

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

No changes in condition since last week. Wife reported patient completed Community Partners last week. Wife further reports he did not take his Tylenol prior to HEART today and that this will probably be his last visit as they are moving to Florida.

Primary Complaint:

Left Shoulder, Forearm, Wrist, Hand, Finger(s)

Patient presents with losing balance, sense of unsteadiness, and weakness in the following location(s): left shoulder, left forearm, left wrist, left hand, and left finger(s) as a result of CVA. This is a chronic condition.

Aggravating/Provocative Factors: Walking.

Relieving Factors: Rest, Massage, and Pt requires tactile cuing or sacral alignment during ambulation in order to decrease lumbar back pain. Pt is Max. A. for ambulating..

Secondary Complaint:

Bilateral Lower back

Patient presents with discomfort, muscle spasms, tenderness, and Use of baclofen to alleviate symptoms in the following location(s): bilateral lower back.

Aggravating/Provocative Factors: Walking, Sitting, and Standing.

Objective

Gait Training with 2 person max assist and a 3rd following with wheelchair
Trial 1 Distance Traveled: 10 ft
Trial 2 Distance Traveled: 18 ft
Trial 3 Distance Traveled: 28 ft
Trial 4 Distance Traveled: 30 ft

Vitals

Heart Rate: 84

Respiratory Rate: 18

BP: 118 / 88

SPO2: 93

BP taken seated in wheelchair on R arm. SpO2 on room air.

Vitals after 1st ambulation trial:

SPO2: 91%

HR: 108bpm

After 2 minute rest with pursed lip breathing

SPO2: 96%

HR: 92

Vitals after 2nd ambulation trial:

SPO2: 91%

HR: 128bpm

After 3 minute rest with pursed lip breathing

SPO2: 95%

HR: 108 Reg

Vitals after 3rd ambulation trial:

SPO2: 91%

HR: 138 bpm

Pain: 5/10

After 3 minute rest with pursed lip breathing

SPO2: 96%

Date of Service: [REDACTED]

HR: 109

Vitals after 4th ambulation trial:

SPO2: 91%

HR: 140bpm

Pain: 5/10

After 3 minutes rest with pursed lip breathing

BP: 142/92 mmHg

HR: 108

SPO2: 96%

Musculoskeletal

Ankle / Foot

L ankle has solid AFO

Assessment

Assessment Statements:

Patient completed 4 trials of gait training ambulating a total 86 feet. Patient required 3 person max assist during ambulation.

Patient needed verbal cues to maintain a standing upright posture and tactile cues to initiate weight shift into LE limb swing. Pt did pursed lip breathing to raise his SpO2 while resting after each trial of ambulation. Physical therapy will be needed to improve his aerobic capacity and LE motor control and strength for gait at home.

Prognosis:

Pt has fair prognosis (especially for the aerobic capacity)

Reasons for Prognosis:

Pt hx of stroke x2, PMhx, supportive wife, motivation

Complicating Factors: Excess weight and History of COVID, LBP

Diagnoses Codes

1. G81.94 Hemiplegia, unspecified affecting left nondominant side

Plan

Treatment/Services Provided Today

Continue with established POC. Continue to prioritize gait training. Continue to work on sitting balance to improve function in sitting.

Rehab

Visit Frequency:

1 times per week for 9 week(s)

Exercises/Activities

Session Timing:

Total session time: 30 min

• 97530: 30 min - 2 units

Exercises Performed Today:

- Gait training: for 30 mins (97530) (Pt ambulated a total 103 feet. Trial 1: 18ft. Trial 2: 25 ft. Trial 3: 28 ft. Trial 4: 32 ft.)

Procedures

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)

Signed: [REDACTED] ([REDACTED] Fri [REDACTED] 30:24 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

No changes in condition since last week. Wife reported pt used litegait at community partners this week. Home care PT was not able to do much with him this week due to back pain. Pt took some Tylenol before the session today. Wife reported that using the platform walker makes pt stiffen up. Alternates between utilizing the platform walker and hemi walker. Pt took meds this morning. Pt saw pulmonologist on Monday.

Primary Complaint:

Left Shoulder, Forearm, Wrist, Hand, Finger(s)

Patient presents with losing balance, sense of unsteadiness, and weakness in the following location(s): left shoulder, left forearm, left wrist, left hand, and left finger(s) as a result of CVA. This is a chronic condition.

Aggravating/Provocative Factors: Walking.

Relieving Factors: Rest, Massage, and Pt requires tactile cuing or sacral alignment during ambulation in order to decrease lumbar back pain. Pt is Max. A. for ambulating..

Secondary Complaint:

Bilateral Lower back

Patient presents with discomfort, muscle spasms, tenderness, and Use of baclofen to alleviate symptoms in the following location(s): bilateral lower back.

Aggravating/Provocative Factors: Walking, Sitting, and Standing.

Objective

Vitals

Heart Rate: 82

BP: 144 / 90

SPO2: 91

BP taken seated in wheelchair on R arm. SpO2 on room air.

Vitals after 1st ambulation trial:

SPO2: 91%

HR: 110bpm

Vitals after 2nd ambulation trial:

SPO2: 93%

HR: 117bpm

Vitals after 3rd ambulation trial:

SPO2: 93%

HR: 126 bpm

Pain: 5/10

Vitals after 4th ambulation trial:

SPO2: 91%

HR: 110bpm

Pain: 5/10

BP: 146/88 mmHg

Musculoskeletal

Ankle / Foot

L ankle has solid AFO

Assessment

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Assessment Statements:

Patient completed 4 trials of gait training ambulating a total 35 steps. Patient required 3 person max assist during ambulation. Patient required verbal and tactile cues to maintain upright posture. Pt also required vc for step length and weight shifting. Pt did pursed lip breathing to raise his SpO₂ while resting after each trial of ambulation. Pt reported LBP during ambulation and during rest described as "muscle cramping." Patient continues to require physical therapy for gait training and to increase aerobic capacity.

Prognosis:

Pt has fair prognosis (especially for the aerobic capacity)

Reasons for Prognosis:

Pt hx of stroke x2, PMhx, supportive wife, motivation

Complicating Factors: Excess weight and History of COVID, LBP

Diagnoses Codes

1. G81.94 Hemiplegia, unspecified affecting left nondominant side

Plan

Treatment/Services Provided Today

Continue with established POC. Continue to prioritize gait training. Continue to work on sitting balance to improve function in sitting.

Rehab

Visit Frequency:

1 times per week for 9 week(s)

Exercises/Activities

Session Timing:

Total session time: 30 min

• 97530: 30 min - 2 units

Exercises Performed Today:

• Gait training: for 30 mins (97530) (Pt ambulated a total 103 feet. Trill 1: 18ft. Trial 2: 25 ft. Trial 3: 28 ft. Trial 4: 32 ft.)

Procedures

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)

Signed: [REDACTED] { [REDACTED] Fri [REDACTED] 17:00 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reports he had a pain shot in his SI joint last week. Patient and his wife report no changes from his session last week. Patient expresses that he feels fine. Patient's wife reports that he has been having chronic pain in his back. Wife reports patient switch to a platform walker but they did not bring it today.

