

Phone: [REDACTED] Tax ID: [REDACTED]

DOB: [REDACTED]
Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reports no falls since previous visit.

Pt reports having access to resources such as food, water, housing, and clothing.

Pt reports no signs or symptoms of COVID-19

Pt reported that he is feeling great today and that he was able to work on his home renovation projects and walk well on uneven ground easily.

Objective

Additional:

See Exercise/Activity Section

Assessment

Assessment Statements:

Patient attempted jogging intervals today successfully. He reported slight discomfort by the 4th interval but could continue to the 5th to complete the exercise. Pt seemed optimistic about progressing towards his goals and wants to continue PT after the holiday break.

Plan

Patient will continue to work towards return to running through progressive resistance exercise, pain neuroscience education, stretching, self-mobilization, relaxation techniques, and gait training.

Continue to refrain from asking patient about pain levels at the beginning of session. Pt should continue working on R ankle ROM and strengthening exercises and taking breaks when he gets to intolerable pain levels. Continue jogging intervals as tolerated.

Pt was emailed the following for HEP:

"Progression to running:

Set timer for 2 minutes, run for first 20 seconds, walk remaining time (0:20/1:40).

2x/week for 10 minutes each session.

Increase running time by 5 seconds after 2 weeks. (0:25/1:35) Increase gradually until you can run the full 10 mins.

You can also add more intervals slowly or add another day/week as you get more comfortable.

It is normal to have ups and downs. Days you can't run as long, can run longer/easier, need breaks, or have more pain/soreness after.

And if you have questions you know how to reach me!"

Exercises/Activities

Exercises Performed

Today:

- Standing Ankle ABCs: 1 set of 26 reps for 3 mins
- B Star Taps: 2 sets of 10 reps for 5 mins
- Outdoor Walking-even and uneven surfaces: for 10 mins
- Squats: 1 set of 12 reps for 3 mins
- Run/Walk Intervals Outdoor: 5 sets for 10 mins (5 intervals. 20 second jog:1 min 40 sec run outdoor on dry, even parking lot.)

Signed: [REDACTED] Thu [REDACTED] 55:34 EST [REDACTED]

Signed: [REDACTED]) Thu [REDACTED] 05:21 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

DOB: [REDACTED]
Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reports no falls since previous visit.

Pt reports having access to resources such as food, water, housing, and clothing.

Pt reports no signs or symptoms of COVID

Pt reported that he is feeling excellent today and that he was able to chop trees and walk well on uneven ground these last two weeks although he still gets sharp twinges of pain sometimes and trouble getting in his truck. He reports that he has been exercising regularly and that he feels like he is moving towards his goal of being able to run on sand again.

He reported average pain over the last 2 days has been 3/10. In the last 2 weeks worst has been 7/10, best has been 0/10.

Objective

Additional:

LEFS 61/80.

Pt achieved 90 degrees of knee flexion (assessed visually) in his squat without heel raise from ground.

R ankle AROM was equal to L side (assessed visually and based on patient perception).

Also see Exercise/Activity Section.

Assessment

Assessment Statements:

Patient shows improvement in function and progress towards his stated goals since beginning telehealth PT in September. His LEFS score improved from 48/80 to 61/80 indicating an improvement in functional activities but still has some limitations including running activities, getting into his deep tub, stairs, and getting into his truck. He has been working on returning to regular exercise and decreasing perception of threat of movements, especially weight-bearing plantarflexion and using the stairs. Today he tolerated standing heel raises with little discomfort (2/10) when it has flared him up to the point he needed to stop in previous sessions (8/10). He is still having trouble with single leg stance activities. We will begin to progress to running as he improves.

I recommend continuing treatment 1x/week for 6 months.

Plan

Patient will continue to work towards return to running through progressive resistance exercise, pain neuroscience education, stretching, self-mobilization, relaxation techniques, and gait training.

Continue to refrain from asking patient about pain levels at the beginning of session. Pt should continue working on R ankle ROM and strengthening exercises, with a focus on pain acceptance within reason (no greater than 5/10) and taking breaks when he gets to pain onset or increase. Continue marching with metronome and chair support as needed to increase single leg stance time without apprehension. Continue seated heel raises with increasing WB through R LE and star taps.

Exercises/Activities

Exercises Performed

Today:

- Seated TB DF: 1 set of 18 reps with Green TB 1b weight for 5 mins (knot shut in door)
- Marching in place: 1 set of 40 reps for 6 mins (Hand support on chairs)
- Seated Heel Raises: 1 set of 20 reps for 3 mins (bottom at edge of chair)
- B Star Taps: 2 sets of 10 reps for 5 mins
- Marching with arm motions: 1 set of 30 reps for 5 mins
- B Oscillating gastroc ROM: 2 sets of 15 reps for 6 mins (In lunge position)

Signed: [REDACTED] Thu [REDACTED] 55:24 EST [REDACTED]

Signed: [REDACTED]) Thu [REDACTED] 02:35 EST [REDACTED]

DOB: [REDACTED]
Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reports no falls since previous visit.

Pt reports having access to resources such as food, water, housing, and clothing.

Pt reports no signs or symptoms of COVID

Pt reports waking up feeling increased pain today. He stated that he is not stressed, is sleeping well, and is drinking lots of water. He stated that he is doing well with daily walking on uneven ground during housework, although he "pays for it" the next day. He stated that sometimes he can feel the hardware in his ankle.

Objective

Additional:

See Exercise/Activity Section.

