

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 Out::					
SIGNIFICANT MEDICAL HISTORY / CLINICAL FINDINGS Primary Dx:													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:_		Rehab. 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						Tilgitt							- Ingili		
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: Current Functional Status Prior Functional Status Bed mobility Supine to sit Transfer in/out of bed Bed to chair Sit to stand Toilet/commode		Abduction/Ad	duction	1														
Foot	Knee	Flexion/Extension																
	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 Sta	atus
Indoors		0.010					1	7.11.2.01.00	2.00000	1 1101 010	
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	al weak	ness		requires assistance	for all activities
confusion unable to	leave	home	alone		s	evere	SOB		_		
Home Assessment:											
Trome Assessment:											
Current Functional Prol	olem				Fu	unctio	nal Go	als and Outco	me	# of Visits	
Falls Assessment and IT Timed Up and Go Test St. Has the patient fallen in Does the patient need fail Intervention and Plan Good Functional Gait Train Progressive Therape Falls Prevention Man Orthotic/Prosthetic Tothers: Skilled Treatment Provention Provention Progressive Therape Others:	ocore: past 1 alls pre of Car ing tutic E tagem frainin	e: e: xercis ent	seconths o	or sinc ogram Tran ROI Car	e the interv nsfer i M Exe diopu	last as entior Trainin rcise Imona	ssessn i? ig iry Reh	nent? Ye Ye nabilitation	Progressive Establish a Caregiver E Postural Tra	aining	tion Training ercise Program
Communication of Care	e with	: _	MD	F	RN [Co	ordina	tor 🗌 OT	ST		
Name:											
Eval +								8	visits Ne	ext Visit Date:	
Frequency/Duration: $\underline{}^2$											
Plan of Care discussed	with F	Patient	:/Care	giver	Ye	es	No	Patient Signat	ure:		
Therapist Name:					Tł	nerapi	st Sigr	nature:		Date:	
Physician Notified:								Physician Sign	nature:		