

BURTON, MI 48509
DOB: [REDACTED]
Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt has been away from PT since November [REDACTED] due to his assisted living facility being on lockdown. Pt's friend reports that [REDACTED] fell asleep on the way to PT and has been very lethargic today. Pt reported a 0/10 on pain level, but discomfort in his neck. States that he has not fallen since the last visit. SPT's had difficulty understanding pt 2° quiet voice. Pt continues to use U-Step rollator walker for ambulation.

Pt was supposed to take his PD medication at 12:30, but he did not have his medication with him so he missed his dose. Alan's friend said he will make sure he takes it when they get back.

History of Current Complaint:

Pt presents with generalized weakness and dyskinesia secondary to Parkinson's disease.

Primary Complaint:

Patient presents with losing balance.

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

Objective

Vitals

Heart Rate: 72

Respiratory Rate: NT

BP: 158 / 78

SPO2: NT

SPO2 not taken 2° resting tremor and cold fingers. BP taken on R arm seated in WC.

HR taken after 6MWT and gait speed test and noted HR 86 bpm and irregular in rhythm and intermittent pounding.

Additional:

**VC-ing required throughout all gait activities and transfers to initiate rising and forward stepping

6MWT: ambulated 721 feet on level surfaces with a rollator walker and contact guard of 2 SPT's throughout amb. Required one seated rest break after completing 6MWT 2° to fatigue.

Gait speed assessed with 10MWT: .61 m/s with contact guard x2 by SPT.

Max assist x2 for sitting on mat table.

BBS: 3/56; able to sit on mat table with only R UE on table for support for 2 minutes. No other items assessed at this time.

Bed mobility performed in supine on mat table (2 pillows under head) and included: rolling L->R 3x with max assist 2x plus constant verbal cuing for reaching and continuing movement. Pt attempted to perform large arm movements in "T" but was unable to complete 2° to frequently closing his eyes/falling asleep. Constant cuing was needed to open his eyes and stay awake.

Bed mobility stopped due pt falling asleep, so pt was sat up at EOB with max assist x3 followed by amb 60 ft with walker and then backward stepping 10 feet using a shuffling gait, contact guard x2 and constant verbal cuing for initiating steps and encouraging continued backward walking. Pt required sitting rest break afterwards 2° to fatigue in WC for ~5 minutes.

Pt taken to the bathroom for 15 minutes and required max assist x2 for WC <> toilet. Constant cuing for hand placement and foot placement.

BURTON, MI 48509
DOB: [REDACTED]
Date of Service: [REDACTED]

Assessment

Diagnostic Statements:

Medical Dx: Parkinson's Disease, Movement system diagnosis: hypokinesia

Assessment Statements:

Pt required max assist for backward stepping with assistance on maintaining upright posture and swing phase. Pt was able to initiate stepping with SPT verbal encouragement and movement of walker from SPT. Pt required occasional rest periods throughout session 2° fatigue. Pt walked 721 feet during 6MWT with one seated rest period afterwards. Backwards walking was difficult to patient 2* flexed posture and lack of glute activation and shuffling gait plus pt fear of falling. Standing targeting not assessed today due to lethargy.

Prognosis:

Poor

Reasons for Prognosis:

2° progressive nature of Parkinson's Disease, decreased arousal and communication difficulty due to microphonia.

Diagnoses Codes

Plan

Rehab Plan

Visit Frequency:

1 times per week for 4 week(s)

Treatment Plan

Continue walking before ther ex to "warm him up", he does really well with walking when he doesn't respond to other exercise. Recommend continued gait training in an open area to reduce overstimulation, seated mobility to improve posture/thoracic mobility, and balance. Next session add standing targeting with sticky notes on wall. Practice transfers esp. STS, balance, and endurance in gait. Therapist should continue to inquire about medication regimen and care.

Strongly encourage caregivers to bring list of medications.

Contact and encourage assisted living facility to wash pt, and clean room to avoid tripping hazards.

Encourage stretching of LE flexors to encourage more upright posture. Work on glute strengthening and core strengthening. Incorporate sit to stands to encourage less UE use during transfers.

Continue to incorporate side stepping, perhaps implement backwards walking when patient is able to assume more of an upright posture.

Gait Training

Gait Training (97116)

Total Time: 30 min

Unit(s): 2

2 units of Gait training

Time: 15 min(s)

Time: 15 min(s)

Modalities

Supportive Care

15 minutes to assist with bathroom

Pt would benefit from thoracic mobility specifically in extension. Also strengthening and continued gait training.

Short Term Goals

- Maintain gross functional strength and ROM. Improve safety during gait. Maintain cardiovascular endurance and improve circulation.

Phone: [REDACTED] Tax ID: [REDACTED]

BURTON, MI 48509

DOB: [REDACTED]

Date of Service: [REDACTED]

Long Term Goals

- Patient would like to walk for 15 min / miles without pain in 30 days.
- Increase general fitness, strength, and mobility over next 30 days.
- Goal 1 met today.

Signed: [REDACTED]) Fri [REDACTED] 36:06 EST [REDACTED]

BURTON, MI 48509
DOB: [REDACTED]
Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt has been away from PT since November [REDACTED] due to his assisted living facility being on lockdown. Pt's friend reports that [REDACTED] fell asleep on the way to PT and has been very lethargic today. Pt reported a 0/10 on pain level, but discomfort in his neck. States that he has not fallen since the last visit. SPT's had difficulty understanding pt 2° quiet voice. Pt continues to use U-Step rollator walker for ambulation.

Pt was supposed to take his PD medication at 12:30, but he did not have his medication with him so he missed his dose. Alan's friend said he will make sure he takes it when they get back.

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Primary Complaint:

Patient presents with losing balance.

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Objective

Vitals

Heart Rate: 72

Respiratory Rate: NT

BP: 158 / 78

SPO2: NT

SPO2 not taken 2° resting tremor and cold fingers. BP taken on R arm seated in WC.

