Davis Health Care Staffing

PHYSICAL THERAPY EVAL / POC + PHYSICIAN ORDER

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:

- ☐ Needs assistance for all activities
- ☐ Residual weakness
- ☐ Unable to safely leave home unassisted
- ☐ Requires assistance to ambulate
- ☐ Dependent upon adaptive device(s)
- ☐ SOB upon exertion
- ☐ Confusion, unable to go out of home
- ☐ Medical restrictions
- ☐ Multiple stairs to exit home
- ☐ Others (specify):

PATIENT'S PRIOR LEVEL OF FUNCTION:

MEDICAL HISTORY:

- ☐ Stroke
- ☐ Alzheimers
- ☐ CHF
- ☐ Multiple Sclerosis
- ☐ Pressure Sores, Ulcers, Wounds, Infections
- ☐ Parkinson's Disease
- ☐ OA/DJD/RA
- ☐ COPD
- ☐ Muscular Dystrophy
- ☐ Seizures
- ☐ HTN
- ☐ PVD
- ☐ Asthma
- ☐ Spinal Cord Injury
- ☐ Head Injury
- ☐ DM
- ☐ Paralysis/Paresis # Extremities
- ☐ CAD
- ☐ 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
◯ FWB ◯ PWB ◯ WBA ◯ NWB ◯ TTWB ◯ RLE ◯ RUE ◯ LLE ◯ LUE		Level					Stairs			
		Uneven					Ramp			

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

Caregiver Signature:

Chart: 3 Episode: 1

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						
Grip Strength							**Trunk** Flexion						
HAND GRIP Flexion							Extension						

CLINICAL FINDINGS:

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PATIENT'S ABNORMALITY OF GAIT DESCRIPTION

☐	SPASTIC GAIT - stiff movement in that, the toes seem to catch and drag, the legs are held together	☐	STAGGERING GAIT - sudden and unexpected lateral losses of balance
☐	ATAXIC GAIT - gait marked by staggering and unsteadiness	☐	RETROPULSION AMBULATION - backwards walking tendency
☐	PARALYTIC GAIT - FLACCID	☐	SHUFFLING
☐	ANTALGIC - Due to pain/painful limping	☐	OTHER (Describe):

RISK FACTORS PREDISPOSING FOR FALL:

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

OTHER OBSERVED GAIT DEVIATION (Describe):>

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

CLINICAL FINDINGS: (Describe Patient's Gait)

Caregiver Signature:

Chart: 3 Episode: 1

PHYSICAL THERAPY OTHER ASSESSMENT

VITAL SIGNS

Blood Pressure: Right Left
Lying
Sitting
Standing

Temperature: °F ◯ Oral ◯ Axillary ◯ Rectal ◯ Tympanic ◯ Temporal

Pulse: ◯ At Rest ◯ Activity/Exercise ◯ Regular ◯ Irregular
☐ Radial ☐ Carotid ☐ Apical ☐ Brachial

Respiratory Rate: ◯ Normal ◯ Cheynes Stokes ◯ Death rattle ◯ Apnea
/sec.

PAIN LOCATIONS:

QUALITY ☐ Dull ☐ Radiating ☐ Burning ☐ 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:

Pain is eased by:

Balance Assessment **Static Sitting Balance** **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
☐ BERG BALANCE TEST	must score 56		<36 / 56 = 100%Fall Risk >45 / 56=Decreased Risk
☐ TIME UP AND GO (TUG)	<14 seconds		>30 sec = severely impaired mobility 20 - 29 sec = moderately impaired mobility <20sec = minimally impaired mobility
☐ FUNCTIONAL REACH	>=10 inches		< 10 inches -impaired static balance
☐ FALL EFFICACY SCALE	>=80%		<80% = decreased balance confidence (pt has fear of falling)
☐ DYNAMIC GAIT INDEX	>19 / 24		<19 / 24 = impaired balance with increased fall risks
☐ TIMED WALKING TEST	0.9 - 1.3 /m/sec		<0.9 = high risk for fall, requires assistive device

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☐ 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

Caregiver Signature:

Chart: 3 Episode: 1

Diagnosis:

Frequencies

SN: _____	**Reason for PRN:**	**OT:** _____	**Reason for PRN:**
PT: _____	**Reason for PRN:**	**ST:** _____	**Reason for PRN:**
MSW: _____	**Reason for PRN:**	**HHA:** _____	**Reason for PRN:**
RD: _____	**Reason for PRN:**	**Other:** _____	**Reason for PRN:**

Treatment Plan - Interventions

☐ Management and evaluation of care plan	☐ Written instructions provided	☐ Electrotherapy
☐ Therapeutic Exercise	☐ Teach safety precautions	☐ Prosthetic training
☐ Transfer Training	☐ Teach bed mobility skills	☐ Fabrication of orthotic device
☐ Home Program Establish/Upgrade	☐ Teach safe/effective use of adaptive/assist device	☐ Muscle re-education
☐ Gait Training	☐ Teach safe stair climbing skills	☐ Other (describe):
☐ Balance Training	☐ Pulmonary PT	
☐ Patient/Caregiver/Family Education	☐ Ultrasound	

Specify location, amount, frequency and duration of any modality

Short term and Long term Goals

☐ Return to pre-injury/illness level of function within wks	☐ Ambulation endurance will be mins or feet within wks
☐ Patient will meet max. rehab potential within wks	☐ Increase strength of ☐ R ☐ L UE to /5 in wks
☐ Return to optimal and safe functionality within wks	☐ Increase strength of ☐ R ☐ L LE to /5 in wks
☐ Demonstrate effective pain management within wks by decreasing pain to /10	☐ Improve strength of to /5 within wks
☐ Improve bed mobility to independent/ assist within wks	☐ Increase ROM of joint to degree flexion and degree extension in wks
☐ Improve transfers to assist using within wks	☐ Increase ROM of joint to degree of in wks
☐ Independent with transfer skills within wks	☐ Demonstrate ROM to WNL within wks
☐ Independent with safety issues within wks	☐ Demonstrate proper use of prosthesis/ brace/ splint within wks
☐ Improve w/c use to within wks	☐ Demonstrate proper use of DME within wks
☐ Pt will ambulate with (device) with assist within wks	☐ Pt will have an increase in Tinetti balance score to /28 within wks
☐ Pt will be able to climb stairs/uneven surfaces with (device) with assist within wks	☐ Improve balance score to using test
☐ Independent with ambulation with (device) with wks	☐ demonstrates ability to follow home exercise program by (date)
	☐ Other

Rehab Potential: ◯ Poor ◯ Fair ◯ Good ◯ Excellent

Pt/Cg aware and agreeable to POC: ◯ Yes ◯ No Equipment Needed:

DC Plan: ◯ When goals met ◯ Other

Verbal Order obtained from Physician: ◯ yes ◯ No **Specify date:**

Caregiver Signature:

PHYSICIAN NAME:

Physician Signature: **Date:**