

Phone: [REDACTED] Fax 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 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

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Potentially try walking before the 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, 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]