HR taken after 6MWT and gait speed test and noted HR 86 bpm and irregular in rhythm and intermittent pounding.

Additional:

**VC-ing required throughout all gait activities and transfers to initiate rising and forward stepping

6MWT: ambulated 721 feet on level surfaces with a rollator walker and contact guard of 2 SPT's throughout amb. Required one seated rest break after completing 6MWT 2° to fatigue.

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BBS: 3/56; able to sit on mat table with only R UE on table for support for 2 minutes. No other items assessed at this time.

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Bed mobility stopped due pt falling asleep, so pt was sat up at EOB with max assist x3 followed by amb 60 ft with walker and then backward stepping 10 feet using a shuffling gait, contact guard x2 and constant verbal cuing for initiating steps and encouraging continued backward walking. Pt required sitting rest break afterwards 2° to fatigue in WC for ~5 minutes.

Pt taken to the bathroom for 15 minutes and required max assist x2 for WC <> toilet. Constant cuing for hand placement and foot placement.

BURTON, MI 48509
DOB: [REDACTED]
Date of Service: [REDACTED]

Assessment

Diagnostic Statements:

Medical Dx: Parkinson's Disease, Movement system diagnosis: hypokinesia

Assessment Statements:

Pt required max assist for backward stepping with assistance on maintaining upright posture and swing phase. Pt was able to initiate stepping with SPT verbal encouragement and movement of walker from SPT. Pt required occasional rest periods throughout session 2^o fatigue. Pt walked 721 feet during 6MWT with one seated rest period afterwards. Backwards walking was difficult to patient 2^o flexed posture and lack of glute activation and shuffling gait plus pt fear of falling. Standing targeting not assessed today due to lethargy.

Prognosis:

Poor

Reasons for Prognosis:

2^o progressive nature of Parkinson's Disease, decreased arousal and communication difficulty due to microphonia.

Diagnoses Codes

Plan

Rehab Plan

Visit Frequency:

1 times per week for 4 week(s)

Treatment Plan

Continue walking before ther ex to "warm him up", he does really well with walking when he doesn't respond to other exercise. Recommend continued gait training in an open area to reduce overstimulation, seated mobility to improve posture/thoracic mobility, and balance. Next session add standing targeting with sticky notes on wall. Practice transfers esp. STS, balance, and endurance in gait. Therapist should continue to inquire about medication regimen and care.

Strongly encourage caregivers to bring list of medications.

Contact and encourage assisted living facility to wash pt, and clean room to avoid tripping hazards.

Encourage stretching of LE flexors to encourage more upright posture. Work on glute strengthening and core strengthening. Incorporate sit to stands to encourage less UE use during transfers.

Continue to incorporate side stepping, perhaps implement backwards walking when patient is able to assume more of an upright posture.

Gait Training

Gait Training (97116)

Total Time: 30 min

Unit(s): 2

2 units of Gait training

Time: 15 min(s)

Time: 15 min(s)

Modalities

Supportive Care

15 minutes to assist with bathroom

Pt would benefit from thoracic mobility specifically in extension. Also strengthening and continued gait training.

Short Term Goals

- Maintain gross functional strength and ROM. Improve safety during gait. Maintain cardiovascular endurance and improve circulation.

Phone: [REDACTED] Tax ID: [REDACTED]

BURTON, MI 48509
DOB: [REDACTED]
Date of Service: [REDACTED]

Long Term Goals

- Patient would like to walk for 15 min / miles without pain in 30 days.
- Increase general fitness, strength, and mobility over next 30 days.
- Goal 1 met today.

Signed: [REDACTED]) Sun [REDACTED] 00:27 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

BURTON, MI 48509
DOB: [REDACTED]
Date of Service: [REDACTED]

Rehab Daily Note

Date of Service: [REDACTED]

Subjective

Patient presents with in the following location(s): *Patient reports he has fallen 4x this week. Pt came to PT today with a large bandage on head due to a fall where he hit his head. He reports he falls when he tries to get up on his own and I has an emergency button but really needs a call light so he can get assistance when he wants to get up on his own.* reported as occurring on

What makes the problem worse: *Vitals: BP: 132/82 mmHg HR: not measured SPO2: unable to obtain.*

Patient's complaint is and 0 out of 10, where 0 is not severe at all, and 10 is extremely severe.

Objective

No objective tests performed today. See previous documentation for findings.

Activities of Daily Living

The following ADLs have made the problem better: *Pt participated in PWR! session today. He performed 15 minutes of gait training with rollator walker. He responded well to verbal cues to slow down, take larger steps, and take turns more slowly. Pt had a tendency to follow the lines on the basketball court so he had to be verbally cued which lines to follow was max assist for transfer for sit->stand. Pt did seated exercises including marching and the PWR! warm up in seated position. He benefited from verbal cueing during the PWR! exercises. .*

Assessment

Pt reported no pain from walking for 15 min and therefore achieved goal.

Pt benefited from "I want you to walk" cue and giving him time to go at his own pace.

Plan

Long Term Goals

1. Patient would like to walk for 15 min / miles without pain in 30 days.
2. Increase general fitness, strength, and mobility over next 30 days.

Provider's Signature

Signed: [REDACTED]) Fri [REDACTED] 48:15 EST [REDACTED]
Signed: [REDACTED]) Fri [REDACTED] 57:11 EST [REDACTED]

BURTON, MI 48509
DOB: [REDACTED]
Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reports feeling "fine" today and he slept "okay" last night. Pt reported an 8/10 on pain level. States that he has not fallen since the last visit. SPT's had difficulty understanding pt 2^o quiet voice. Pt mentioned something about an instruction manual, however we were not able to understand the meaning of it. Pt mentioned that he prefers U-Step rollator walker for ambulation .