Primary Complaint:

Left Shoulder, Forearm, Wrist, Hand, Finger(s)

Patient presents with losing balance, sense of unsteadiness, and weakness in the following location(s): left shoulder, left forearm, left wrist, left hand, and left finger(s) as a result of CVA. This is a chronic condition.

Aggravating/Provocative Factors: Walking.

Relieving Factors: Rest, Massage, and Pt requires tactile cuing or sacral alignment during ambulation in order to decrease lumbar back pain. Pt is Max. A. for ambulating..

Secondary Complaint:

Bilateral Lower back

Patient presents with discomfort, muscle spasms, tenderness, and Use of baclofen to alleviate symptoms in the following location(s): lower back bilaterally.

Aggravating/Provocative Factors: Walking, Sitting, and Standing.

Objective

Vitals

Heart Rate: 88

Respiratory Rate: 18

BP: 140 / 84

SPO2: 96

BP taken seated in wheelchair in R arm.

Vitals after 1st ambulation trial:

SPO2: 89%

HR: 110 bpm

After 2 min break:

SPO2: 94%

HR: 94 reg

Vitals after 2nd ambulation trial:

SPO2: 88%

HR: 134 bpm

After 2 minute break:

SPO2: 95

HR: 104

Vitals after 3rd ambulation trial:

SPO2: 88%

HR: 134 bpm

After 2 minute break:

SPO2:94%

HR:110

Vitals after 4th ambulation trial:

SPO2: 89

HR: 150 bpm

Date of Service: [REDACTED]

After 2 minute break:

SPO2:96

HR:120

Musculoskeletal

Shoulder / Upper Arm

Observation

Posture: Significant thoracic kyphosis

ROM & Joint Play

ROM

Flexion (180°)

Left - Active restricted
Left - Passive restricted
Right - Active WNL
Right - Passive WNL

Extension (50°)

Left - Active restricted
Left - Passive restricted
Right - Active WNL
Right - Passive WNL

Internal Rotation (90°)

Left - Active restricted
Left - Passive restricted
Right - Active WNL
Right - Passive WNL

External Rotation (80°)

Left - Active WNL
Left - Passive WNL
Right - Active WNL
Right - Passive WNL

Abduction (180°)

Left - Active restricted
Left - Passive restricted
Right - Active 90° - WNL
Right - Passive WNL

Adduction (35°)

Left - Active restricted
Left - Passive restricted
Right - Active WNL
Right - Passive WNL

Horizontal Abd. (30°)

Left - Active restricted
Left - Passive restricted
Right - Active WNL
Right - Passive WNL

Horizontal Add. (130°)

Left - Active restricted
Left - Passive restricted
Right - Active WNL
Right - Passive WNL

Joint Play

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

AC joint

Left WNL

Right WNL

UE screen R shoulder flexion WFL, Abduction to 90deg. LUE AROM no traceable movement in all directions, Fingers and wrist resting in flexor synergy with increased tone

Ankle / Foot

L ankle has solid AFO

Assessment

Assessment Statements:

Patient completed 4 trials of gait training. Patient required 3 person max assist. Patient needed verbal and tactile cues to keep an upright posture and needed assist to facilitate the L LE to flex forward and the hip. At each break, patient showed a slight increase of respiratory rate. He did pursed lip breathing to raise his SPO₂. SPO₂ went up after 2 minutes during each break. Patient will require more physical therapy to increase a more energy efficient gait and increasing aerobic capacity and breathing with maintaining an upright posture when ambulating at home.

Prognosis:

Pt has fair prognosis (especially for the aerobic capacity)

Reasons for Prognosis:

Pt hx of stroke x2, PMhx, supportive wife, motivation

Complicating Factors: Excess weight and History of COVID, LBP

Diagnoses Codes

- G81.94 Hemiplegia, unspecified affecting left nondominant side

Plan

Treatment/Services Provided Today

Continue with established POC. Continue to prioritize gait training to improve independence. Continue to work on sitting balance to improve function in sitting.

Rehab

Visit Frequency:

1 times per week for 9 week(s)

Exercises/Activities

Session Timing:

Total session time: 30 min

• 97530: 30 min - 2 units

Exercises Performed Today:

• Gait training: for 30 mins (97530) (Pt ambulated a total 103 feet. Trill 1: 18ft. Trial 2: 25 ft. Trial 3: 28 ft. Trial 4: 32 ft.)

Procedures

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)

Signed: [REDACTED] { [REDACTED] Fri [REDACTED] 30:09 EST [REDACTED]

Signed: [REDACTED] { [REDACTED] Fri [REDACTED] 15:18 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt and his wife arrived to PT 5 minutes late. Pt's wife reported that he is wearing a lidocaine patch today and took Tylenol before therapy. She mentioned he will be returning to his usual pain clinic for an injection for his back pain on [REDACTED]. His previous injection was on [REDACTED]. When asking the patient about his current pain levels, he states that his pain was 0/10 at the start of the session. Pt and his wife did not want to try the TENS unit today. Pt and his wife said that he experienced more pain and discomfort when trying the TENS unit last week.

Primary Complaint:

Left Shoulder, Forearm, Wrist, Hand, Finger(s)

Patient presents with losing balance, sense of unsteadiness, and weakness in the following location(s): left shoulder, left forearm, left wrist, left hand, and left finger(s) as a result of CVA. This is a chronic condition.

Aggravating/Provocative Factors: Walking.

Relieving Factors: Rest, Massage, and Pt requires tactile cuing or sacral alignment during ambulation in order to decrease lumbar back pain. Pt is Max. A. for ambulating..

Secondary Complaint:

Bilateral Lower back

Patient presents with discomfort, muscle spasms, tenderness, and Use of baclofen to alleviate symptoms in the following location(s): lower back bilaterally.

Aggravating/Provocative Factors: Walking, Sitting, and Standing.

Objective

Vitals

Heart Rate: 76

Respiratory Rate: 18

BP: 142 / 90

SPO2: 92

BP taken seated in wheelchair in R arm.

