

Davis Health Care Staffing
PHYSICAL THERAPY REASSESSMENT

Patient: MICKEY MOUSE, THE TEST PATIENT-MR#8557763427

Caregiver: D, Dave (SuperAdmin) Visit Date: 03/28/2018

Chart: 3 Episode: 1

Time In: Time Out:

Episode Date From: 01/16/2018 Episode Date To: 03/16/2018

VISIT TYPE: ☐ Initial Evaluation ☐ Resumption of care ☐ Recertification

DIAGNOSES:

HOMEBOUND STATUS: Patient demonstrates a normal inability to leave home and consequently, leaving home would require a considerable and taxing effort secondary to:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Needs assistance for all activities | <input type="checkbox"/> Residual weakness | <input type="checkbox"/> Unable to safely leave home unassisted | <input type="checkbox"/> Requires assistance to ambulate |
| <input type="checkbox"/> Dependent upon adaptive device(s) | <input type="checkbox"/> SOB upon exertion | <input type="checkbox"/> Confusion, unable to go out of home | <input type="checkbox"/> Medical restrictions |
| <input type="checkbox"/> Multiple stairs to exit home | <input type="checkbox"/> Others (specify): | | |

PATIENT'S PRIOR LEVEL OF FUNCTION:

MEDICAL HISTORY:

- | | | | | |
|--|--|---------------------------------|---|---|
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Alzheimers | <input type="checkbox"/> CHF | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Pressure Sores, Ulcers, Wounds, Infections |
| <input type="checkbox"/> Parkinson's Disease | <input type="checkbox"/> OAD/JD/RA | <input type="checkbox"/> COPD | <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> HTN | <input type="checkbox"/> PVD | <input type="checkbox"/> Asthma | <input type="checkbox"/> Spinal Cord Injury | <input type="checkbox"/> Head Injury |
| <input type="checkbox"/> DM | <input type="checkbox"/> Paralysis/Paresis # Extremities | <input type="checkbox"/> CAD | <input type="checkbox"/> Other | |

FALL HISTORY # Falls within 60 days # Falls in 3+ Months

FUNCTIONAL ASSESSMENT

CURRENT LEVEL OF FUNCTION AND PHYSICAL ASSIST

IND = Independent VC = Verbal Cues SBA = Standby Assist CGA = Contact Guard Assist
Min A = Minimum Assist Mod A = Moderate Assist Max A = Maximum Assist Unable N/A

A. BED MOBILITY		B. TRANSFERS Assistive Device Used:				C. WHEELCHAIR MOBILITY			
Turn/Roll		Sit to Stand		Shower Tub		Propulsion Level Surfaces			
Scoot / Bridge		Stand to Sit		Fall Recovery		Propulsion Uneven Surfaces			
Sit to Supine		Stand / Pivot		Motor Vehicle		Safety Locks			
Supine to Sit		Toilet		Sliding Board		Foot / Leg Rests			
Describe:		Describe:		Other:		Other:			
D. GAIT / AMBULATION Assistive Device Used:									
Wt Bearing Status(Describe):	Surfaces	Assist	Distance	Assistive Device	Surfaces	Assist	Distance	Assistive Device	
<input type="radio"/> FWB <input type="radio"/> PWB <input type="radio"/> WBA <input type="radio"/> NWB <input type="radio"/> TTWB		Level				Stairs			
<input type="radio"/> RLE <input type="radio"/> RUE <input type="radio"/> LLE <input type="radio"/> LUE		Uneven				Ramp			

Assistive Device (Describe): How Frequently Used: ☐ Daily ☐ Constantly ☐ Intermittently

Caregiver Signature:

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MUSCULOSKELETAL ANALYSIS ASSESSMENT: STRENGTH ROM ASSESSMENT

KEY		STRENGTH		ROM		PAIN 0/10		KEY		STRENGTH		ROM		PAIN 0/10	
Strength: 0/5 - 5/5		L	R	L	R	L	R	Strength:0/5 - 5/5		L	R	L	R	L	R
SHOULDER	Flexion							Hand Grip Extension							
	Extension							HIP	Flexion						
	ABD/ADD								Extension						
	IR							ABD/ADD							
	ER							IR/ER							
ELBOW	Flexion							Knee	Flexion						
	Extension								Extension						
FOREARM	Pronation							ANKLE	Dorsiflexion						
	Supination								Plantar Flexion						
WRIST	Flexion							Inv/Eversion							
	Extension							NECK	Flexion						
HAND	Flexion								Extension						
	Extension							Rotation							
HAND GRIP	Grip Strength							Trunk	Flexion						
	Flexion								Extension						

CLINICAL FINDINGS:

PATIENT'S ABNORMALITY OF GAIT DESCRIPTION

SPASTIC GAIT - stiff movement in that, the toes seem to catch and drag,

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<input type="checkbox"/>	the legs are held together	<input type="checkbox"/>	STAGGERING GAIT - sudden and unexpected lateral losses of balance
<input type="checkbox"/>	ATAXIC GAIT - gait marked by staggering and unsteadiness	<input type="checkbox"/>	RETROPULSION AMBULATION - backwards walking tendency
<input type="checkbox"/>	PARALYTIC GAIT - FLACCID	<input type="checkbox"/>	SHUFFLING
<input type="checkbox"/>	ANTALGIC - Due to pain/painful limping	<input type="checkbox"/>	OTHER (Describe):