Assessment

Assessment Statements:

Pt tolerated marching with metronome (60 bpm) poorly and stated that it was very painful after approximately 6 repetitions. With use of 2 chairs for de-weighting and a self-selected faster marching cadence he tolerated 22 reps before onset of pain likely due to decreased tissue loading and decreased perception of threat. Seated TB DF was challenging for pt. Seated eversion and standing/seated PF with TB were tolerated with no difficulty indicating the muscles are strong and these were not threatening positions. Pt can likely tolerate heavier load in non-WB position. Pt tolerated seated SL heel raises with no complaints of discomfort.

Plan

Continue to refrain from asking patient about pain levels at the beginning of session. Pt should continue working on R ankle ROM and strengthening exercises, with a focus on pain acceptance within reason (no greater than 5/10) and taking breaks when he gets to pain onset or increase. Continue with DF band exercise and find exercises that challenge PF and Eversion more effectively but without pain. Continue marching with metronome and chair support to increase single leg stance time without apprehension. Continue seated heel raises with increasing WB through R LE and star taps.

Exercises/Activities

Session

Timing:

- 97110: 18 min - 1 unit
- 97112: 16 min - 1 unit

Exercises Performed

Today:

- Standing Ankle ABCs: 2 sets of 26 reps for 4 mins (97110)
- TC Self Mobilization with Belt: 1 set for 3 mins (97110) (Oscillatory movements and sustained holds)
- Seated TB DF: 3 sets of 10 reps with Green TB lb weight for 6 mins (97110) (knot shut in door)
- Seated TB Eversion: 2 sets of 20 reps with Green TB lb weight for 5 mins (97110)
- Seated TB PF: 2 sets of 20 reps with Green TB lb weight for 7 mins (97112) (Tried slow eccentric and standing.)
- Marching with metronome: 2 sets of 6, 22 rep for 6 mins (97112) (1st set: single chair support and 60 bpm)

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metronome.

2nd set: double chair support and self-selected cadence.)

- Seated Heel Raises: 1 set of 20 reps for 3 mins (97112) (bottom at edge of chair)

Signed: [REDACTED] Thu 55:57 EST [REDACTED]
Signed: [REDACTED]) Thu [REDACTED] 19:34 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reports no falls since previous visit.

Pt reports having access to resources such as food, water, housing, and clothing.

Pt reports no signs or symptoms of COVID

Pt reports feeling good this week (0/10 pain - stated w/o inquiry) worked multiple days at his home this week replacing carpet.

Pt arrived on time today, though it shows checked in at 10:33.

Objective

Additional:

- Standing Ankle ABC exercise R 2x 26 letters of alphabet (5 min)
- Walking outside on uneven surfaces (6 min)
- Walking outside on even surfaces (4 min)
- Bil Lateral walking on even ground (1 min)
- Mini walking lunges (3 min)
- Bil crossover stepping (3 min)
- Metronome marching at 60, 50, 40 Bpm (5 min)
- AP TC self mob with belt 4x with 20s hold (5 minutes)
- Star taps 2x5 B (3 mins)
- Seated SL heel raise progressing further off chair to increase WB through R LE 4 x 5 (5 min)

Total time: 40 min

Assessment

Assessment Statements:

Pt tolerated outdoor walking on uneven surfaces without complaints of pain or taking a break. Pt tolerated seated SL heel raises with max stated pain (4/10) with buttocks at edge of chair for maximal WB. Pt had mild difficulty with metronome marching at 40 bpm and required a chair for stabilization. Pt still tolerating star taps well although difficulty observed with directional cues for foot placement.

Plan

Continue to refrain from asking patient about pain levels at the beginning of session. Pt should continue working on R ankle ROM and strengthening exercises, with a focus on pain acceptance within reason (no greater than 5/10). Band exercises will be introduced next session focusing on DF, PF, Eversion. Continue marching with metronome and chair support to increase single leg stance time without apprehension. Continue seated heel raises with increasing WB through R LE.

Signed: [REDACTED] Thu [REDACTED] 56:19 EST [REDACTED]
Signed: [REDACTED]) Thu [REDACTED] 05:14 EST [REDACTED]
Signed: [REDACTED] Thu [REDACTED] 03:54 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

DOB: [REDACTED]
Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reports no falls since previous visit.

Pt reports having access to resources such as food, water, housing, and clothing.

Pt reports no sings or symptoms of COVID

Pt reports feeling good this week and the he walked multiple days this week at home while renovating his home.

Objective

Additional:

- Standing Ankle ABC exercise R 2x 26 letters of alphabet (4 min)
- Double heel raises 2 x 10 (3 min)
- Runner stretch 2 sets B (4 min)
- Lunges 2 x 10 (4 min)
- AP TC self mob with belt 1x10 with 5s hold 1x1 with 20s hold (3 minutes)
- Walking inside office halls, marching 2x30s, side steps B 1x30s, cross over stepping B 1x30s (10 mins)
- Star taps 2x5 B (3 mins)
- Tandem balance EO dual tasking B 1 set each side (5 minutes)
- Seated DF heel slides R 1x15 (4 minutes)
- Mindfulness deep breathing (2 minutes)

Total time: 45 min

Assessment

Assessment Statements:

Pt tolerated indoor walking activities without complaints of pain and without taking a break. Single leg heel rises caused a large increase from 0/10 to 8/10 pain in one rep and returned to 0/10 after. Pt had mild difficulty with dual tasking in tandem stance. We noted apprehension with single heel raise. Tissues and anticipation of pain contributed to inability to perform the exercise.

Plan

Continue to refrain from asking patient about pain levels at the beginning of session. Pt should continue working on R ankle ROM and strengthening exercises, with a focus on pain acceptance within reason (no greater than 5/10). Pt will continue with walking at home. Band exercises will be introduced next session. Marching with metronome and chair support will also be introduced next session to increase single leg stance time without apprehension. Need to reintroduce NWB PF exercises without fear.

