input checked="" type="checkbox"/> Patient/Caregiver Ed.	Will demonstrate knowledge of <input type="checkbox"/> safety during mobility <input type="checkbox"/> balance/fall prevention <input type="checkbox"/> proper body mechanics <input type="checkbox"/> energy conservation techniques <input type="checkbox"/> proper use of equipment	<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved <input type="checkbox"/> Partially	Will demonstrate knowledge of <input type="checkbox"/> safety during mobility <input type="checkbox"/> balance/fall prevention <input type="checkbox"/> proper body mechanics <input type="checkbox"/> energy conservation techniques <input type="checkbox"/> proper use of equipment	<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved <input type="checkbox"/> Partially
<input checked="" type="checkbox"/> HEP	Will perform HEP with _____ Asst.	<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved <input type="checkbox"/> Partially	Will perform HEP with _____ Asst.	<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved <input type="checkbox"/> Partially
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved <input type="checkbox"/> Partially	_____	<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved <input type="checkbox"/> Partially

Planned Visit (Frequency and Duration) *assessment and reassessment only*: 2x/w 4W **Effective as of:** ____/____/____ **Next Visit Date:** ____/____/____

Rehab Prognosis: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Conference with: _____ **Conference Date** ____/____/____ **Re:** ☐ Initial report ☐ Other _____

☐ **Equipment (DME) Recommended:** _____

Plan of Care: ☒ Discussed and agreed to by Patient/Family **Discharge plan:** Patient to be discharged from physical therapy when ☒ Goals met

☒ Able to go to outpatient therapy ☒ Maximum Potential achieved ☒ Independent with HEP /Caregiver Training Complete

Patient will be/was discharged to care of: _____ **with** ☒ HEP ☐ Equipment _____

HHCCN/ABN: ☐ N/A ☐ No ☐ Yes

Notice OF Medicare Non-Coverage Form: ☐ N/A ☐ No ☐ Yes

ADDITIONAL COMMENTS: _____

Therapist Signature: _____

Date: _____

TO BE COMPLETED FOR PEDIATRIC CASES UNDER 18YEARS

DEVELOPMENTAL ASSESSMENT GUIDE

AGE: 0 - 1 Months

- ☐ Moro reflex
- ☐ Suck reflex
- ☐ Rooting reflex
- ☐ Grasp reflex
- ☐ Lifts head momentarily
- ☐ Flexed position when prone
- ☐ Attends to faces
- ☐ Moves arms and legs actively
- ☐ Unable to perform

AGE: 6 - 7 Months

- ☐ Rolls over and back (back to stomach)
- ☐ Turns to sounds/squeals
- ☐ Chews/bites
- ☐ Sits leaning forward on hands
- ☐ Transfers objects hand to hand
- ☐ Stretches out arms to be picked up
- ☐ Holds bottle/cup
- ☐ Plays peek-a-boo
- ☐ Unable to perform

AGE: 12 - 17 Months

- ☐ Walks alone
- ☐ Creeps up stairs
- ☐ Uses cup well
- ☐ Uses 4 - 6 words
- ☐ Builds tower of 2 blocks
- ☐ Turns pages of book
- ☐ Imitates housework
- ☐ Removes clothes
- ☐ Unable to perform

AGE: 30 - 35 Months

- ☐ Stands on one foot momentarily
- ☐ Jumps forward with both feet
- ☐ Good hand/finger coordination
- ☐ Holds crayon with fingers/not fist
- ☐ Names one color
- ☐ Gives first and last name
- ☐ Plays interactive names
- ☐ Washes and dries hands
- ☐ Unable to perform

AGE: 5 - 6 Years

- ☐ Dresses self
- ☐ Copies square on paper
- ☐ Draws 6-part man
- ☐ Recognizes 3 or 4 colors
- ☐ Balances 10 sec on one foot
- ☐ Heel to toe walk
- ☐ Defines words 6 out of 9
- ☐ Knows R and L hands
- ☐ Takes bath without supervision
- ☐ Beginning reading
- ☐ Unable to perform