Vitals after 1st ambulation trial:

SPO2: 91%

HR: 110 bpm

Vitals after 2nd ambulation trial:

SPO2: 92%

HR: 125 bpm

Vitals after 3rd ambulation trial:

SPO2: 93%

HR: 129 bpm

Vitals after 4th ambulation trial:

SPO2: 92%

HR: 146 bpm

Musculoskeletal

Shoulder / Upper Arm

Observation

Posture: Significant thoracic kyphosis

ROM & Joint Play

Date of Service: [REDACTED]

ROM

Flexion (180°)

Left - Active restricted
Left - Passive restricted
Right - Active WNL
Right - Passive WNL

Extension (50°)

Left - Active restricted
Left - Passive restricted
Right - Active WNL
Right - Passive WNL

Internal Rotation (90°)

Left - Active restricted
Left - Passive restricted
Right - Active WNL
Right - Passive WNL

External Rotation (80°)

Left - Active WNL
Left - Passive WNL
Right - Active WNL
Right - Passive WNL

Abduction (180°)

Left - Active restricted
Left - Passive restricted
Right - Active 90° - WNL
Right - Passive WNL

Adduction (35°)

Left - Active restricted
Left - Passive restricted
Right - Active WNL
Right - Passive WNL

Horizontal Abd. (30°)

Left - Active restricted
Left - Passive restricted
Right - Active WNL
Right - Passive WNL

Horizontal Add. (130°)

Left - Active restricted
Left - Passive restricted
Right - Active WNL
Right - Passive WNL

Joint Play

AC joint

Left WNL Right WNL

UE screen R shoulder flexion WFL, Abduction to 90deg. LUE AROM no traceable movement in all directions, Fingers and wrist resting in flexor synergy with increased tone

Ankle / Foot

L ankle has solid AFO

Assessment

Assessment Statements:

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

During gait training pt required 3 person max A with hemiwalker. Throughout gait training, pt complained for lower pack pain, however, pt was able to take several steps after reporting pain. Pt required 4 rest breaks where SpO₂ dropped below 92%. Pt was educated on pursed lip breathing to increase oxygen saturation as well as lower HR. During gait training, max verbal and tactile cueing to stand upright and to weight shift through B LE when standing. Talked with pt's wife about performing transfer education with her and her husband. Pt requires continued skilled therapy for gait training, strength, and endurance in the LE.

Prognosis:

Pt has fair prognosis (especially for the aerobic capacity)

Reasons for Prognosis:

Pt hx of stroke x2, PMhx, supportive wife, motivation

Complicating Factors: Excess weight and History of COVID, LBP

Diagnoses Codes

- G81.94 Hemiplegia, unspecified affecting left nondominant side

Plan

Treatment/Services Provided Today

Continue with established POC. Continue to prioritize gait training to improve independence. Continue to work on sitting balance to improve function in sitting.

Rehab

Visit Frequency:

1 times per week for 9 week(s)

Exercises/Activities

Session Timing:

Total session time: 30 min

• 97530: 30 min - 2 units

Exercises Performed Today:

- Gait training: for 30 mins (97530) (Pt ambulated 73 ft 7 inches with 4 resting breaks)

Procedures

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)

Signed: [REDACTED] ([REDACTED]) Fri [REDACTED] 37:32 EST [REDACTED]

Signed: [REDACTED] ([REDACTED]) Fri [REDACTED] 46:23 EST [REDACTED]

Signed: [REDACTED] ([REDACTED]) Fri [REDACTED] 44:20 EST [REDACTED]

Date of Service: [REDACTED]

Rehab Daily Note

Date of Service: [REDACTED]

Subjective

Patient presents with *Weakness* in the following location(s): *Left Arm, Left Leg, Lumbar Spine* reported as occurring o Chronic.

What makes the problem worse: *Walking*.

What makes the problem better: *Rest, Massage, Pt requires tactile cuing or sacral alignment during ambulation in order to decrease lumbar back pain. Pt is Max. A. for ambulating..*

Patient presents with *Muscle spasms, Use of baclofen to alleviate symptoms* in the following location(s): reported as occurring on

What makes the problem worse: *Walking, Sitting, Standing*.

Objective

Upper Extremity Shoulder

ROM & Joint Play (all values are WNL except listed below)

ROM

Abduction (180°)

Right Active WNL 90 Right Passive WNL

Adduction (35°)

Right Active WNL Right Passive WNL

Extension (50°)

Right Active WNL Right Passive WNL

External rotation (80°)

Left Active WNL Left Passive WNL
Right Active WNL Right Passive WNL

Flexion (180°)

Right Active WNL Right Passive WNL

Horizontal abd. (30°)

Right Active WNL Right Passive WNL

Horizontal add. (130°)

Right Active WNL Right Passive WNL

Internal rotation (90°)

Right Active WNL Right Passive WNL

UE screen R shoulder flexion WFL, Abduction to 90deg. LUE AROM no traceable movement in all directions, Fingers and wrist resting in flexor synergy with increased tone

Observation (all values are WNL except listed below)

Posture: Significant thoracic kyphosis

Ankle / Foot

L ankle has solid AFO

Plan

Short Term Goals

Increase General Fitness

Increase Mobility

Increase Range of Motion

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Improve Gait
Increase Strength

Increase Stability
Increase Activities of Daily Living

Improve / Restore Posture

Long Term Goals

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

Provider's Signature

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt and his wife arrived to PT 10 minutes late. Pt's pain levels continue to be high. Pt's wife reported that he is wearing a lidocaine patch today. She mentioned he will be returning to his usual pain clinic for an injection for his back pain in October. When asking the patient about his current pain levels, he states that his back has been hurting. Both pt and pt's wife were agreeable to trying the TENS unit today to address LBP. Reported that they will be leaving for Florida [REDACTED] and plan to stay for 6 months.

Primary Complaint:

Left Shoulder, Forearm, Wrist, Hand, Finger(s)

Patient presents with losing balance, sense of unsteadiness, and weakness in the following location(s): left shoulder, left forearm, left wrist, left hand, and left finger(s) as a result of CVA. This is a chronic condition.

Aggravating/Provocative Factors: Walking.

Relieving Factors: Rest, Massage, and Pt requires tactile cuing or sacral alignment during ambulation in order to decrease lumbar back pain. Pt is Max. A. for ambulating..

Secondary Complaint:

Bilateral Lower back

Patient presents with discomfort, muscle spasms, tenderness, and Use of baclofen to alleviate symptoms in the following location(s): lower back bilaterally.

Aggravating/Provocative Factors: Walking, Sitting, and Standing.

Objective

Vitals

Heart Rate: 76

BP: 140 / 90

SPO2: 91

Post treatment vitals:

SPO2: 94

BP: 150/100

HR: 108

Musculoskeletal

Shoulder / Upper Arm

Observation

Posture: Significant thoracic kyphosis

ROM & Joint Play

ROM

Flexion (180°)

- Left - Active restricted
- Left - Passive restricted
- Right - Active WNL
- Right - Passive WNL

Extension (50°)

- Left - Active restricted
- Left - Passive restricted
- Right - Active WNL
- Right - Passive WNL

Internal Rotation (90°)

Date of Service: [REDACTED]

Left - Active restricted
Left - Passive restricted
Right - Active WNL
Right - Passive WNL

External Rotation (80°)

Left - Active WNL
Left - Passive WNL
Right - Active WNL
Right - Passive WNL

Abduction (180°)

Left - Active restricted
Left - Passive restricted
Right - Active 90° - WNL
Right - Passive WNL

Adduction (35°)

Left - Active restricted
Left - Passive restricted
Right - Active WNL
Right - Passive WNL

Horizontal Abd. (30°)

Left - Active restricted
Left - Passive restricted
Right - Active WNL
Right - Passive WNL

Horizontal Add. (130°)

Left - Active restricted
Left - Passive restricted
Right - Active WNL
Right - Passive WNL

Joint Play

AC joint

Left WNL Right WNL

UE screen R shoulder flexion WFL, Abduction to 90deg. LUE AROM no traceable movement in all directions, Fingers and wrist resting in flexor synergy with increased tone

Ankle / Foot

L ankle has solid AFO

Assessment

Assessment Statements:

TENS unit was placed on pt's low back beginning of treatment session. However, he c/o of discomfort and requested to remove mid treatment. Pt was unable to ambulate today due to pain, however, completed 4 sets of STS and static standing with 2 person max A with hemiwalker. For 2 of the sets, pt was able to maintain standing position for 1 minute. Required 3-5 minutes of seated rest in between. Pt required frequent verbal cueing to stand upright and to weight shift through B LE when standing. Pt and wife were educated on importance of frequent WB and mobility for overall health.

