



DAILY RE-ASSESSMENT FORM

Fall Risk Score : 35

PAIN (NUMERIC RATING SCALE) 0 TO 10 :

Treatment : Chest-PF, PNF¹² stretching, Lumb PF.

Re-Assessment : Patient on CPAP $\text{SpO}_2 - 100\%$, HR - 105 bpm.

	RIGHT RANGE OF MOTION	MUSCLE POWER	LEFT RANGE OF MOTION	MUSCLE POWER
<u>Upper Limb</u>				
Shoulder	{ Passive full	{ No voluntary movement	{ Passive full	{ No voluntary movement
Elbow				
Wrist				
Finger				
<u>Lower Limb</u>				
Hip				
Knee				
Ankle				
Toes				

Name : Dr. Maruti

Signature & Employee ID

Date & Time : 17/10/24 1:30pm

my C024

Fall Risk Score : 35

PAIN (NUMERIC RATING SCALE) 0 TO 10 : 0

Treatment : CHEST PNF, CHEST expansion exercises,

Suctioning done

Re-Assessment : Patient is on room air

$\text{SpO}_2 - 100\%$

	RIGHT RANGE OF MOTION	MUSCLE POWER	LEFT RANGE OF MOTION	MUSCLE POWER
<u>Upper Limb</u>				
Shoulder	{ Passive full	{ No voluntary movement	{ Passive full	{ No voluntary movement
Elbow				
Wrist				
Finger				
<u>Lower Limb</u>				
Hip				
Knee				
Ankle				
Toes				

Name : Dr. ASHWINI B

Signature & Employee ID

Date & Time : 17/10/24 5:30pm

B01582