Signed: [REDACTED] Thu 56:12 EST [REDACTED]
Signed: [REDACTED]) Thu 15:31 EST [REDACTED]
Signed: [REDACTED] Thu 15:01 EST [REDACTED]
Signed: [REDACTED] Thu 14:45 EST [REDACTED]
Signed: [REDACTED]) Thu 14:02 EST [REDACTED]

[REDACTED]
Phone: [REDACTED] Tax ID: [REDACTED]

DOB: [REDACTED]

Date of Service: [REDACTED]

Signed: [REDACTED]) Thu [REDACTED] 13:36 EST [REDACTED]
Signed: [REDACTED] 08:45 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

DOB: [REDACTED]
Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reports no falls since previous visit.

Pt reports having access to resources such as food, water, housing, and clothing.

Pt reports no sings or symptoms of COVID

Pt reports feeling fine this week and did not have questions about intro to PNE.

Objective

Additional:

- Standing Ankle ABC exercise R 2x 26 letters of alphabet (4 min)
- Double heel raises 2 x 10 (3 min)
- Marching (3 min)
- Runner stretch 2x1 min B (2 min)
- Lunges 2 x 10 (4 min)
- AP TC self mob with belt 1x10 with 5s hold 1x1 20s with 20s hold (3 minutes)
- Walking outside on uneven surfaces (10 minutes)
- Pain Neuroscience Education-calming nerves (10 min)
- Tandem balance 2x30 sec EO dual tasking, 2 with left in front, 1 right in front (3 minutes)
- Mindfulness deep breathing (2 minutes)

Total time: 45 min

Assessment

Assessment Statements:

Pt tolerated walking on even and uneven surfaces without increase in pain. Pt demonstrated increase in R ankle DF after DF self mob and reported feeling more of a stretch in his calf. When performing dual-tasking during tandem balance, pt demonstrated increased ankle sway and decreased lateral stability. Pt has poor to moderate engagement/buy-in with PNE.

Plan

Pt. should continue working on R ankle ROM and strengthening exercises, with a focus on pain acceptance within reason (no greater than 5/10). Pt would benefit from continued PNE regarding how chronic pain is perceived and how it can be treated. Limit PNE time as tolerated. Refrain from asking pt pain levels at the start of the treatment session, to decrease hyper-focus on pain. Continue to encourage pt to talk and reflect on PNE during exercises to challenge dual-tasking abilities and to distract from pain. Pt reported that he will incorporate walking into daily activities at least 3 times a week to manage pain.

Signed: [REDACTED] Thu [REDACTED] 56:05 EST [REDACTED]
Signed: [REDACTED]) Thu [REDACTED] 20:07 EST [REDACTED]
Signed: [REDACTED]) Thu [REDACTED] 19:14 EST [REDACTED]
Signed: [REDACTED]) Thu [REDACTED] 18:26 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

DOB: [REDACTED]

Date of Service: [REDACTED]

Signed: [REDACTED]) Thu [REDACTED] 09:23 EST [REDACTED]
Signed: [REDACTED] Thu [REDACTED] 53:02 EST [REDACTED]

DOB: [REDACTED]
Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reports no falls since previous visit.

Pt reports having access to resources such as food, water, housing, and clothing.

Pt reports no sings or symptoms of COVID

Pt reports feeling fine this week and did not have questions about intro to PNE. Stated he told his family about his pain.

Objective

Additional:

ABC score: 84%.

- Standing Ankle ABC exercise R 2x 26 letters of alphabet (4 min)
- Double heel raises 2 x 10 (3 min)
- Marching (2 min)
- Runner stretch 2x1 min B (2 min)
- (not performed this week) Soleus stretch w/ toes on book 3 x 60 seconds each leg (6 min)
- (not performed this week) Dorsiflexion toe raises 2 x 10; 2s hold (2 min)
- Seated DF ROM heel slides holds 2 x 30s each leg (2 min)
- (not performed this week) Lunges 1 x 10 (2 min)
- Pain Neuroscience Education-sensitive nerves (10 min)
- Tandem balance 1x30 sec B EO (1 min)
- Tandem Balance 1x30 sec B EC (1 min)
- Seated isometric PF holds 1x45 sec (1 min)
- Seated inversion/eversion rolls 2x20 sec holds B (2 min)

Total time: 35 min

Assessment

Assessment Statements:

ABC score of 84% indicates that pt is not a increased risk for falls.

Pt tolerated his exercises with pain at beginning of session and with WB exercises. Pain eased with seated ROM and standing calf stretching. Pt lacks lateral stability with EC in tandem stance both with R and L foot in front. This indicates that he is relying more heavily on visual input for balance secondary to decrease proprioception in R ankle.

Pt required short standing break from marching after 1.5 mins each, due to increased pain.

Phone: [REDACTED] Tax ID: [REDACTED]

DOB: [REDACTED]
Date of Service: [REDACTED]

Plan

Pt. should continue working on R ankle ROM and strengthening exercises, with a focus on pain acceptance within reason (no greater than 5/10). Pt would benefit from continued PNE regarding how chronic pain is perceived and how it can be treated. Replace SLS with marching exercises for less duration spent on SL. Refrain from asking pt pain levels at the start of the treatment session, to decrease hyper-focus on pain. Educate patient on graded exposure to pain in next session. Continue to encourage pt to talk and reflect on PNE during exercises to challenge dual-tasking abilities and to distract from pain.

Signed: [REDACTED] Thu [REDACTED] 56:25 EST [REDACTED]
Signed: [REDACTED] Thu [REDACTED] 35:02 EST [REDACTED]
Signed: [REDACTED] Thu [REDACTED] 31:37 EST [REDACTED]
Signed: [REDACTED] Thu [REDACTED] 30:18 EST [REDACTED]
Signed: [REDACTED] Thu [REDACTED] 29:20 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

DOB: [REDACTED]
Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reports no falls since previous visit.