History of Current Complaint:

Pt presents with generalized weakness and dyskinesia secondary to Parkinson's disease.

Primary Complaint:

Patient presents with losing balance.

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

Objective

Vitals

Heart Rate: 80

Respiratory Rate: NT

BP: 160 / 84

SPO2: NT

SPO2 not taken 2^o resting tremor and cold fingers. BP taken on L arm in seated position.

Additional:

Ambulated 600 feet on level surfaces with a rollator walker. Required one seated rest break of 5 minutes 2^o to fatigue. Pt had mod assist during ambulation. Required manual assistance to swing LE.

Pt performed side stepping to the R for 5 steps with max assist. Pt immediately side stepped to the L for 5 steps with max assist. Pt took a stand rest break for 2 minutes. Pt then side stepped to the R for 5 steps and L for 5 steps with max assist. Pt struggles with standing straight due to tight hip flexors. A sitting break was required in wheelchair for 2 minutes.

Pt performed backward stepping with max assist for 5 minutes with a total of 8 steps backwards. Pt took a sitting break for 1 minute after walking backward.

Pt ambulated 60 feet down the hallway with the rollator walker to the table. SPTs stretched pt hip flexors and hamstrings for 5 minutes.

Manual Stretching of Hip Flexors and Hamstrings for about 5 minutes on BL LE.

Assessment

Diagnostic Statements:

Medical Dx: Parkinson's Disease, Movement system diagnosis: hypokinesia

Assessment Statements:

Pt required max assist for side and backward stepping with assistance on maintaining upright posture and swing phase. Pt needed verbal cueing to take bigger steps and manual assistance to facilitate LE. Pt was freezing and required tactile cueing to take bigger steps. Pt required additional time to begin walking at the beginning of the session. Pt required several rest periods throughout session 2^o fatigue. Pt walked 600 feet with one seated rest period that lasted for about 5 minutes. Backwards walking was difficult to patient 2^o flexed posture and lack of glute activation. Pt benefited from hip flexor and hamstring stretching in supine position at end of session and reported some relief.

Prognosis:

Poor

Reasons for Prognosis:

2^o progressive nature of Parkinson's Disease, decreased arousal and communication difficulty due to microphonia.

Phone: [REDACTED] Tax ID: [REDACTED]

BURTON, MI 48509
DOB: [REDACTED]
Date of Service: [REDACTED]

Diagnoses Codes

Plan

Rehab Plan

Treatment Plan

Continue walking before ther ex to "warm him up", he does really well with walking when he doesn't respond to other exercise. Recommend continued gait training in an open area to reduce overstimulation, seated mobility to improve posture/thoracic mobility, and balance. Next session add standing targeting with sticky notes on wall. Practice transfers esp. STS, balance, and endurance in gait. Therapist should continue to inquire about medication regimen and care.

Strongly encourage caregivers to bring list of medications.

Contact and encourage assisted living facility to wash pt, and clean room to avoid tripping hazards.

Encourage stretching of LE flexors to encourage more upright posture. Work on glute strengthening and core strengthening. Incorporate sit to stands to encourage less UE use during transfers.

Continue to incorporate side stepping, perhaps implement backwards walking when patient is able to assume more of an upright posture.

Gait Training

Gait Training (97116)

Total Time: 30 min

Unit(s): 2

2 units of Gait training

Time: 15 min(s)

Time: 15 min(s)

Short Term Goals

- Maintain gross functional strength and ROM. Improve safety during gait. Maintain cardiovascular endurance and improve circulation.

Long Term Goals

- Patient would like to walk for 15 min / miles without pain in 30 days.
- Increase general fitness, strength, and mobility over next 30 days.

Signed: [REDACTED]) Fri [REDACTED] 15:37 EST [REDACTED]

BURTON, MI 48509
DOB: [REDACTED]
Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reports feeling "fine" today and he slept "okay" last night. Pt reported an 8/10 on pain level. States that he has not fallen since the last visit. SPT's had difficulty understanding pt 2^o quiet voice. Pt mentioned something about an instruction manual, however we were not able to understand the meaning of it. Pt mentioned that he prefers U-Step rollator walker for ambulation .

History of Current Complaint:

Pt presents with generalized weakness and dyskinesia secondary to Parkinson's disease.

Primary Complaint:

Patient presents with losing balance.

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

Objective

Vitals

Heart Rate: 80

Respiratory Rate: NT

BP: 160 / 84

SPO2: NT

SPO2 not taken 2^o resting tremor and cold fingers. BP taken on L arm in seated position.

Additional:

Ambulated 600 feet on level surfaces with a rollator walker. Required one seated rest break of 5 minutes 2^o to fatigue. Pt had mod assist during ambulation. Required manual assistance to swing LE.

Pt performed side stepping to the R for 5 steps with max assist. Pt immediately side stepped to the L for 5 steps with max assist. Pt took a stand rest break for 2 minutes. Pt then side stepped to the R for 5 steps and L for 5 steps with max assist. Pt struggles with standing straight due to tight hip flexors. A sitting break was required in wheelchair for 2 minutes.

Pt performed backward stepping with max assist for 5 minutes with a total of 8 steps backwards. Pt took a sitting break for 1 minute after walking backward.

Pt ambulated 60 feet down the hallway with the rollator walker to the table. SPTs stretched pt hip flexors and hamstrings for 5 minutes.

Manual Stretching of Hip Flexors and Hamstrings for about 5 minutes on BL LE.

Assessment

Diagnostic Statements:

Medical Dx: Parkinson's Disease, Movement system diagnosis: hypokinesia

Assessment Statements:

Pt required max assist for side and backward stepping with assistance on maintaining upright posture and swing phase. Pt needed verbal cueing to take bigger steps and manual assistance to facilitate LE. Pt was freezing and required tactile cueing to take bigger steps. Pt required additional time to begin walking at the beginning of the session. Pt required several rest periods throughout session 2^o fatigue. Pt walked 600 feet with one seated rest period that lasted for about 5 minutes. Backwards walking was difficult to patient 2^o flexed posture and lack of glute activation. Pt benefited from hip flexor and hamstring stretching in supine position at end of session and reported some relief.