Prognosis:

Pt has fair prognosis (especially for the aerobic capacity)

Reasons for Prognosis:

Pt hx of stroke x2, PMhx, supportive wife, motivation

Complicating Factors: Excess weight and History of COVID, LBP

Diagnoses Codes

- G81.94 Hemiplegia, unspecified affecting left nondominant side

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Plan

Treatment/Services Provided Today

Continue with established POC. Continue to prioritize gait training to improve independence. Continue to work on sitting balance to improve function in sitting. Potential use of NMES during treatment session to relieve pt's low back pain to improve overall mobility and function.

Rehab

Visit Frequency:

1 times per week for 9 week(s)

Exercises/Activities

Session Timing:

Total session time: 30 min

- 97150: 3 min - 1 unit
- 97530: 20 min - 1 unit

Exercises Performed Today:

- Therapeutic activity : for 20 mins (97530) (STS x4 throughout session with static standing and 3-5 min rest in between)
- Glute sets: 1 set of 5 reps for 3 mins (97150) (3 second holds)

Procedures

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)

Signed: [REDACTED] { [REDACTED] Fri [REDACTED] 37:10 EST [REDACTED]

Signed: JEONGMIN HYUN (gjmhyun) Fri [REDACTED] 45:18 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Re-Exam

Date of Encounter: [REDACTED]

History of Present Illness

Pt's pain levels continue to be high. Pt's wife reported that he is wearing a lidocaine patch today. She mentioned his steroid injection in his SI joint again, stating that she doesn't think it's helping very much. When asking the patient about his current pain levels, he states that his back has been hurting.

Primary Complaint:

Left Shoulder, Forearm, Wrist, Hand, Finger(s)

Patient presents with losing balance, sense of unsteadiness, and weakness in the following location(s): left shoulder, left forearm, left wrist, left hand, and left finger(s) as a result of CVA. This is a chronic condition.

Aggravating/Provocative Factors: Walking.

Relieving Factors: Rest, Massage, and Pt requires tactile cuing or sacral alignment during ambulation in order to decrease lumbar back pain. Pt is Max. A. for ambulating..

Secondary Complaint:

Bilateral Lower back

Patient presents with discomfort, muscle spasms, tenderness, and Use of baclofen to alleviate symptoms in the following location(s): lower back bilaterally.

Aggravating/Provocative Factors: Walking, Sitting, and Standing.

Physical Examination

Vitals

Heart Rate: 74

Respiratory Rate: 20

BP: 140 / 90

SPO2: 94%

Pt completed 3 walking trials today with a R side hemiwalker. Contact guard x3, mod to max assist.

Trial 1: Pt traveled 8ft 1in. Pt reported pain as an 8/10 during ambulation SPO2: 96%, HR: 94 bpm

Trial 2: Pt traveled 9ft 2in. Pt reported pain as an 8/10. SPO2: 95%, HR 11bpm.

Trial 3: Pt traveled 11ft 9 in. SPO2: 93%, HR: 130 bpm.

BP at end of session: 142/98mmHg

Musculoskeletal

Ankle / Foot

L ankle has solid AFO

Ear / Nose / Mouth / Oropharynx

on feeding tube

Respiratory

COPD and Emphysema- currently on two inhalers that will not be brought to physical therapy sessions per wife

Assessment

Assessment Statements:

Pt was able to walk a total of about 19ft during today's session. The pt reported pain almost immediately upon standing up with each walking trial. The pt's wife stated that he tends to reflexively say "back hurts" whenever he is up and moving, so she has taken to asking him for a pain number when he is complaining of back pain. The pt did well today tolerating treatment despite consistent reports of pain. No further walking trials were attempted after the 3rd trial due to the pt's report of pain as a 10/10. Travis

Date of Service: [REDACTED]

stated he may be able to bring in a TENS unit for the pt's next visit to see if it will alleviate and LBP symptoms during the session. The pt remained amicable despite his symptoms. Each walking trail required a contact guard x2 on the L and R, with one SPT following behind with the wheelchair and one SPT guarding from the front. The pt was using a hemiwalker today in the R hand, and periodically required verbal cueing to remember to place the walker. Verbal and tactile cues were often required to encourage the pt to stand tall during ambulation. The pt's blood pressure was further elevated at the end of the session, notably the diastolic BP at 98 mmHg. This was communicated to the OT team as the pt had an OT appointment immediately following PT.

Prognosis:

Pt has fair prognosis (especially for the aerobic capacity)

Reasons for Prognosis:

Pt hx of stroke x2, PMhx, supportive wife, motivation

Complicating Factors: Excess weight and History of COVID, LBP

Diagnoses Codes

- G81.94 Hemiplegia, unspecified affecting left nondominant side

Plan

Treatment/Services Provided Today

Continue with established POC. Continue to prioritize gait training to improve independence. Continue to work on sitting balance to improve function in sitting. Potential use of NMES during treatment session to relieve pt's low back pain to improve overall mobility and function.

Rehab

Visit Frequency:

1 times per week for 9 week(s)

Exercises/Activities

Session Timing:

Total session time: 45 min

Short Term Goals

- Decrease Pain
- Improve Gait
- Improve / Restore Posture
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Mobility
- Increase Range of Motion
- Increase Stability
- Increase Strength

Long Term Goals

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

Procedures

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)

Signed: [REDACTED] Sat [REDACTED] 22:17 EST [REDACTED]

Signed: [REDACTED] (Fri [REDACTED] 19:25 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Re-Exam

Date of Encounter: [REDACTED]

Outcome Assessment Tool Summary

FIST
20/56

5TSTS
1 min 11 sec

History of Present Illness

Pt's wife reported he has had a significant increase in back pain since last week due to increased frequency of car transfers. Pt's wife stated she gave pt Tylenol prior to start of visit and he also has a lidocaine patch that was applied at the same time. He had a steroid injection in his SI joint recently but his wife doesn't think it's helped with his pain. Pt's wife reported that he has hardly walked during his time off from HEART due to his back pain. Pt did not rate pain but was willing to begin therapy.

Primary Complaint:

Left Shoulder, Forearm, Wrist, Hand, Finger(s)

Patient presents with losing balance, sense of unsteadiness, and weakness in the following location(s): left shoulder, left forearm, left wrist, left hand, and left finger(s) as a result of CVA. This is a chronic condition.

Aggravating/Provocative Factors: Walking.

Relieving Factors: Rest, Massage, and Pt requires tactile cuing or sacral alignment during ambulation in order to decrease lumbar back pain. Pt is Max. A. for ambulating..