Pt reports having access to resources such as food, water, housing, and clothing.

Pt reports no sings or symptoms of COVID

Pt reports being fear of ankle giving out, especially on stairs and uneven ground. Pt reports a 0/10 pain while sitting and 3-4/10 while walking. Pain can reach 7/10 when performing vigorous activities such as climbing ladders. Pt reports shooting pain from ankle to mid-shin region.

Pt takes Tylenol 2x/day to alleviate pain.

Objective

Vitals

Heart Rate: 72

Respiratory Rate: 16

Additional:

- Ankle ABC exercise 2x 26 letters of alphabet (4 min)
 - Double heel raises 2 x 10 (3 min)
 - Single heel raises 1x10. (2 min) Pt reports pain in R ankle (D/C for next session)
 - Marching (2 min)
 - Soleus stretch w/ toes on book 3 x 60 seconds each leg (6 min)
 - Dorsiflexion toe raises 2 x 10; 2s hold (2 min)
 - Seated DF ROM heel slides holds 2 x 30s each leg (2 min)
 - Lunges 1 x 10 (2 min)
 - Pain Neuroscience Education (7 min)
- Total time: 30 min

Assessment

Assessment Statements:

Pt tolerated ROM exercises that were not perceived as threatening well, but was hesitant towards exercises perceived as painful. Patient more cautious with certain exercises such as stairs and uneven ground and perceives them as more threatening, leading to increase pain. Pt. was able to tolerate exercises well with mild increase in pain during single leg weight bearing exercises. Pt best tolerated WB exercises when distracted. Pt was accepting and open to receiving PNE.

Plan

Pt. should continue working on R ankle ROM and strengthening exercises, with a focus on pain acceptance within reason (no greater than 5/10). Pt would benefit from continued PNE regarding how chronic pain is perceived and how it can be managed. Replace SLS with marching exercises for less duration spent on SL. Refrain from asking pt pain levels at the start of the treatment session, to decrease hyper-focus on pain.

Signed: [REDACTED]) Thu [REDACTED] 48:11 EST [REDACTED]

[REDACTED]
Phone: [REDACTED] Tax ID: [REDACTED]

DOB: [REDACTED]
Date of Service: [REDACTED]

Signed: [REDACTED]) Thu [REDACTED] 45:58 EST [REDACTED]
Signed: [REDACTED]) Thu [REDACTED] 45:01 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

DOB: [REDACTED]
Date of Service: [REDACTED]

SOAP Note

Date of Service: [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

DOB: [REDACTED]
Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reports no falls since previous visit. Pt reports having access to resources such as food, water, housing, and clothing. Pt reports no sings or symptoms of COVID Pt reports a 0/10 pain while sitting and 3/10 while walking. Pt reports injury aggravation with getting up in morning. Pt takes Tylenol to alleviate pain and says ice does not alleviate pain.

Objective

Vitals

Heart Rate: 68

Respiratory Rate: 16

HR patient reported very faint.

Additional:

- Ankle ABC exercise 2x 26 letters of alphabet (4 min)
- Double heel raises 1x10 (3 min)
- Single heel raises 2x10. (6 min) Pt reports 5/10 for R ankle.
- SLS 2x 60 seconds each leg (4 min)
- Gastroc stretch 3x 60 seconds bilateral (6 min)
- Heel walk 4 reps of 10 ft (2 min) Pt reports 7/10 pain for R ankle
- Ankle mobility/rotation clockwise and counterclockwise 5 reps reach R ankle (3 min)
- Ankle mobility up/down 5 reps R ankle (2 min)
- Lunges 2x10 for each side (5 min)

Total time: 35 min

Assessment

Assessment Statements:

Pt. was able to tolerate exercises but did experience some mild increases in pain. Pt was still able to complete exercises. Pt had limited ankle mobility especially for R ankle dorsiflexion during exercises. Pt has impaired balance for R SLS and required hand support to complete task. Pt needed cuing to remain upright for lunges.

Plan

Continue ankle mobility and strengthening exercises. Focus specifically on dorsiflexion and plantarflexion. Incorporate talocrural joint posterior self mobilization using theraband/strap and support surface for R foot. Continue gastroc stretching and balance exercises. Progress exercises at tolerated.

Rehab Plan

Visit Frequency:

1 times per week for 25 week(s)

Signed: [REDACTED]) Thu [REDACTED] 18:13 EST [REDACTED]
Signed: [REDACTED] Thu [REDACTED] 16:36 EST [REDACTED]

DOB: [REDACTED]
Date of Service: [REDACTED]

Physical Therapy Initial Exam

Date of Encounter: [REDACTED]

Intake summary

pt gives verbal consent for treatment today [REDACTED]
pt has access to food, clean water, shelter, and clothing
pt reports no falls since last visit
pt reports no sign/symptoms of COVID-19
pt reports a current 5/10 pain for his ankle

Results from ABC scale show overall score of 84%

Pt lacks confidence that he is able to maintain balance when: bending over to pick up objects from floor, standing up on tip toes to reach something overhead, standing on chair to reach for something, getting into and out of a car, getting bumped into by other people while walking, stepping on/off escalator, and walking on icy sidewalks.

Results from LEFS: 48/80

Pt has moderate difficulty with: usual hobbies, recreational or sporting activities, putting on shoes and socks, squatting, lifting object like bag of groceries from floor, performing heavy activities around home, walking a mile, going up/down a flight of stairs, standing for 1 hour
Pt is unable to run and hop

Be able to chase his dog on the beach

History of Present Illness

Previous Treatment

Facility Name: [REDACTED]

Details regarding previous care: Care went to home a few days post surgery at daughter's home. 3x per week sessions for about 2 months before going to McLaren outpatient for 3x per week.