Prognosis:

Poor

Reasons for Prognosis:

2^o progressive nature of Parkinson's Disease, decreased arousal and communication difficulty due to microphonia.

Phone: [REDACTED] Tax ID: [REDACTED]

BURTON, MI 48509
DOB: [REDACTED]
Date of Service: [REDACTED]

Plan

Rehab Plan

Treatment Plan

Continue walking before therapy to "warm him up", he does really well with walking when he doesn't respond to other exercise. Recommend continued gait training in an open area to reduce overstimulation, seated mobility to improve posture/thoracic mobility, and balance. Next session add standing targeting with sticky notes on wall. Practice transfers esp. STS, balance, and endurance in gait. Therapist should continue to inquire about medication regimen and care.

Strongly encourage caregivers to bring list of medications.

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Encourage stretching of LE flexors to encourage more upright posture. Work on glute strengthening and core strengthening. Incorporate sit to stands to encourage less UE use during transfers.

Continue to incorporate side stepping, perhaps implement backwards walking when patient is able to assume more of an upright posture.

Gait Training

Gait Training (97116)

Total Time: 30 min

Unit(s): 2

2 units of Gait training

Time: 15 min(s)

Time: 15 min(s)

Short Term Goals

Maintain gross functional strength and ROM. Improve safety during gait. Maintain cardiovascular endurance and improve circulation.

Long Term Goals

Patient would like to walk for 15 min / miles without pain in 30 days.

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

Signed: [REDACTED]) Fri [REDACTED] 16:48 EST [REDACTED]

BURTON, MI 48509
DOB: [REDACTED]
Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reports he is feeling "okay" today. He reports having 1 fall in the past week, but he got up on his own. Pt reports watching lot of movies while at home and indicating he does not walk "much" on his own where he is staying. Pt reports he has a new walking but did not bring it in today.

History of Current Complaint:

Pt presents with generalized weakness and dyskinesia secondary to Parkinson's disease.

Primary Complaint:

Patient presents with losing balance.

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

Objective

Vitals

Heart Rate: 72

BP: 138 / 90

SPO2: 94

Additional:

Walking in the hallway w/ U-step AD

- Two full laps up and down the hallway, following by half a lap up and down the hallway.
- Lots of cueing was required to have the patient take big steps and not festinate.
- Trunk flexes forward and butt sticks out, requiring lots of cueing to correct this.

Turning while walking.

- Pt let go of U-step to hold SPT's arms while turning at the end's of the hallway.
- Lots of cueing was required to encourage pt to take stepping turns.
- Requires mod to max A.
- Trunk flexes forward and butt sticks out, requiring lots of cueing to correct this.

Side-stepping

- Pt completed 5 sets of side stepping, 1 set = 5-6 steps to the right and 5-6 steps to the left.

Backward-forward stepping

- Pt completed 5 sets of forward-backward walking, 1 set = 5-6 steps forward and 5-6 steps to the right.

STS

- 3 sit to stands at the end of the session.

Assessment

Diagnostic Statements:

Medical Dx: Parkinson's Disease, Movement system diagnosis: hypokinesia

Assessment Statements:

Pt presented to clinic with in a w/c and reported being "okay." Pt presents with severe freezing and requires lots of external stimuli and cueing to perform tasks, such as transfers and gait. Pt had difficulty articulating his words, so hearing his report and questions was exceedingly difficult. During gait, pt requires cueing to take big, slow, and controlled steps and not slide his feet on the ground (cueing: "step... step... step... stand up tall, look forward up at me, belly button forward, tuck butt in"). Pt requires mod to max A during side-stepping, forward-backward walking, turning, and STS. Based on pt performance today, it is unlikely pt could recover from a fall on his own.

Prognosis:

Poor

Phone: [REDACTED] Tax ID: [REDACTED]

BURTON, MI 48509
DOB: [REDACTED]
Date of Service: [REDACTED]

Reasons for Prognosis:

2^o progressive nature of Parkinson's Disease, decreased arousal and communication difficulty due to microphonia.

Diagnoses Codes

Plan

Rehab Plan

Treatment Plan

Continue walking before ther ex to "warm him up", he does really well with walking when he doesn't respond to other exercise. Recommend continued gait training in an open area to reduce overstimulation, seated mobility to improve posture/thoracic mobility, and balance. Next session add standing targeting with sticky notes on wall. Practice transfers esp. STS, balance, and endurance in gait. Therapist should continue to inquire about medication regimen and care.

Strongly encourage caregivers to bring list of medications.

Contact and encourage assisted living facility to wash pt, and clean room to avoid tripping hazards.

Gait Training

Gait Training (97116)

Total Time: 30 min

Unit(s): 2

2 units of Gait training

Time: 15 min(s)

Time: 15 min(s)

Short Term Goals

- Maintain gross functional strength and ROM. Improve safety during gait. Maintain cardiovascular endurance and improve circulation.

Long Term Goals

- Patient would like to walk for 15 min / miles without pain in 30 days.
- Increase general fitness, strength, and mobility over next 30 days.

Signed: [REDACTED]) Fri [REDACTED] 18:33 EST [REDACTED]

Signed: [REDACTED] Fri [REDACTED] 08:45 EST [REDACTED]

Signed: [REDACTED] Fri [REDACTED] 02:10 EST [REDACTED]

BURTON, MI 48509
DOB: [REDACTED]
Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

History of Current Complaint:

Pt reports falling 7-9 times in the past week over the course of 3-4 days since the last visit. Pt complains that caretakers allowing him to fall is "a dispute that remains to be resolved." Pt has been compliant to medication, and reports taking all medications this morning. Pt responds to all questions, and for the first time, replies in full sentences. Walks 3 days/week, and reports fall occur "when tripping over things."