Secondary Complaint:

Bilateral Lower back

Patient presents with discomfort, muscle spasms, tenderness, and Use of baclofen to alleviate symptoms in the following location(s): lower back bilaterally.

Aggravating/Provocative Factors: Walking, Sitting, and Standing.

Physical Examination

Vitals

Heart Rate: 72
SPO2: 93%

Respiratory Rate: 20

BP: 142 / 74

Musculoskeletal

Cervical / Head

ROM

demonstrated head nod

Shoulder / Upper Arm

Observation

Posture: Significant thoracic kyphosis

ROM & Joint Play

ROM

Flexion (180°)

Left - Active restricted
Left - Passive restricted
Right - Active WNL

Date of Service: [REDACTED]

Right - Passive WNL

Extension (50°)

Left - Active restricted
Left - Passive restricted
Right - Active WNL
Right - Passive WNL

Internal Rotation (90°)

Left - Active restricted
Left - Passive restricted
Right - Active WNL
Right - Passive WNL

External Rotation (80°)

Left - Active WNL
Left - Passive WNL
Right - Active WNL
Right - Passive WNL

Abduction (180°)

Left - Active restricted
Left - Passive restricted
Right - Active 90° - WNL
Right - Passive WNL

Adduction (35°)

Left - Active restricted
Left - Passive restricted
Right - Active WNL
Right - Passive WNL

Horizontal Abd. (30°)

Left - Active restricted
Left - Passive restricted
Right - Active WNL
Right - Passive WNL

Horizontal Add. (130°)

Left - Active restricted
Left - Passive restricted
Right - Active WNL
Right - Passive WNL

Joint Play

AC joint

Left WNL Right WNL

UE screen R shoulder flexion WFL, Abduction to 90deg. LUE AROM no traceable movement in all directions, Fingers and wrist resting in flexor synergy with increased tone

Ankle / Foot

L ankle has solid AFO

Ear / Nose / Mouth / Oropharynx

on feeding tube

Respiratory

COPD and Emphysema- currently on two inhalers that will not be brought to physical therapy sessions per wife

Assessment

Assessment Statements:

Pt was able walk a total of 3 ft w/ mod assist x3. Ability to walk was limited due to increased back pain from more frequent car

Phone: [REDACTED] Tax ID: [REDACTED]

Date of Service: [REDACTED]

transfers over the past week. The pt demonstrated difficulty in the FIST and 5TSTS due to his back pain and weakness from his CVA. Pt would benefit from continued therapy to improve his sitting balance and walking.

Prognosis:

Pt has fair prognosis (especially for the aerobic capacity)

Reasons for Prognosis:

Pt hx of stroke x2, PMhx, supportive wife, motivation

Complicating Factors: Excess weight and History of COVID, LBP

Diagnoses Codes

- G81.94 Hemiplegia, unspecified affecting left nondominant side

Plan

Treatment/Services Provided Today

Continue with established POC. Continue to utilize manual therapy to relieve tension in B hamstring. Continue to prioritize gait training to improve independence. Continue to work on sitting balance to improve function in sitting. Potential use of NMES during treatment session to relieve pt's low back pain to improve overall mobility and function.

Rehab

Visit Frequency:

1 times per week for 9 week(s)

Exercises/Activities

Session Timing:

Total session time: 45 min

- 97530: 10 min - 1 unit

Exercises Performed Today:

- Therapeutic activity: 4 sets of 60 secs rep for 10 mins (97530) (Sitting balance on EOB with boom whackers)

Short Term Goals

- Decrease Pain
- Improve Gait
- Improve / Restore Posture
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Mobility
- Increase Range of Motion
- Increase Stability
- Increase Strength

Long Term Goals

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

Procedures

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)

Signed: [REDACTED] ([REDACTED]) Sat [REDACTED] 23:54 EST [REDACTED]

Signed: [REDACTED] ([REDACTED]) Fri [REDACTED] 49:45 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt's wife reported he has had a significant increase in back pain since last week due to increased frequency of car transfers. Pt's wife stated she gave pt Tylenol prior to start of visit and he also has a lidocaine patch that was applied at the same time. Pt's wife stated that during home therapy licensed PT used arm sling for L UE to help hold arm up and did evaluation for increased back pain. Pt did not rate pain but was willing to begin therapy.

Primary Complaint:

Left Shoulder, Forearm, Wrist, Hand, Finger(s)

Patient presents with losing balance, sense of unsteadiness, and weakness in the following location(s): left shoulder, left forearm, left wrist, left hand, and left finger(s) as a result of CVA. This is a chronic condition.

Aggravating/Provocative Factors: Walking.

Relieving Factors: Rest, Massage, and Pt requires tactile cuing or sacral alignment during ambulation in order to decrease lumbar back pain. Pt is Max. A. for ambulating..

Secondary Complaint:

Bilateral Lower back

Patient presents with discomfort, muscle spasms, tenderness, and Use of baclofen to alleviate symptoms in the following location(s): lower back bilaterally.

Aggravating/Provocative Factors: Walking, Sitting, and Standing.

Objective

Vitals

Heart Rate: 73

Respiratory Rate: 30

BP: 130 / 100

SPO2: 89

Vitals taken on R UE pt sitting at EOB.

Break 1:

HR: 81 SPO2: 90%

Break 2:

HR: 115 SPO2: 90%

Post vitals: 145/90 mmHG HR:150 RR: 24 SPO2: 90%

Musculoskeletal

Shoulder / Upper Arm

Observation

Posture: Significant thoracic kyphosis

ROM & Joint Play

ROM

Flexion (180°)

Left	Active Restricted	Passive Restricted
Right	Active WNL	Passive WNL

Extension (50°)

Left	Active Restricted	Passive Restricted
Right	Active WNL	Passive WNL

Date of Service: [REDACTED]

Internal rotation (90°)

Left	Active Restricted	Passive Restricted
Right	Active WNL	Passive WNL

External rotation (80°)

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

Abduction (180°)

Left	Active Restricted	Passive Restricted
Right	Active 90° WNL	Passive WNL

Adduction (35°)

Left	Active Restricted	Passive Restricted
Right	Active WNL	Passive WNL

Horizontal abd. (30°)

Left	Active Restricted	Passive Restricted
Right	Active WNL	Passive WNL

Horizontal add. (130°)

Left	Active Restricted	Passive Restricted
Right	Active WNL	Passive WNL

Joint Play

AC joint

Left WNL Right WNL

UE screen R shoulder flexion WFL, Abduction to 90deg. LUE AROM no traceable movement in all directions, Fingers and wrist resting in flexor synergy with increased tone

Ankle / Foot

L ankle has solid AFO

Assessment

Assessment Statements:

Pt was able walk a total of 9 ft w/ one sitting break. Ability to walk was limited due to increased back pain from more frequent car transfers over the past week. Treatment was adapted to practice sit to stands for the purpose of car/bed transfers due to intolerance of sustained standing secondary to LBP. 10 STS were performed w/ 1 sitting break and resulted in an initial minor increase in LBP followed by a decrease in symptoms following rest. Tactile and verbal cues were provided during ambulation as well as STS for upright posture and hip drive. Pt responded well to encouragement and was able to outperform their own expectations for STS.