Diagnostic Studies performed:

X-Ray was performed on [REDACTED] : pre and post surgery.

Primary Complaint:

Patient presents with Compound fracture with shooting pain in the following location(s): right ankle radiating to inside of ankle reported as beginning on [REDACTED] as a result of trauma Fall off retaining wall.

- Patient's complaint is 5 out of 10, where 0 is not severe at all, and 10 is extremely severe.
- Patient's average or typical pain is 5 out of 10.

Everytime pt walks there is pain

Timing:

Symptoms are worse in the morning

Pain scale at it's worst is 7 out of 10.

Symptoms are better in the morning and After coffee

Pain scale at it's best is 0 out of 10.

Aggravating/Provocative Factors: Walking

Relieving Factors: Rest, Pain meds and Sitting

Current Internal hardware: pins, plates, screws, rubber band

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DOB: [REDACTED]
Date of Service: [REDACTED]

Family History

High Blood Pressure: Father, 2 brothers

Osteoarthritis: Mother

Thyroid: sister

pt current conditions: High blood pressure, A fib, arthritis in R ankle, cholesterol

Medical History

Name of Physician: [REDACTED]

Patient hospitalizations in the last

ablation for A fib [REDACTED]

Cardioversion January [REDACTED]

Patient medications and dosages:

metoprolol 2x per day A fib medication

atorvastatin cholesterol

losartan 25 mg per day BP medication

Blood Thinners:

eliquis 5mg

Patient supplements:

None

Patient Allergies:

None

Patient's history of automobile accidents/trauma:

None

Surgical History

Surgery 1: Back surgery [REDACTED]

Type: Required

Hospitalization: Inpatient

Surgery 2: Left Knee meniscus trim surgery [REDACTED]

Type: Required

Hospitalization: Inpatient

Surgery 3: Hernia [REDACTED]

Type: Required

Hospitalization: Inpatient

Right ankle ORIF

Social History

Patient's Marital Status: Single

Patient's Occupation/Job Title: [REDACTED]

Patient's physical work duties: Works at desk, sitting most of time.

Patient states they do not smoke.

Patient states they do not consume alcoholic beverages.

DOB: [REDACTED]
Date of Service: [REDACTED]

Patient states they do not exercise regularly.

Condition has not impacted work. Wishes to go back to walking/chasing dog on beach up north. Bi level home with 6 stairs and railing on inner wall (right) and 2 steps to enter home. Dog that lives at home. [REDACTED] live nearby for assistance if needed. Currently driving to and from work. Normally go to gym 3x per week but currently closed due to COVID Pt previous exercises he did at the gym include bosu ball balance, incline board gastroc stretch, bike for 20 min, treadmill walk for 10 min

Review of Systems

Constitutional Symptoms

Negative: Chills, Fever, Poor appetite, Weakness, Weight loss / gain

Eyes

Current: Glasses (Readers)

Negative: Blurred vision, Change in vision, Double vision, Pain

Ear / Nose / Throat / Mouth

Negative: Difficulty hearing, Earaches, Ear infection, Sinus problem, Sore throat

Cardiovascular

Current: High blood pressure (on medication), Irregular heartbeat (Afib)

Negative: Chest pain, Heart murmur, Swelling of legs, Use of oxygen, Varicose veins

Respiratory

Negative: Blood in sputum, Frequent cough, Shortness of breath, Wheezing

Gastrointestinal

Negative: Abdominal pain, Blood in stool, Constipation, Diarrhea, Gluten Intolerance, Indigestion / Heartburn, Jaundice, Nausea / Vomiting, Ulcers

Genitourinary

Negative: Blood in urine, Discharge (penile or vaginal), Painful urination, Urinary frequency, Urinary retention

Gyn

Negative: Difficulty sleeping, Symptomatic hot flashes

Musculoskeletal

Current: Foot / Ankle Pain / Symptoms, Generalized Stiffness, Generalized Joint Pain / Symptoms

Negative: Head Pain / Symptoms, Neck Pain / Symptoms, Upper / Mid Back Pain / Symptoms, Lower Back Pain / Symptoms, Tailbone Pain / Symptoms, Shoulder Pain / Symptoms, Arm Pain / Symptoms, Elbow Pain / Symptoms, Hand / Wrist Pain / Symptoms, Hip Pain / Symptoms, Leg Pain / Symptoms, Knee Pain / Symptoms

Skin

Negative: Boils, Change in skin color, Lump / growth on skin, Persistent itch, Skin rash

Neurological

Negative: Dizzy spells, Headaches, Loss of balance, Migraines, Numbness / Tingling, Tremors, Ringing in ear, Seizures, Slurred speech, Stroke, Weakness

Psychiatric

Negative: Depression, Memory loss / Forgetfulness

Endocrine

Phone: [REDACTED] Tax ID: [REDACTED]

DOB: [REDACTED]
Date of Service: [REDACTED]

Negative: Diabetes Type 1, Diabetes Type 2, Excessive / Increased thirst, Heat / Cold intolerance, Hypoglycemia, Thyroid, Tired / Sluggish, Too hot / cold

Hematologic / Lymphatic

Negative: Anemia, Blood clotting problems, Easy bruising or bleeding, Enlarged lymph nodes, Frequent bleeding from gums, Swollen glands

Allergic / Immunologic

Negative: Allergic reactions, Anaphylaxis history, Angioedema history, Drug allergies, Frequent injections, Hay fever, Hepatitis, HIV positive, Positive PPD, Seasonal allergies

Physical Examination

Vitals

Height: [REDACTED] in

Weight: [REDACTED]

Respiratory Rate: 14

Pt states BP generally is around 120/80, has not been taken in a while

Musculoskeletal

Ankle / Foot

Observation

Pt able to perform squat past 90 deg. Dorsiflexion limited in R ankle during squat, heel lifting

Assessment

Assessment Statements:

Pt demonstrates limited ROM in R ankle dorsiflexion. Pt continues to present with pain primarily while walking or standing that has been persistent since R ankle ORIF surgery last July. Pt was compliant with exercises when he was able to go to the gym but has not been able to go since it closed in March. Has not been doing exercises/stretching at home since then. Pt needs reeducated on exercises and stretches he can perform from home. Further strengthening of dorsiflexors and plantarflexors will help in the reduction of pain and improvement in ROM.