Primary Complaint:

Patient presents with losing balance.

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

Objective

Vitals

Heart Rate: 72

Respiratory Rate: 14

BP: 130 / 90

SPO2: N/A

Additional:

walking 108'x4 (hallway lengths) CG, min A, RPE 4

walking 108'x4 CG, mod A (SPT slowed pt down and made him avoid obstacles in hallway) RPE 6

walking 108'x4 CG, mod A (PT slowed pt down and made him avoid obstacles in hallway) RPE 6

PWR! Moves

Assessment

Diagnostic Statements:

Medical Dx: Parkinson's Disease, Movement system diagnosis: hypokinesia

Assessment Statements:

Patient presents with hypokinesia and demonstrated decreased arousal, difficulty engaging in today's session, and required frequent verbal and visual cueing and physical assistance. Pt required 1-person max A for transfers, but only needed a min A during gait training. During gait training, pt demonstrated lack of initial automaticity, impaired foot clearance, increased vaulting B on occasion, trunk jack-knifing, and some crossing over of feet. Pt responded well to verbal cues of "ready...go," physical cues to stand upright. Pt verbally responded to questions but demonstrated hypophonia and was difficult to understand. Pt follows 1-step commands and does better with simple instruction. Noted purplish cyanotic fingertips following gait training.

PT educated pt and caregiver on importance of taking medication.

PT should inquire pt about medication list. pt reports taking 10-11 pills, not all of which are related to symptoms associated with Parkinson's.

Prognosis:

Poor

Reasons for Prognosis:

2^o progressive nature of Parkinson's Disease, decreased arousal and communication difficulty due to microphonia.

Diagnoses Codes

Plan

Rehab Plan

Phone: [REDACTED] Tax ID: [REDACTED]

BURTON, MI 48509
DOB: [REDACTED]
Date of Service: [REDACTED]

Treatment Plan

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Strongly encourage caregivers to bring list of medications.

Contact and encourage assisted living facility to wash pt, and clean room to avoid tripping hazards.

Gait Training

Gait Training (97116)

Total Time: 30 min

Unit(s): 2

2 units of Gait training

Time: 15 min(s)

Time: 15 min(s)

Exercises/Activities

Session Timing:

- 97110: 8 min - 1 unit

Exercises Performed Today:

- PWR! Moves : for 8 mins (97110)

Short Term Goals

Maintain gross functional strength and ROM. Improve safety during gait. Maintain cardiovascular endurance and improve circulation.

Long Term Goals

Patient would like to walk for 15 min / miles without pain in 30 days.

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

Signed: [REDACTED] 08:20 EST [REDACTED]

Signed: [REDACTED] Fri [REDACTED] 32:18 EST [REDACTED]

Signed: [REDACTED] Fri [REDACTED] 30:50 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

BURTON, MI 48509
DOB: [REDACTED]
Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

History of Current Complaint:

Pt reports falling in the two weeks ago. Pt seems lethargic, demonstrating delayed response time and difficulty keeping eyes open. Pt states "not all of it" when asked about whether or not they took their medication. Pt stated he hasn't taken his medication in the last three days.

Primary Complaint:

Patient presents with losing balance.

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

Objective

Vitals

Heart Rate: 94

Respiratory Rate: 20

BP: 116 / 68

SPO2: 91

Additional:

walking 108'x2 96bpm

walking 108'x2 96bpm

walking 108'x2 96bpm

SBA 30" standing balance

Assessment

Diagnostic Statements:

Medical Dx: Parkinson's Disease, Movement system diagnosis: hypokinesia

Assessment Statements:

Patient presents with hypokinesia and demonstrated decreased arousal, difficulty engaging in today's session, and required frequent verbal and visual cueing and physical assistance. Pt required 2-person max A for gait training, and transfers, but was motivated to continue walking when asked. During gait training, pt demonstrated lack of initial automaticity, impaired foot clearance, increased vaulting B on occasion, and some crossing over of feet. Pt responded well to verbal cues of "ready...go" and metronome (repetitive foot stomping) to help initiate walking. Pt verbally responded to questions but demonstrated hypophonia and was difficult to understand. Pt follows 1-step commands and does better with simple instruction. Noted purplish cyanotic fingertips following gait training.

Pt was flexed forward during standing balance. SPT used mod A at 25 seconds, but was able to complete 30" successfully.

PT educated pt and caregiver on importance of taking medication.

Prognosis:

Poor

Reasons for Prognosis:

2^o progressive nature of Parkinson's Disease, decreased arousal and communication difficulty due to microphonia.

Diagnoses Codes

Plan

Rehab Plan

Phone: [REDACTED] Tax ID: [REDACTED]

BURTON, MI 48509
DOB: [REDACTED]
Date of Service: [REDACTED]

Treatment Plan

Continue walking before therapy to "warm him up", he does really well with walking when he doesn't respond to other exercise. Recommend continued gait training in an open area to reduce overstimulation, seated mobility to improve posture/thoracic mobility, and balance. Next session add standing targeting with sticky notes on wall. Practice transfers, balance, and endurance in gait. Therapist should continue to inquire about medication regimen and care.

Short Term Goals

Maintain gross functional strength and ROM. Improve safety during gait. Maintain cardiovascular endurance and improve circulation.

Long Term Goals

Patient would like to walk for 15 min / miles without pain in 30 days.
Increase general fitness, strength, and mobility over next 30 days.

Signed: [REDACTED]) Wed [REDACTED] 56:07 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

BURTON, MI 48509
DOB: [REDACTED]
Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

History of Current Complaint:

Pt reports falling in the two weeks ago. Pt seems lethargic, demonstrating delayed response time and difficulty keeping eyes open. Pt states "not all of it" when asked about whether or not they took their medication. Pt stated he hasn't taken his medication in the last three days.