Prognosis:

Pt has fair prognosis (especially for the aerobic capacity)

Reasons for Prognosis:

Pt hx of stroke x2, PMhx, supportive wife, motivation

Complicating Factors: Excess weight and History of COVID, LBP

Diagnoses Codes

- G81.94 Hemiplegia, unspecified affecting left nondominant side

Plan

Treatment/Services Provided Today

Continue with established POC. Continue to utilize manual therapy to relieve tension in B hamstring. Continue to prioritize gait training to improve independence. Potential use of NMES during treatment session to relieve pt's low back pain to improve overall mobility and function.

Rehab

Visit Frequency:

1 times per week for 9 week(s)

Date of Service: [REDACTED]

Manual Therapy Techniques

Manual Therapy (97140)

Exercises/Activities

Session Timing:

Total session time: 45 min
• 97530: 15 min - 1 unit

Exercises Performed Today:

- Gait training: for 15 mins (97530) (9 ft w/ 1 break (stopped due to LBP))
- STS: 2 sets of 5 reps (1 seated rest break)

Procedures

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)

Signed: [REDACTED] { [REDACTED] Sat [REDACTED] 25:06 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 18:26 EST [REDACTED]

UNIVERSITY OF MICHIGAN - FLINT
4119 SAGINAW ST.
FLINT, MI 48505-3995
Phone: 734-417-8963 Tax ID: 000012720

Date of Service: [REDACTED]

OT Treatment Note

Insert Note here

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt's wife reported no falls or change in medical history. Pt's wife stated she gave pt Tylenol prior to start of visit. Pt's wife stated that during home therapy licensed PT used arm sling for L UE to help hold arm up. Pt reports that he was feeling good and denied having any pain.

Primary Complaint:

Left Shoulder, Forearm, Wrist, Hand, Finger(s)

Patient presents with losing balance, sense of unsteadiness, and weakness in the following location(s): left shoulder, left forearm, left wrist, left hand, and left finger(s) as a result of CVA. This is a chronic condition.

Aggravating/Provocative Factors: Walking.

Relieving Factors: Rest, Massage, and Pt requires tactile cuing or sacral alignment during ambulation in order to decrease lumbar back pain. Pt is Max. A. for ambulating..

Secondary Complaint:

Bilateral Lower back

Patient presents with discomfort, muscle spasms, tenderness, and Use of baclofen to alleviate symptoms in the following location(s): lower back bilaterally.

Aggravating/Provocative Factors: Walking, Sitting, and Standing.

Objective

Vitals

Heart Rate: 80

BP: 140 / 90

SPO2: 9

Vitals taken on R UE pt sitting at EOB.

Break 1:

HR: 131 SPO2: 90%

Break 2:

HR: 124 SPO2: 92%

Break 3:

HR: 110 SPO2: 84%

:

HR: 150 SPO2 90%

Post vitals: 145/90 mmHG HR:150 RR: 24 SPO2: 90%

Musculoskeletal

Shoulder / Upper Arm

Observation

Posture: Significant thoracic kyphosis

ROM & Joint Play

ROM

Flexion (180°)

Left - Active restricted

Left - Passive restricted

Right - Active WNL

Right - Passive WNL

Extension (50°)

Date of Service: [REDACTED]

Left - Active restricted
Left - Passive restricted
Right - Active WNL
Right - Passive WNL

Internal Rotation (90°)

Left - Active restricted
Left - Passive restricted
Right - Active WNL
Right - Passive WNL

External Rotation (80°)

Left - Active WNL
Left - Passive WNL
Right - Active WNL
Right - Passive WNL

Abduction (180°)

Left - Active restricted
Left - Passive restricted
Right - Active 90° - WNL
Right - Passive WNL

Adduction (35°)

Left - Active restricted
Left - Passive restricted
Right - Active WNL
Right - Passive WNL

Horizontal Abd. (30°)

Left - Active restricted
Left - Passive restricted
Right - Active WNL
Right - Passive WNL

Horizontal Add. (130°)

Left - Active restricted
Left - Passive restricted
Right - Active WNL
Right - Passive WNL

Joint Play

AC joint

Left WNL Right WNL

UE screen R shoulder flexion WFL, Abduction to 90deg. LUE AROM no traceable movement in all directions, Fingers and wrist resting in flexor synergy with increased tone

Ankle / Foot

L ankle has solid AFO

Assessment

Assessment Statements:

Pt was able to walk a total of 76 ft with several sitting breaks. During gait training, pt was max assistance times 3 with the use of a semi walker. Pt also had an arm sling on L UE to support the L UE while walking due to pt's wife's request. Pt required maximum verbal and tactile cue on sequence of gait pattern. Pt responded well to repeating the gait sequence pattern while walking. Pt arm broke out of arm sling due to extensor tone of L UE. Pt also required maximum verbal cues to perform pursed lip breathing during sitting resting breaks to help increase SPO₂ and decrease HR. Pt HR through out gait training remained over 100 bpm and took increased time to lower after walking approximately walking 5 to 10 ft.

Prognosis:

Pt has fair prognosis (especially for the aerobic capacity)

Date of Service: [REDACTED]

Reasons for Prognosis:

Pt hx of stroke x2, PMhx, supportive wife, motivation

Complicating Factors: Excess weight and History of COVID, LBP

Diagnoses Codes

- G81.94 Hemiplegia, unspecified affecting left nondominant side

Plan

Treatment/Services Provided Today

Continue with established POC. Continue to utilize manual therapy to relieve tension in B hamstring. Continue to prioritize gait training to improve independence. Potential use of NMES during treatment session to relieve pt's low back pain to improve overall mobility and function.

Rehab

Visit Frequency:

1 times per week for 9 week(s)

Manual Therapy Techniques

Manual Therapy (97140)

Exercises/Activities

Session Timing:

Total session time: 45 min

- 97530: 35 min - 2 units

Exercises Performed Today:

- Gait training: for 35 mins (97530) (53 ft with 3 seated rest breaks)

Procedures

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)

Signed: [REDACTED] ([REDACTED]) Fri [REDACTED] 34:17 EST [REDACTED]

Signed: [REDACTED] ([REDACTED]) Fri [REDACTED] 32:53 EST [REDACTED]

Date of Service: [REDACTED]

OT Treatment Note

Subjective: Client's wife reported that RUE lateral push-up practice during OT sessions have helped with bed mobility and relieving her at home. Client reported back pain while on the therapy mat, reporting 2/10 pain (hand gesture communication) with relief when posteriorly supported by medium-sized theraball.

Objective: Client arrived to clinic seated upright in wheelchair. Client was seen for occupational therapy treatment session to increase independence in ADL participation with the focus on sitting balance, bed mobility, and LUE SROM. Parallel emphasis on decreasing caregiver burden, as wife reports client's size and her age has made caregiving increasingly difficult. OT monitored client's response to treatment throughout the session, providing task grading appropriately throughout.