Prognosis:

Very Good

Reasons for Prognosis:

Pt is motivated to get back to exercising and stretching regularly to help reduce pain in R ankle.

Phone: [REDACTED] Tax ID: [REDACTED]

DOB: [REDACTED]
Date of Service: [REDACTED]

Plan

Evaluation

97161 - Physical therapy evaluation: low complexity

Rehab Plan

Treatment Plan

This pt would benefit from use of a theraband at home

Exercises pt can perform from home: standing heel raises, standing toe raises, squats, standing wall calf stretch, ankle ABC's, sidelying inversion/eversion, eccentric heel lowering off step, step ups, lunges, lateral monster walk w/ theraband around feet, SLS, rhomberg balance

Long Term Goals

Increase general fitness, strength, and mobility over next 30 days.

Be able to chase his dog on the beach

Signed: [REDACTED] Wed [REDACTED] 43:03 EST [REDACTED]
Signed: [REDACTED]) Thu [REDACTED] 00:37 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

DOB: [REDACTED]
Date of Service: [REDACTED]

Physical Therapy Initial Exam

Date of Encounter: [REDACTED]

Intake summary

pt gives verbal consent for treatment today [REDACTED]
pt has access to food, clean water, shelter, and clothing
pt reports no falls since last visit
pt reports no sign/symptoms of COVID-19
pt reports a current 5/10 pain for his ankle

Be able to chase his dog on the beach

History of Present Illness

Previous Treatment

Facility Name: [REDACTED]

Details regarding previous care: Care went to home a few days post surgery at daughter's home. 3x per week sessions for about 2 months before going to McLaren outpatient for 3x per week.

Diagnostic Studies performed:

X-Ray was performed on [REDACTED] : pre and post surgery.

Primary Complaint:

Patient presents with Compound fracture with shooting pain in the following location(s): right ankle radiating to inside of ankle reported as beginning on [REDACTED] as a result of trauma Fall off retaining wall.

- Patient's complaint is 5 out of 10, where 0 is not severe at all, and 10 is extremely severe.
- Patient's average or typical pain is 5 out of 10.

Everytime pt walks there is pain

Timing:

Symptoms are worse in the morning

Pain scale at it's worst is 7 out of 10.

Symptoms are better in the morning and After coffee

Pain scale at it's best is 0 out of 10.

Aggravating/Provocative Factors: Walking

Relieving Factors: Rest, Pain meds and Sitting

Current Internal hardware: pins, plates, screws, rubber band

Family History

High Blood Pressure: Father, 2 brothers

Osteoarthritis: Mother

Thyroid: sister

pt current conditions: High blood pressure, A fib, arthritis in R ankle, cholestoral

Medical History

Name of Physician: [REDACTED]

Patient hospitalizations in the last [REDACTED]

ablation for A fib [REDACTED]

Cardioversion January [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

DOB: [REDACTED]
Date of Service: [REDACTED]

Patient medications and dosages:

metoprolol 2x per day A fib medication
atorvastatin cholesterol
losartan 25 mg per day BP medication

Blood Thinners:

eliquis 5mg

Patient supplements:

None

Patient Allergies:

None

Patient's history of automobile accidents/trauma:

None

Surgical History

Surgery 1: Back surgery [REDACTED]

Type: Required

Hospitalization: Inpatient

Surgery 2: Left Knee meniscus trim surgery [REDACTED]

Type: Required

Hospitalization: Inpatient

Surgery 3: Hernia [REDACTED]

Type: Required

Hospitalization: Inpatient

Surgery 4: Enter Surgery

Surgery 5: Enter Surgery

Right ankle ORIF

Social History

Patient's Marital Status: Single

Patient's Occupation/Job Title: [REDACTED]

Patient's physical work duties: Works at desk, sitting most of time.

Patient states they do not smoke.

Patient states they do not consume alcoholic beverages.

Patient states they do not exercise regularly.

Condition has not impacted work. Wishes to go back to walking/chasing dog on beach up north. Bi level home with 6 stairs and railing on inner wall (right) and 2 steps to enter home. Dog that lives at home. [REDACTED] that live nearby for assistance if needed. Currently driving to and from work. Normally go to gym 3x per week but currently closed due to COVID: bike, track, and weights

Review of Systems

Constitutional Symptoms

Phone: [REDACTED] Tax ID: [REDACTED]

DOB: [REDACTED]
Date of Service: [REDACTED]

Negative: Chills, Fever, Poor appetite, Weakness, Weight loss / gain

Eyes

Current: Glasses (Readers)

Negative: Blurred vision, Change in vision, Double vision, Pain

Ear / Nose / Throat / Mouth

Negative: Difficulty hearing, Earaches, Ear infection, Sinus problem, Sore throat

Cardiovascular

Current: High blood pressure (on medication), Irregular heartbeat (Afib)

Negative: Chest pain, Heart murmur, Swelling of legs, Use of oxygen, Varicose veins