Primary Complaint:

Patient presents with losing balance.

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

Objective

Vitals

Heart Rate: 94

Respiratory Rate: 20

BP: 116 / 68

SPO2: 91

Additional:

walking 108'x2 96bpm

walking 108'x2 96bpm

walking 108'x2 96bpm

SBA 30" standing balance

Assessment

Diagnostic Statements:

Medical Dx: Parkinson's Disease, Movement system diagnosis: hypokinesia

Assessment Statements:

Patient presents with hypokinesia and demonstrated decreased arousal, difficulty engaging in today's session, and required frequent verbal and visual cueing and physical assistance. Pt required 2-person max A for gait training, and transfers, but was motivated to continue walking when asked. During gait training, pt demonstrated lack of initial automaticity, impaired foot clearance, increased vaulting B on occasion, and some crossing over of feet. Pt responded well to verbal cues of "ready...go" and metronome (repetitive foot stomping) to help initiate walking. Pt verbally responded to questions but demonstrated hypophonia and was difficult to understand. Pt follows 1-step commands and does better with simple instruction. Noted purplish cyanotic fingertips following gait training.

Pt was flexed forward during standing balance. SPT used mod A at 25 seconds, but was able to complete 30" successfully.

PT educated pt and caregiver on importance of taking medication.

Prognosis:

Poor

Reasons for Prognosis:

2^o progressive nature of Parkinson's Disease, decreased arousal and communication difficulty due to microphonia.

Diagnoses Codes

Plan

Rehab Plan

Phone: [REDACTED] Tax ID: [REDACTED]

BURTON, MI 48509
DOB: [REDACTED]
Date of Service: [REDACTED]

Treatment Plan

Continue walking before therapy to "warm him up", he does really well with walking when he doesn't respond to other exercise. Recommend continued gait training in an open area to reduce overstimulation, seated mobility to improve posture/thoracic mobility, and balance. Next session add standing targeting with sticky notes on wall. Practice transfers, balance, and endurance in gait. Therapist should continue to inquire about medication regimen and care.

Short Term Goals

Maintain gross functional strength and ROM. Improve safety during gait. Maintain cardiovascular endurance and improve circulation.

Long Term Goals

Patient would like to walk for 15 min / miles without pain in 30 days.
Increase general fitness, strength, and mobility over next 30 days.

Signed: [REDACTED]) Mon [REDACTED] 08:10 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 35:11 EST [REDACTED]

BURTON, MI 48509
DOB: [REDACTED]
Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

History of Current Complaint:

Pt reports falling in the past week with scratches on face.

Received additional therapy this morning and seemed lethargic, demonstrating delayed response time and difficulty keeping eyes open.

Pt stated he took his PD medication around 11am.

Primary Complaint:

Patient presents with losing balance.

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

Objective

Vitals

Heart Rate: 66

Respiratory Rate: 14

BP: 122 / 70

SPO2: N/A

Additional:

Seated forward trunk lean into B UE elevation large amplitude movement 15x. Pt demonstrated difficulties initiating movements, but movements improved in amplitude and speed with increased practice and verbal/visual cueing. Pt counted with therapists 50% of the time demonstrating hypophonia.

Seated alternating forward trunk rotations with B UE abduction large amplitude movement 20x. Frequent verbal and visual cueing to initiate movements. Pt was unable to demonstrate trunk rotation and movement of both arms at the same time. Pt was unable to count repetitions with therapist

Seated B UE horizontal abduction with alternating trunk rotation large amplitude movement 10x. Frequent verbal and visual cueing to attain starting position. Pt was unable to bring arms outstretched to side. Performed movement with arms in front of body and no trunk rotation. Pt was able to count repetitions 50% of the time demonstrating hypophonia.

Seated marching AAROM 20x. Pt demonstrated difficulty initiating movement's and required 2-person assist to move through LE through ROM. Pt was unable to count repetitions.

Standing balance 2'x2 with B UE assist on ataxic (U step) walker. Pt demonstrated forward trunk lean with weight shifted over R LE. Verbal cueing to remain stand up straight and push hips forward, and was unable to achieve upright posture. Therapist assisted patients hands onto handles of walker.

3'x2 gait training using rolling ataxic walker and max 2 person assist A to weight shift during stance and advance B LE. R LE required > assistance than L LE.

Assessment

Diagnostic Statements:

Parkinsons, hypokinesia

Assessment Statements:

Patient presents with hypokinesia and demonstrated difficulty engaging in today's session, requiring frequent cueing and physical assistance. Pt required 2-person max A for standing balance with ataxic walker, ambulation with ataxic walker, and transfers, but was motivated to continue walking when asked. Pt had difficulty initiating movements for PWR moves and required verbal cueing and visual cueing. Required frequent verbal and visual cueing to perform exercises. Pt was able to verbally respond to questions but demonstrated hypophonia. Despite cueing patient was unable fix posture and look forward. Pt seemed tired during session and

Phone: [REDACTED] Tax ID: [REDACTED]

BURTON, MI 48509
DOB: [REDACTED]
Date of Service: [REDACTED]

was frequently closing eyes.

Diagnoses Codes

Plan

Rehab Plan

Treatment Plan

Recommend continued gait training in an open area to reduce overstimulation, seated mobility to improve posture/thoracic mobility, and balance. Next session add standing targeting with sticky notes on wall. Practice transfers, balance, and endurance in gait. Therapist should continue to inquire about medication regimen and care.

Short Term Goals

Improve Gait
Increase General Fitness

Improve / Restore Posture
Increase Strength

Increase Activities of Daily Living

Long Term Goals

Patient would like to walk for 15 min / miles without pain in 30 days.
Increase general fitness, strength, and mobility over next 30 days.