Therapeutic Exercise: LUE SROM

1. Wrist Flexion/Extension with fingers interlocked - 1 set x 10 reps - Client required MIN verbal cues and MIN tactile cues to emphasize movement in forearms rather than shoulders
1. "Rock the baby" - Horizontal abduction/adduction - 1 set x 10 reps - Client required MOD physical assist and MOD verbal cues to go through full motion
2. Low reach to feet, followed by return to upright sitting position, ending with scapular retraction. 1 set x 10 reps - Client required MIN verbal and tactile cues to retract shoulders

Rationale: Increase independence with health mgmt through promotion of HEP, increase independence with functional mobility

Position: Seated upright in wheelchair - emphasis on keeping trunk off back of wheelchair

Materials: None

Therapeutic Activity

Activity 1: Wheelchair push-ups (using RUE only), progressing to stand-pivot transfer from wheelchair to mat in preparation for bed mobility activity

Rationale: To increase independence in functional mobility and decrease caregiver burden

Position: Seated in wheelchair; supported standing, unsupported short sit

Materials: None

Reps: Wheelchair push-ups = 8 reps); Stand pivot transfer = 1 rep

Assist: MIN A for wheelchair push-ups; MOD A for sit to stands and stand-pivot transfer with MIN verbal cues for technique (increase anterior lean)

Activity 2: Bed Mobility Lateral push-ups from R side, followed by 3 x sit to/from supine transitions, trialing R and L sides

Rationale: Increase independence in bed mobility and decrease caregiver burden.

Position: Unsupported sitting on therapy mat

Materials: Tall mirror

Date of Service: [REDACTED]

Reps: 10 reps x 1-2 sets per activity

Assist Level: CGA and MIN verbal & visual cues to increase reach distance and position elbow to push effectively. MOD A x 2 for sit to/from supine transitions.

Comment: Client benefits from supported sitting rest breaks (OT supports with theraball)

Assessment: Client demonstrated good response to treatment and carryover of SROM and bed mobility task components. Client benefitted from verbal cues, demonstration of techniques for SROM and bed mobility, as well as rest breaks. Limiting factors to occupational independence include L hemiparesis resulting from a stroke, chronic low back pain, and deconditioning. Strengths include caregiver support and task persistence with encouragement.

Plan: Recommend skilled OT services to address below goal areas to increase independence with functional mobility and reduce caregiver burden. Plan for next week's session to address bed mobility independence (emphasis on decreasing caregiver burden when assisting client with sit to supine transition), wheelchair to mat transfers (trial slideboard vs. stand-pivot), static standing tolerance/balance, and sit to stand transitions.

Short-term goals: In 4 weeks, client will

1. Complete a wheelchair to/from mat transfer with MOD A, using adaptive equipment as needed, to increase independence with functional mobility.
2. Complete a sit to stand transition with MIN A to increase independence with functional mobility.
3. Complete static standing balance x 30 seconds with CG A to increase independence with LB dressing, toileting, and reduce caregiver burden.

Long-term goals: In 8 weeks, client will

1. Complete a wheelchair to/from mat transfer with MIN A, using adaptive equipment as needed, to increase independence with functional mobility.
2. Complete a sit to stand transition with CG A to increase independence with functional mobility.
3. Complete static standing balance x 1 minute with CG A to increase independence with LB dressing, toileting, and reduce caregiver burden.

Billing:

CPT Code	Units of Time
97110	1
97530	2

Signed: [REDACTED] Mon [REDACTED] 29:59 EST [REDACTED]

Date of Service: [REDACTED]

OT Treatment Note

Subjective: Client's wife stated that the RUE lateral pushups from mat during OT sessions have helped with bed mobility and relieving her at home. Client reported back pain while on the therapy mat, reporting 2/10 pain (hand gesture communication) with relief when posteriorly supported by medium-sized theraball.

Objective: Client arrived to clinic seated upright in wheelchair. Client was seen for occupational therapy treatment session to increase independence in ADL participation with the focus on sitting balance, bed mobility, and LUE SROM. Parallel emphasis on decreasing caregiver burden, as wife reports client's size and her age has made caregiving increasingly difficult. OT monitored client's response to treatment throughout the session, providing task grading appropriately throughout.

Therapeutic Exercise: LUE SROM

1. Wrist Flexion/Extension with fingers interlocked - 1 set x 10 reps - Client required MIN verbal cues and MIN tactile cues to emphasize movement in forearms rather than shoulders
1. "Rock the baby" - Horizontal abduction/adduction - 1 set x 10 reps - Client required MOD physical assist and MOD verbal cues to go through full motion
2. Low reach to feet, followed by return to upright sitting position, ending with scapular retraction. 1 set x 10 reps - Client required MIN verbal and tactile cues to retract shoulders

Rationale: Increase independence with health mgmt through promotion of HEP, increase independence with functional mobility

Position: Seated upright in wheelchair - emphasis on keeping trunk off back of wheelchair

Materials: None

Therapeutic Activity

Activity 1: Wheelchair push-ups (using RUE only), progressing to stand-pivot transfer from wheelchair to mat in preparation for bed mobility activity

Rationale: To increase independence in functional mobility and decrease caregiver burden

Position: Seated in wheelchair; supported standing, unsupported short sit

Materials: None

Reps: Wheelchair push-ups = 8 reps); Stand pivot transfer = 1 rep

Assist: MIN A for wheelchair push-ups; MOD A for sit to stands and stand-pivot transfer with MIN verbal cues for technique (increase anterior lean)

Activity 2: Bed Mobility Lateral push-ups from R side, followed by 3 x sit to/from supine transitions, trialing R and L sides

Rationale: Increase independence in bed mobility and decrease caregiver burden.

Position: Unsupported sitting on therapy mat

Materials: Tall mirror

Date of Service: [REDACTED]

Reps: 10 reps x 1-2 sets per activity

Assist Level: CGA and MIN verbal & visual cues to increase reach distance and position elbow to push effectively. MOD A x 2 for sit to/from supine transitions.

Comment: Client benefits from supported sitting rest breaks (OT supports with theraball)

Assessment: Client demonstrated good response to treatment and carryover of SROM and bed mobility task components. Client benefitted from verbal cues, demonstration of techniques for SROM and bed mobility, as well as rest breaks. Limiting factors to occupational independence include L hemiparesis resulting from a stroke, chronic low back pain, and deconditioning. Strengths include caregiver support and task persistence with encouragement.

Plan: Recommend skilled OT services to address below goal areas to increase independence with functional mobility and reduce caregiver burden. Plan for next week's session to address bed mobility independence (emphasis on decreasing caregiver burden when assisting client with sit to supine transition), wheelchair to mat transfers (trial slideboard vs. stand-pivot), static standing tolerance/balance, and sit to stand transitions.

Short-term goals: In 4 weeks, client will

1. Complete a wheelchair to/from mat transfer with MOD A, using adaptive equipment as needed, to increase independence with functional mobility.
2. Complete a sit to stand transition with MIN A to increase independence with functional mobility.
3. Complete static standing balance x 30 seconds with CG A to increase independence with LB dressing, toileting, and reduce caregiver burden.