RISK FACTORS PREDISPOSING FOR FALL:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Improper use of Assistive Device | <input type="checkbox"/> Home Safety issues / Structural Barriers | <input type="checkbox"/> History of Falls (Past 3 Months) | <input type="checkbox"/> Impaired Judgment/Poor safety Awareness |
| <input type="checkbox"/> Prosthesis/Orthotics | <input type="checkbox"/> Weakness/Pain | <input type="checkbox"/> Vertigo/Dizziness | <input type="checkbox"/> Decreased Level of Cooperation |
| <input type="checkbox"/> (Age over 65) | <input type="checkbox"/> Assistive Device Malfunction | <input type="checkbox"/> ↓ Sensory Deficit (Vision and/or Hearing) | <input type="checkbox"/> Lack of Home Modifications(Bathroom, kitchen, Stairs Entries, & Safety bars, etc.) |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Incontinence / Urgency | <input type="checkbox"/> Gait / Balance / Coordination | <input type="checkbox"/> Alcohol Use |
| <input type="checkbox"/> Postural Hypotension with Dizziness | <input type="checkbox"/> Unable to ambulate independently (Needs to use ambulatory aide, chairboard, etc) | | <input type="checkbox"/> Other: |

OTHER OBSERVED GAIT DEVIATION (Describe):>

NORMAL STANCE PHASE	SWING PHASE	GAIT DEVIATIONS	
<input type="checkbox"/> Initial Contact	<input type="checkbox"/> Pre-Swing	<input type="checkbox"/> Decreased Endurance	<input type="checkbox"/> Backward Lean
<input type="checkbox"/> Loading Response	<input type="checkbox"/> Initial Swing	<input type="checkbox"/> Asymmetrical Step Length	<input type="checkbox"/> Asymmetrical Wt Distribution or Wt Bearing
<input type="checkbox"/> Mid Stance	<input type="checkbox"/> Mid Swing	<input type="checkbox"/> Decreased Heal Off or Push Off	<input type="checkbox"/> Flexed Standing Posture
<input type="checkbox"/> Terminal Stance	<input type="checkbox"/> Terminal Swing	<input type="checkbox"/> Decreased Balance	<input type="checkbox"/> Decreased Floor / Ground Clearance

CLINICAL FINDINGS: (Describe Patient's Gait)

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PHYSICAL THERAPY OTHER ASSESSMENT

VITAL SIGNS			
Blood Pressure:	Right	Left	
Lying			
Sitting			
Standing			
Temperature: °F	<input type="radio"/> Oral	<input type="radio"/> Axillary	<input type="radio"/> Rectal
	<input type="radio"/> Tympanic	<input type="radio"/> Temporal	
Pulse:	<input type="radio"/> At Rest	<input type="radio"/> Activity/Exercise	<input type="radio"/> Regular
	<input type="radio"/> Radial	<input type="radio"/> Carotid	<input type="radio"/> Apical
	<input type="radio"/> Brachial		
Respiratory Rate:	<input type="radio"/> Normal	<input type="radio"/> Cheynes Stokes	<input type="radio"/> Death rattle
/sec.		<input type="radio"/> Apnea	

PAIN LOCATIONS:

QUALITY

☐ Dull

☐ Burning

☐ Radiating

☐ Sharp

SEVERITY SCALE:

At worst / 10

SEVERITY SCALE:

Average / 10

BEHAVIOR:

Pain Related to:

☐ Penetrating

☐ Throbbing

☐ Piercing

☐ Acute Onset (within 30 days)

☐ Chronic Onset Off & On (within 2 - 6 mos)

☐ Intractable Pain D/T

Pain Medication:

Other Assessment:

Pain is aggravated by:

Balance Assessment

Static Sitting Balance

Pain is eased by:

Dynamic Sitting Balance

Static Standing Balance

Dynamic Standing Balance

STANDARDIZED / VALIDATED AND RELIABLE TEST AND MEASUREMENTS

(This section to be completed on Re - Assessment & Prior to Discharge)

TEST / SCALE	NORMATIVE VALUES	PATIENT'S SCORE	INTERPRETATION OF FINDINGS
<input type="checkbox"/> BERG BALANCE TEST	must score 56		<36 / 56 = 100%Fall Risk >45 / 56=Decreased Risk
<input type="checkbox"/> TIME UP AND GO (TUG)	<14 seconds		>30 sec = severely impaired mobility 20 - 29 sec = moderately impaired mobility <20sec = minimally impaired mobility
<input type="checkbox"/> FUNCTIONAL REACH	>=10 inches		< 10 inches -impaired static balance
<input type="checkbox"/> FALL EFFICACY SCALE	>=80%		<80% = decreased balance confidence (pt has fear of falling)
<input type="checkbox"/> DYNAMIC GAIT INDEX	>19 / 24		<19 / 24 = impaired balance with increased fall risks
<input type="checkbox"/> TIMED WALKING TEST	0.9 - 1.3 /m/sec		<0.9 = high risk for fall, requires assistive device
<input type="checkbox"/> Performance Oriented Mobility Assessment (POMA)	max score = 28		<19 - high risks for fall 19 - 24 = moderate risk for fall

☐ High Risk ☐ Moderate Risk ☐ Low Risk

RISK FOR FALLS

CLINICAL FINDINGS: Describe Patient's Gait & Balance Status

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