AGE: 12 - 14 Years

- ☐ Rapidly accelerating growth
- ☐ Secondary sex characteristics appear
- ☐ Explores ability for limited abstract thought
- ☐ Conforms to group norms
- ☐ Tries out various roles
- ☐ Defines dependent/independent boundaries
- ☐ Wide mood swings
- ☐ Unable to perform

AGE: 2 - 3 Months

- ☐ Coos
- ☐ Smiles when stimulated
- ☐ Holds rattle, no reach
- ☐ Follows objects 180 degrees
- ☐ Lifts head and chest when on stomach
- ☐ Unable to perform

AGE: 8 - 9 Months

- ☐ Sits alone for 3 - 5 mins.
- ☐ Crawls
- ☐ Pulls to stand
- ☐ Stands, holding onto furniture
- ☐ Waves bye-bye
- ☐ Crude pincher grasp
- ☐ Babbles
- ☐ Initiates sound
- ☐ Unable to perform

AGE: 18 - 23 Months

- ☐ Runs clumsily
- ☐ Jumps in place with both feet
- ☐ Pulls/pushes toys
- ☐ Builds tower of 3 - 4 blocks
- ☐ Uses 10 or more words
- ☐ Great imitator
- ☐ Helps with simple tasks
- ☐ Separates from mother easily
- ☐ Unable to perform

AGE: 3 Years

- ☐ Rides tricycle
- ☐ Stands on one foot for few sec.
- ☐ Goes upstairs with alternate feet
- ☐ Copies a circle
- ☐ Completes sentence of 3 - 4 words
- ☐ Comprehends cold, tired, hungry
- ☐ Unable to perform

AGE: 7 - 9 Years

- ☐ Recognizes similar/different
- ☐ Understands concept of time
- ☐ Can use simple tools
- ☐ Plays with friends and groups, mostly same sex
- ☐ Reads children's books
- ☐ Learning cause/effect
- ☐ Unable to perform

AGE: 15 - 17 Years

- ☐ Secondary sex characteristics well advanced
- ☐ Enjoys intellectual powers
- ☐ Self-centered
- ☐ Conflicts over independence/control
- ☐ Strong need for identity
- ☐ Feelings of inadequacy common
- ☐ Unable to perform

AGE: 4 - 5 Months

- ☐ Recognizes familiar faces and bottle
- ☐ Balances head well when sitting
- ☐ Inspects and plays with hands
- ☐ Brings hands together
- ☐ No head lag when pulled to sitting
- ☐ Grasps objects voluntarily
- ☐ Rolls side to side
- ☐ Laughs/squeals
- ☐ Unable to perform

AGE: 10 - 12 Months

- ☐ Gets to sitting
- ☐ Says "dada," "mama"
- ☐ Pincher grasp
- ☐ Stands alone momentarily
- ☐ Walks around furniture (creeps)
- ☐ Responds to name
- ☐ Sits from a standing position
- ☐ Unable to perform

AGE: 24 - 29 Months

- ☐ Runs well
- ☐ Goes up and down stairs with both feet
- ☐ Kicks ball well
- ☐ Turns doorknob/unscrews lid
- ☐ Builds tower of 6 - 7 blocks
- ☐ 300 - word vocabulary
- ☐ Buttons up
- ☐ Dresses with supervision
- ☐ Unable to perform

AGE: 4 Years

- ☐ Skips and hops on one foot
- ☐ Throws ball overhead
- ☐ Catches ball
- ☐ Uses scissors
- ☐ Uses sentences of 5 - 6 words
- ☐ name colors
- ☐ Counts
- ☐ Draws 3-part man
- ☐ Unable to perform

AGE: 10 - 11 Years

- ☐ Writes stories/letters
- ☐ Reads for information
- ☐ Takes responsibility for personal hygiene
- ☐ Engrossed in friendships
- ☐ Unable to perform

AGE: 18 - 20 Years

- ☐ Physically mature
- ☐ Established abstract thought
- ☐ Mature sexual identity
- ☐ Emotional and physical separation from family complete
- ☐ Testing male/female relationships
- ☐ Forms stable relationships
- ☐ More constancy of emotion
- ☐ Unable to perform