BURTON, MI 48509
DOB: [REDACTED]
Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

History of Current Complaint:

Pt reports falling in the last week with scratches on face. Pt seems lethargic, demonstrating delayed response time and difficulty keeping eyes open. Pt stated he took his PD medication yesterday after he fell. States he falls "every day of every week".

Primary Complaint:

Patient presents with losing balance.

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

Objective

Vitals

Heart Rate: 76

Respiratory Rate: 14

BP: 116 / 68

SPO2: N/A

Additional:

Seated: 5min B UE elevation large amplitude movement 15x. Pt demonstrated difficulties initiating movements, but movements improved in amplitude and speed with increased practice and verbal/visual cueing.

Seated: 5min marching AAROM 20x. Pt demonstrated difficulty initiating movements and required Min assist to move through LE through ROM.

STS Transfers: Pt performed 8 STS within gait training efforts from w/c. Pt req MaxA sit<-> stand. Pt demonstrated difficulty using UE to push off chair.

Gait training: 15min w/ U-step walker. Pt req 3 standing breaks and 3 seated breaks. HR 86bpm after 10min. Pt req verbal cues to decrease cadence and increase step length. Pt had difficulty turning and required verbal and visual cues to complete turns safely. Provided minPA x 2 for safety during gait with w/c chase.

Assessment

Diagnostic Statements:

Medical Dx: Parkinson's Disease, Movement system diagnosis: hypokinesia

Assessment Statements:

Patient presents with hypokinesia and demonstrated decreased arousal, difficulty engaging in today's session, and required frequent verbal and visual cueing and physical assistance. During seated PWR moves, pt demonstrated difficulty initiating UE and LE movement and required verbal and visual cueing but was able to complete hip flexion and shoulder abduction movements volitionally. Pt required 2-person max A for gait training, and transfers, but was motivated to continue walking when asked. During gait training, pt demonstrated lack of initial automaticity, impaired foot clearance, increased vaulting B on occasion, and some crossing over of feet. Pt responded well to verbal cues of "ready...go" and metronome (repetitive foot stomping) to help initiate walking. Pt verbally responded to questions but demonstrated hypophonia and was difficult to understand. Pt follows 1-step commands and does better with simple instruction. Noted purplish cyanotic fingertips following gait training.

Prognosis:

Poor

Reasons for Prognosis:

2^o progressive nature of Parkinson's Disease, decreased arousal and communication difficulty due to microphonia.

Plan

Rehab Plan

Treatment Plan

Phone: [REDACTED] Tax ID: [REDACTED]

BURTON, MI 48509
DOB: [REDACTED]
Date of Service: [REDACTED]

Potentially try walking before therapy to "warm him up", he does really well with walking when he doesn't respond to other exercise.

Recommend continued gait training in an open area to reduce overstimulation, seated mobility to improve posture/thoracic mobility, and balance. Next session add standing targeting with sticky notes on wall. Practice transfers, balance, and endurance in gait. Therapist should continue to inquire about medication regimen and care.

Short Term Goals

Maintain gross functional strength and ROM. Improve safety during gait. Maintain cardiovascular endurance and improve circulation.

Long Term Goals

Patient would like to walk for 15 min / miles without pain in 30 days.
Increase general fitness, strength, and mobility over next 30 days.

Signed: [REDACTED]) Fri [REDACTED] 51:03 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 45:14 EST [REDACTED]

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

[REDACTED]
BURTON, MI 48509
DOB: [REDACTED]
Date of Service: [REDACTED]

Treatment Plan Report

BURTON, MI 48509
DOB: [REDACTED]
Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

History of Current Complaint:

Pt reports falling in the past week with scratches on face.

Received additional therapy this morning and seemed lethargic, demonstrating delayed response time and difficulty keeping eyes open.

Pt stated he took his PD medication around 11am.

Primary Complaint:

Patient presents with losing balance.

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

Objective

Vitals

Heart Rate: 66

Respiratory Rate: 14

BP: 122 / 70

Additional:

Seated forward trunk lean into B UE elevation large amplitude movement 15x. Pt demonstrated difficulties initiating movements, but movements improved in amplitude and speed with increased practice and verbal/visual cueing. Pt counted with therapists 50% of the time demonstrating hypophonia.

Seated alternating forward trunk rotations with B UE abduction large amplitude movement 20x. Frequent verbal and visual cueing to initiate movements. Pt was unable to demonstrate trunk rotation and movement of both arms at the same time. Pt was unable to count repetitions with therapist

Seated B UE horizontal abduction with alternating trunk rotation large amplitude movement 10x. Frequent verbal and visual cueing to attain starting position. Pt was unable to bring arms outstretched to side. Performed movement with arms in front of body and no trunk rotation. Pt was able to count repetitions 50% of the time demonstrating hypophonia.

Seated marching AAROM 20x. Pt demonstrated difficulty initiating movement's and required 2-person assist to move through LE through ROM. Pt was unable to count repetitions.

Standing balance 2'x2 with B UE assist on ataxic (U step) walker. Pt demonstrated forward trunk lean with weight shifted over R LE. Verbal cueing to remain stand up straight and push hips forward, and was unable to achieve upright posture. Therapist assisted patients hands onto handles of walker.

3'x2 gait training using rolling ataxic walker and max 2 person assist A to weight shift during stance and advance B LE. R LE required > assistance than L LE.

Assessment

Diagnostic Statements:

Parkinsons, hypokinesia

Assessment Statements:

Patient presents with hypokinesia and demonstrated difficulty engaging in today's session, requiring frequent cueing and physical assistance. Pt required 2-person max A for standing balance with ataxic walker, ambulation with ataxic walker, and transfers, but was motivated to continue walking when asked. Pt had difficulty initiating movements for PWR moves and required verbal cueing and visual cueing. Required frequent verbal and visual cueing to perform exercises. Pt was able to verbally respond to questions but demonstrated hypophonia. Despite cueing patient was unable fix posture and look forward. Pt seemed tired during session and was frequently closing eyes.