Respiratory

Negative: Blood in sputum, Frequent cough, Shortness of breath, Wheezing

Gastrointestinal

Negative: Abdominal pain, Blood in stool, Constipation, Diarrhea, Gluten Intolerance, Indigestion / Heartburn, Jaundice, Nausea / Vomiting, Ulcers

Genitourinary

Negative: Blood in urine, Discharge (penile or vaginal), Painful urination, Urinary frequency, Urinary retention

Gyn

Negative: Difficulty sleeping, Symptomatic hot flashes

Musculoskeletal

Current: Foot / Ankle Pain / Symptoms, Generalized Stiffness, Generalized Joint Pain / Symptoms

Negative: Head Pain / Symptoms, Neck Pain / Symptoms, Upper / Mid Back Pain / Symptoms, Lower Back Pain / Symptoms, Tailbone Pain / Symptoms, Shoulder Pain / Symptoms, Arm Pain / Symptoms, Elbow Pain / Symptoms, Hand / Wrist Pain / Symptoms, Hip Pain / Symptoms, Leg Pain / Symptoms, Knee Pain / Symptoms

Skin

Negative: Boils, Change in skin color, Lump / growth on skin, Persistent itch, Skin rash

Neurological

Negative: Dizzy spells, Headaches, Loss of balance, Migraines, Numbness / Tingling, Tremors, Ringing in ear, Seizures, Slurred speech, Stroke, Weakness

Psychiatric

Negative: Depression, Memory loss / Forgetfulness

Endocrine

Negative: Diabetes Type 1, Diabetes Type 2, Excessive / Increased thirst, Heat / Cold intolerance, Hypoglycemia, Thyroid, Tired / Sluggish, Too hot / cold

Hematologic / Lymphatic

Negative: Anemia, Blood clotting problems, Easy bruising or bleeding, Enlarged lymph nodes, Frequent bleeding from gums, Swollen glands

Allergic / Immunologic

Negative: Allergic reactions, Anaphylaxis history, Angioedema history, Drug allergies, Frequent injections, Hay fever, Hepatitis, HIV positive, Positive PPD, Seasonal allergies

Phone: [REDACTED] Tax ID: [REDACTED]

DOB: [REDACTED]
Date of Service: [REDACTED]

Physical Examination

Vitals

Height: [REDACTED] in

Weight: [REDACTED]

Respiratory Rate: 14

Neurological

Balance / Cerebellum

Activities Balance Confiden: Score / . Score highest

[REDACTED]
Phone: [REDACTED] Tax ID: [REDACTED]

DOB: [REDACTED]
Date of Service: [REDACTED]

Physical Therapy Initial Exam

Date of Encounter: [REDACTED]

Medical History

Phone: [REDACTED] Tax ID: [REDACTED]

DOB: [REDACTED]
Date of Service: [REDACTED]

Physical Therapy Initial Exam

Date of Encounter: [REDACTED]

Medical History

Test

Signed: LOUIS HAASE (lohaase) Thu [REDACTED] 30:53 EST [REDACTED]

[REDACTED]
Phone: [REDACTED] Tax ID: [REDACTED]

DOB: [REDACTED]
Date of Service: [REDACTED]

Physical Therapy Initial Exam

Date of Encounter: [REDACTED]

Medical History

Phone: [REDACTED] Tax ID: [REDACTED]

DOB: [REDACTED]
Date of Service: [REDACTED]

Physical Therapy Initial Exam

Date of Encounter: [REDACTED]

Intake summary

pt gives verbal consent for treatment today [REDACTED]
pt has access to food, clean water, shelter, and clothing
pt reports no falls since last visit
pt reports no sign/symptoms of COVID-19
pt reports a current 5/10 pain for his ankle

Be able to chase his dog on the beach

History of Present Illness

Previous Treatment

Facility Name: [REDACTED]

Details regarding previous care: Care went to home a few days post surgery at daughter's home. 3x per week sessions for about 2 months before going to McLaren outpatient for 3x per week.

Diagnostic Studies performed:

X-Ray was performed on [REDACTED] : pre and post surgery.

Primary Complaint:

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Timing:

Symptoms are worse in the morning

Pain scale at it's worst is 7 out of 10.

Symptoms are better in the morning and After coffee

Pain scale at it's best is 0 out of 10.

Aggravating/Provocative Factors: Walking

Relieving Factors: Rest, Pain meds and Sitting

Current Internal hardware: pins, plates, screws, rubber band

Family History

High Blood Pressure: Father, 2 brothers

Osteoarthritis: Mother

Thyroid: sister

pt current conditions: High blood pressure, A fib, arthritis in R ankle, cholestoral

Medical History

Name of Physician: [REDACTED]

Patient hospitalizations in the last [REDACTED]

ablation for A fib [REDACTED]

Cardioversion January [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

DOB: [REDACTED]
Date of Service: [REDACTED]

Patient medications and dosages:

metoprolol 2x per day A fib medication
atorvastatin cholesterol
losartan 25 mg per day BP medication

Blood Thinners:

eliquis 5mg

Patient supplements:

None

Patient Allergies:

None

Patient's history of automobile accidents/trauma:

None

Surgical History

Surgery 1: Back surgery [REDACTED]

Type: Required

Hospitalization: Inpatient

Surgery 2: Left Knee meniscus trim surgery [REDACTED]

Type: Required

Hospitalization: Inpatient

Surgery 3: Hernia [REDACTED]

Type: Required

Hospitalization: Inpatient

Surgery 4: Enter Surgery

Right ankle ORIF

Social History

Patient's Marital Status: Single

Patient's Occupation/Job Title: [REDACTED]

Patient's physical work duties: Works at desk, sitting most of time.

Patient states they do not smoke.

