



DAILY RE-ASSESSMENT FORM

Fall Risk Score : 35

PAIN (NUMERIC RATING SCALE) 0 TO 10 : 0

Treatment: Breathing sit, Bed hips P/F + Chest PNF +
Girdle activation, Trunk

Re-Assessment: Patient still

	RIGHT RANGE OF MOTION	MUSCLE POWER	LEFT RANGE OF MOTION	MUSCLE POWER
<u>Upper Limb</u>				
Shoulder				
Elbow				
Wrist				
Finger				
<u>Lower Limb</u>				
Hip				
Knee				
Ankle				
Toes				

Name : Dr. Prashant Athale

Signature & Employee ID

P146

Date & Time : 21/10/24 5Pm

Fall Risk Score : 35

PAIN (NUMERIC RATING SCALE) 0 TO 10 : 0

Treatment: Chest-PF, PNF stretching, Suctioning, Active Assisted limb exercise.

Re-Assessment: Patient better, power improved.

	RIGHT RANGE OF MOTION	MUSCLE POWER	LEFT RANGE OF MOTION	MUSCLE POWER
<u>Upper Limb</u>				
Shoulder				
Elbow				
Wrist				
Finger				
<u>Lower Limb</u>				
Hip				
Knee				
Ankle				
Toes				

Name : Dr. Manju

Signature & Employee ID

mg C024

Date & Time : 4/11/24 - 12-30 pm