

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 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

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Treatment Plan

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

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