Patient states they do not consume alcoholic beverages.

Patient states they do not exercise regularly.

Condition has not impacted work. Wishes to go back to walking/chasing dog on beach up north. Bi level home with 6 stairs and railing on inner wall (right) and 2 steps to enter home. Dog that lives at home. [REDACTED] that live nearby for assistance if needed. Currently driving to and from work. Normally go to gym 3x per week but currently closed due to COVID: bike, track, and weights

Review of Systems

Constitutional Symptoms

Negative: Chills, Fever, Poor appetite, Weakness, Weight loss / gain

DOB: [REDACTED]
Date of Service: [REDACTED]

Eyes

Current:Glasses (Readers)
Negative:Blurred vision, Change in vision, Double vision, Pain

Ear / Nose / Throat / Mouth

Negative:Difficulty hearing, Earaches, Ear infection, Sinus problem, Sore throat

Cardiovascular

Current:High blood pressure (on medication), Irregular heartbeat (Afib)
Negative:Chest pain, Heart murmur, Swelling of legs, Use of oxygen, Varicose veins

Respiratory

Negative:Blood in sputum, Frequent cough, Shortness of breath, Wheezing

Gastrointestinal

Negative:Abdominal pain, Blood in stool, Constipation, Diarrhea, Gluten Intolerance, Indigestion / Heartburn, Jaundice, Nausea / Vomiting, Ulcers

Genitourinary

Negative:Blood in urine, Discharge (penile or vaginal), Painful urination, Urinary frequency, Urinary retention

Gyn

Negative:Difficulty sleeping, Symptomatic hot flashes

Musculoskeletal

Current:Foot / Ankle Pain / Symptoms, Generalized Stiffness, Generalized Joint Pain / Symptoms (morning when first waking up)
Negative:Head Pain / Symptoms, Neck Pain / Symptoms, Upper / Mid Back Pain / Symptoms, Lower Back Pain / Symptoms, Tailbone Pain / Symptoms, Shoulder Pain / Symptoms, Arm Pain / Symptoms, Elbow Pain / Symptoms, Hand / Wrist Pain / Symptoms, Hip Pain / Symptoms, Leg Pain / Symptoms, Knee Pain / Symptoms, Walking / Balance Problems, Osteoporosis

Skin

Negative:Boils, Change in skin color, Lump / growth on skin, Persistent itch, Skin rash

Neurological

Negative:Dizzy spells, Headaches, Loss of balance, Migraines, Numbness / Tingling, Tremors, Ringing in ear, Seizures, Slurred speech, Stroke, Weakness

Psychiatric

Negative:Depression, Memory loss / Forgetfulness

Endocrine

Negative:Diabetes Type 1, Diabetes Type 2, Excessive / Increased thirst, Heat / Cold intolerance, Hypoglycemia, Thyroid, Tired / Sluggish, Too hot / cold

Hematologic / Lymphatic

Negative:Anemia, Blood clotting problems, Easy bruising or bleeding, Enlarged lymph nodes, Frequent bleeding from gums, Swollen glands

Allergic / Immunologic

Negative:Allergic reactions, Anaphylaxis history, Angioedema history, Drug allergies, Frequent injections, Hay fever,

Phone: [REDACTED] Tax ID: [REDACTED]

DOB: [REDACTED]
Date of Service: [REDACTED]

Hepatitis, HIV positive, Positive PPD, Seasonal allergies

Physical Examination

Vitals

Height: [REDACTED]

Weight: [REDACTED]

Respiratory Rate: 14

Signed: [REDACTED] Wed [REDACTED] 42:43 EST [REDACTED]
Signed: [REDACTED] Thu [REDACTED] 48:31 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

DOB: [REDACTED]
Date of Service: [REDACTED]

Physical Therapy Initial Exam

Date of Encounter: [REDACTED]

Intake summary

pt gives verbal consent for treatment today [REDACTED]
pt has access to food, clean water, shelter, and clothing
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pt reports no sign/symptoms of COVID-19
pt reports a 5/10 pain for his ankle

History of Present Illness

Previous Treatment

Facility Name: pt will give facility name later

Details regarding previous care: Care went to home a few days post surgery at daughter's home. 3x per week sessions for about 2 months before going to McLaren outpatient for 3x per week.

Diagnostic Studies performed:

X-Ray was performed on [REDACTED] : pre and post surgery.

Primary Complaint:

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Everytime pt walks there is pain

Timing:

Symptoms are worse in the morning

Pain scale at it's worst is 7 out of 10.

Symptoms are better in the morning and After coffee

Pain scale at it's best is 0 out of 10.

Aggravating/Provocative Factors: Walking

Relieving Factors: Rest and Pain meds

Internal hardware: pins, plates, screws, rubber band

Medical History

Name of Physician: Susan

Patient hospitalizations in the last [REDACTED]

Back surgery [REDACTED]

Left Knee meniscus trim surgery [REDACTED]

Hernia [REDACTED]

ablation for A fib [REDACTED]

Patient medications and dosages:

medication for A fib, cholesterol

Blood Thinners:

Patient Allergies:

Phone: [REDACTED] Tax ID: [REDACTED]

DOB: [REDACTED]
Date of Service: [REDACTED]

None

Patient's history of automobile accidents/trauma:

None

A fib history with ablation in [REDACTED] Cardioversion january [REDACTED]

Social History

Patient's Marital Status: Single

Patient's Occupation/Job Title: [REDACTED]

Patient's physical work duties: Works at desk a lot sitting most of time.

Condition has not impacted work. Wishes to go back to walking/chasing dog on beach up north. By level home with 6 stairs to enter with railing on inner wall (right) and 2 steps to enter. Dog that lives at home. [REDACTED] that live nearby for assistance if needed.