

Client Progress Report - Physiotherapy

Client Client Shirley Moran Date of Birth AlayaCare ID AC001502175 BRN number Gender Phone Number 0428 039 835 Client address 11 Cooroora Rise Pomona, QLD. AU. 4568	Form Submitted 02/01/2026 14:59:59 (AEST), Ana Vargas Approved on 02/01/2026 15:00:51 (AEST) Printed On 02/01/2026 15:00:55 (AEST) Form ID 68287
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Client Progress Report - Physiotherapy

Assessment Date:: 02/01/2026

Referral Date:: 23/12/2025

Referring Agency/ Broker:: Silver Chain

Case Manager:: Kirsty Dewson

Summary:

HPC (History of Presenting Complaint):

Reduced balance and mobility following multiple falls
 Ongoing back pain secondary to vertebral fracture
 Right shoulder pain post recent fall
 Difficulty with sit-to-stand and bed transfers
 General deconditioning and reduced activity tolerance
 Parkinson's disease contributing to tremor and balance impairment

PMHx (Past Medical History):

Parkinson's disease (affecting balance and gait)
 Hypertension (on medication)
 Diabetes mellitus (on medication)
 Appendectomy on 22/12/2025
 April: fractures to back, shoulder, and big toe
 ~2 months ago: hip fracture with aggravation of previous back fracture
 Sleep disturbance

Medications:

Antihypertensive medication

Diabetes medication

Not on blood thinners

Other:

Recent swelling and bruising to R forearm (possible animal/insect bite – ?scorpion)

Falls:

4 falls in the last year, all occurring at home:

Front step

Bathroom

Kitchen (walking sideways lost her balance and resulting into a fall)

Most recent fall resulting in R shoulder pain

SHx (Social History):

Lives with husband and son

Receives:

Meal delivery every Monday (covers 3 meals/week)

Family prepares frozen meals on remaining days

Cleaning support

House helper commencing next week

Mostly sedentary: spends large portions of the day sitting and watching TV

Walks mainly with 4-wheel walker (4WW), occasionally without it

Former smoker (ceased at age 35)

Previously consumed 1 glass of wine nightly; ceased alcohol intake after first fall

CLOF (Current Level of Function):

Mobility:

Ambulates indoors with 4WW

Gait affected by Parkinsonian tremor

Reduced confidence with walking

Transfers:

Sit-to-stand: independent but slow, requires use of hands

Difficulty standing up from bed

Electric bed ordered to assist transfers

Bed Mobility & Sleep:

Unable to lie flat due to back pain

Sleeps propped with ~5 pillows

Often wakes during the night and watches TV

ADLs:

Independent with showering

Requires support for meals and household tasks

Goals:

Walk around the house with reduced risk of falls

Feel safe walking in the community to attend hairdresser

Improve overall strength, particularly lower limbs

Subjective:

Denies dizziness

Reports ongoing back pain and R shoulder pain post fall

Shoulder pain improving with previously prescribed exercises

Reports difficulty standing from bed and low surfaces

Reports sleep disturbance

Objective:

Observation:

Marked thoracic kyphosis

Slow, guarded movements

Tremor noted in upper limbs

Thoracic Spine ROM:

Limited

Significant kyphosis

Shoulders ROM:

Limited, particularly on the right due to post-fall pain

Strength:

Approximately 3/5 globally

Balance:

5x Sit-to-Stand: 39 seconds

Required use of hands for support

Standing EO: 30 seconds

Stable but significant kyphosis

Reports posterior thigh (hamstring) discomfort

Standing EC: 30 seconds

No dizziness

Tremor noted in left upper limb

Gait:

Ambulates with 4WW

Parkinsonian gait with tremor

Transfers:

Independent with assistance of upper limbs

Bed Mobility:

Difficulty standing from bed

Unable to lie flat due to pain

STS:

Independent with upper limb support

Intervention (Rx):

Education regarding physiotherapy role, falls risk, and goal setting

Home Exercise Plan:

- Lower limb strengthening
- Functional sit-to-stand practice

Evaluation:

86 years old female patient presents with functional decline and high falls risk on a background of Parkinson's disease, multiple fractures, and deconditioning. Impairments include reduced strength, postural changes, gait disturbance, and difficulty with transfers impacting independence and community access.

Plan//:

Continue pain management

Progress global and lower limb strengthening

Balance and gait training

Falls prevention strategies

Recommendation:

- 8 X Physiotherapy Subsequent Consults, total time 1.25 hours per visit = weekly 1 hour subsequent consult + clinical documentation and follow up (15 mins per Physiotherapy)
- Physiotherapy will involve a combination of education, manual therapy and functional exercise to assist Shirley in the attainment of her goals.
- Please advise if there is sufficient funding in her HCP to support this recommendation.

Approval Required:: —

Clinician Name:: Ana Vargas

Discipline:: Physiotherapy

Signature:

Ana V.



NOTES:: Any estimates provided are indicative only and are not a fixed quote. The final cost may vary depending on the actual services required. Any additional work outside the scope of the initial request, including but not limited to phone calls, client contact, coordination with providers, or organising and attending equipment trials, will be billed at the standard hourly rate for Indirect work.

Comments

This form has no comments.