Phone: [REDACTED] Tax ID: [REDACTED]

BURTON, MI 48509
DOB: [REDACTED]
Date of Service: [REDACTED]

Plan

Rehab Plan

Treatment Plan

Recommend continued gait training in an open area to reduce overstimulation, seated mobility to improve posture/thoracic mobility, and balance. Next session add standing targeting with sticky notes on wall. Practice transfers, balance, and endurance in gait. Therapist should continue to inquire about medication regimen and care.

Short Term Goals

Improve Gait
Increase General Fitness

Improve / Restore Posture
Increase Strength

Increase Activities of Daily Living

Long Term Goals

Patient would like to walk for 15 min / miles without pain in 30 days.
Increase general fitness, strength, and mobility over next 30 days.

Signed: [REDACTED]) Fri [REDACTED] 26:59 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 10:19 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

BURTON, MI 48509
DOB: [REDACTED]
Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

History of Current Complaint:

Patient reports walking "a little bit" recently. Patient states they would like to get back to walking. Came wearing glasses. Patient arrived in W/C with foot plates. Patient has not been receiving physical therapy since the beginning of COVID pandemic. Took "10 or 11 pills" & levodopa Prior to session. Caretaker explained pt is a disabled vet who is seeing a "new neurologist who runs a private practice" who is directing patient's care. Care is coordinated through the VA. Next week, David will not be with pt, but Dan Rittman, attorney, conservator, and official guardian of patient will be present [REDACTED]

Primary Complaint:

Patient presents with losing balance.

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

Objective

Vitals

Heart Rate: 72

Respiratory Rate: 15

BP: 118 / 78

SPO2: N/A

Additional:

Circuit:

3'x4 gait training using rolling ataxic walker and mod A.

Standing balance 1', 30", X , X (2 sets only)

3xLateral stepping x 20ft (only stepped L), mod A (holding hands), min A (on gait belt)

Also:

Transfers from W/C to ataxic walker x 10

Assessment

Diagnostic Statements:

Parkinsons, hypokinesia

Assessment Statements:

Patient presents with hypokinesia. Ambulation was less labored and more easily initiated than last week. Balance insecure after transfer from the W/C. Reluctant/hesitant to stand upright and grab ataxic walker. Therapist assisted left hand to walker, then made patient place R hand to walker of their own volition. Required only mod A from one therapist for entire session except for lateral stepping. Cognition intact, responded verbally to with affirmatives to questions such as "Can you see that on the wall?" Balance impaired from kyphotic posture, COM is displaced too posteriorly. Gait speed more in control. Tight turns made pt with festinating and freezing gait. Wide turns required mod A but no festinating or freezing. Patient reported that balance was "tiring."

Diagnoses Codes

Plan

Rehab Plan

Treatment Plan

Recommend continued gait training. Lateral stepping should improve with more practice. Implement and practice elements of the NOM-CPG, especially balance and turning (FGA, Berg). Improve leg strength, coordination, and gait. Practice transfers, balance, and endurance in gait. Therapist should continue to inquire about medication regimen and care.

Short Term Goals

Improve Gait

Improve / Restore Posture

Increase Activities of Daily Living

Phone: [REDACTED] Tax ID: [REDACTED]

BURTON, MI 48509
DOB: [REDACTED]
Date of Service: [REDACTED]

Increase General Fitness

Increase Strength

Long Term Goals

Patient would like to walk for 15 min / miles without pain in 30 days.
Increase general fitness, strength, and mobility over next 30 days.

Signed: [REDACTED]) Tue [REDACTED] 39:11 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 46:31 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

BURTON, MI 48509
DOB: [REDACTED]
Date of Service: [REDACTED]

Physical Therapy Initial Evaluation

This information is an addition to the interprofessional evaluation and should be considered part of the overall evaluation of the patient.
Date of Service: [REDACTED]

Subjective

Patient has not been walking. Patient reports wanting to walk.

Objective

BP
5TSTS

Phone: [REDACTED] Tax ID: [REDACTED]

BURTON, MI 48509
DOB: [REDACTED]
Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

History of Current Complaint:

Patient reports not walking recently. Patient states they would like to get back to walking. Caretaker reports he usually wears glasses, but did not bring to therapy. Patient arrived in W/C without foot plates. Patient has not been receiving physical therapy since the beginning of COVID pandemic.

Objective

Vitals

Heart Rate: 62

Respiratory Rate: 12

BP: 122 / 81

Additional:

5TSTS: 0 AD w/ max assistance, verbal instruction, unable to stand, used UE during attempt hypokinesia, force production deficit
BERG: 7/56 standing feet apart - supervision
10MWT: 10'03" w/rolling walker and two PTs
6MWT: 950ft, w/rolling walker, max assist two PTs
Post-6MWT: 72 bpm, 26 RR,

Assessment

Diagnostic Statements:

Parkinsons, hypokinesia

Assessment Statements:

Ambulation unable to step or initiate step, two therapists Max assist for standing. Often unresponsive to verbal cues. Difficulty initiating movements from sitting position. Difficulty initiating walking, needs two therapists to keep upright. Gait is too fast, and dangerous. Therapists need to keep patient upright during 6MWT. Post-6MWT: 72 bpm, 26 RR.

Diagnoses Codes

Plan

Rehab Plan

Treatment Plan

Continue gait training. Implement the NOM-CPG. Improve leg strength, coordination, and gait. Practice transfers, balance, and endurance in gait. Therapist should ask when medication was administered. Therapist should ask about medication regimen.

Signed: [REDACTED] 38:49 EST [REDACTED]

Signed: [REDACTED] Fri [REDACTED] 25:47 EST [REDACTED]