



DAILY RE-ASSESSMENT FORM

Fall Risk Score : 35.

PAIN (NUMERIC RATING SCALE) 0 TO 10 : 0

Treatment: Chest PT, limb PT, PNF stretching, Joint compression, position change to lying patient.

Re-Assessment: Patient is doing well, patient stable post-reassess.

	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. Nitish S. Poojary

Signature & Employee ID

Date & Time : 27/10/24 11:30am

Fall Risk Score 85

PAIN (NUMERIC RATING SCALE) 0 TO 10 : 0

Treatment: Chest PT, limb PT, joint compression, positioning, sitting, lying down

Re-Assessment: Patient is doing well

	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. Agarkar

Signature & Employee ID

Date & Time : 28/10/24 10:30am