Long-term goals: In 8 weeks, client will

1. Complete a wheelchair to/from mat transfer with MIN A, using adaptive equipment as needed, to increase independence with functional mobility.
2. Complete a sit to stand transition with CG A to increase independence with functional mobility.
3. Complete static standing balance x 1 minute with CG A to increase independence with LB dressing, toileting, and reduce caregiver burden.

Billing:

CPT Code	Units of Time
97110	1
97530	2

Signed: [REDACTED] Sat [REDACTED] 31:35 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt's wife reported no falls or change in medical history. Took Tylenol prior to coming to visit due to LBP that he experiences when he walks. Pt's wife stated that he got his hemi walker and is using it at home with homecare PT who comes every Wednesday. She is having a difficult time helping him with car transfers.

Primary Complaint:

Left Shoulder, Forearm, Wrist, Hand, Finger(s)

Patient presents with losing balance, sense of unsteadiness, and weakness in the following location(s): left shoulder, left forearm, left wrist, left hand, and left finger(s) as a result of CVA. This is a chronic condition.

Aggravating/Provocative Factors: Walking.

Relieving Factors: Rest, Massage, and Pt requires tactile cuing or sacral alignment during ambulation in order to decrease lumbar back pain. Pt is Max. A. for ambulating..

Secondary Complaint:

Bilateral Lower back

Patient presents with discomfort, muscle spasms, tenderness, and Use of baclofen to alleviate symptoms in the following location(s): lower back bilaterally.

Aggravating/Provocative Factors: Walking, Sitting, and Standing.

Objective

Vitals

Heart Rate: 74

BP: 134 / 82

SPO2: 94

Vitals taken on L UE pt sitting at EOB.

Break 1:

HR: 110 SPO2: 92%

Break 2:

HR: 135 SPO2: 92%

Break 3:

HR: 131 SPO2: 92%

Post vitals: 140/84 HR: 78 RR: 24 SPO2: 95%

Musculoskeletal

Shoulder / Upper Arm

Observation

Posture: Significant thoracic kyphosis

ROM & Joint Play

ROM

Flexion (180°)

Left - Active restricted

Left - Passive restricted

Right - Active WNL

Right - Passive WNL

Extension (50°)

Left - Active restricted

Left - Passive restricted

Date of Service: [REDACTED]

Right - Active WNL
Right - Passive WNL

Internal Rotation (90°)

Left - Active restricted
Left - Passive restricted
Right - Active WNL
Right - Passive WNL

External Rotation (80°)

Left - Active WNL
Left - Passive WNL
Right - Active WNL
Right - Passive WNL

Abduction (180°)

Left - Active restricted
Left - Passive restricted
Right - Active 90° - WNL
Right - Passive WNL

Adduction (35°)

Left - Active restricted
Left - Passive restricted
Right - Active WNL
Right - Passive WNL

Horizontal Abd. (30°)

Left - Active restricted
Left - Passive restricted
Right - Active WNL
Right - Passive WNL

Horizontal Add. (130°)

Left - Active restricted
Left - Passive restricted
Right - Active WNL
Right - Passive WNL

Joint Play

AC joint

Left WNL Right WNL

UE screen R shoulder flexion WFL, Abduction to 90deg. LUE AROM no traceable movement in all directions, Fingers and wrist resting in flexor synergy with increased tone

Ankle / Foot

L ankle has solid AFO

Assessment

Assessment Statements:

During STS, pt required maximum tactile, verbal ques and maximum 3 person assist to stand. Pt was able to walk 53 ft using 3 person maximum assist with verbal and tactile ques. He required three rest breaks, and it took about 5 minutes during two of the rest breaks to get his heart rate below 100 bpm. He required facilitation on the L leg for forward progression during swing phase. During sitting rest breaks, he required ques on pursed lip breathing to decrease SPO₂ and heart rate. At the end of the session, his BP was 186/94 mmHg indicating and needs close observation of BP during next treatment session.

Prognosis:

Pt has fair prognosis (especially for the aerobic capacity)

Reasons for Prognosis:

Pt hx of stroke x2, PMhx, supportive wife, motivation

Complicating Factors: Excess weight and History of COVID, LBP

Date of Service: [REDACTED]

Diagnoses Codes

- G81.94 Hemiplegia, unspecified affecting left nondominant side

Plan

Treatment/Services Provided Today

Continue with established POC. Continue to utilize manual therapy to relieve tension in B hamstring. Continue to prioritize gait training to improve independence. Potential use of NMES during treatment session to relieve pt's low back pain to improve overall mobility and function.

Rehab

Visit Frequency:

1 times per week for 9 week(s)

Manual Therapy Techniques

Manual Therapy (97140)

Exercises/Activities

Session Timing:

Total session time: 45 min
• 97530: 35 min - 2 units

Exercises Performed Today:

- Gait training: for 35 mins (97530) (53 ft with 3 seated rest breaks)

Procedures

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)

Signed: [REDACTED] { [REDACTED] Fri [REDACTED] 33:45 EST [REDACTED]

Signed: JASMINE MINOR (jmariem) Fri [REDACTED] 27:11 EST [REDACTED]

Signed: [REDACTED] { [REDACTED] Fri [REDACTED] 41:51 EST [REDACTED]

Date of Service: [REDACTED]

OT Treatment Note

S: Client's wife stated that the arm pushups on the bed done at therapy are helping with bed mobility and relieving her at home. Client reported back pain while on the therapy mat.

O: Client came into the clinic seated upright in a wheelchair. Client was seen for occupational therapy treatment session to increase independence in ADL participation with the focus on sitting balance, bed mobility, and SROM. OT monitored client's response to treatment throughout the session, providing task grading appropriately throughout.

BP: 130/79

HR: 80 bpm

O2: 92%

Neuromuscular Re-education

Activity: SROM

Rationale: SROM exercises used to prime for functional use

Position: Seated upright in wheelchair

Materials: Wheelchair

1. Wrist Flexion/Extension with fingers interlocked - 2 sets of 10 reps - Client required MIN verbal cues and MIN tactile cues to emphasize movement in forearms rather than shoulders
1. Cradle - Abduction/Adduction - 2 sets of 10 reps - Client required MOD physical assist and MOD verbal cues to go through full motion
2. Trunk flexion with arms extended → into trunk extension → scapular retraction - 2 sets of 10 reps - Client required MIN verbal and tactile cues to retract shoulders

ADL Training

Activity: Bed Mobility/Balance

Rationale: To increase independence in bed mobility and caregiver burden. Strengthens RU, focuses on unsupported seating, and reaching out of the base of support.

Position: Unsupported seated on therapy mat

Materials: Therapy mat

Assist Level: Client required CGA and MIN verbal cues to reach to the corner of the bed and to lean into elbow to push self up.

Date of Service: [REDACTED]

1. Reaching out of base of support to R side with RUE - 2 x 10
2. Reaching out of base of support to L side with RUE - 1 x 10
3. Bed push up from forearm with - elbow flexion into extension - 2 x 10

Therapeutic Activity

Activity: Sit to stands and transfer

Rationale: To increase independence in mobility and caregiver burden

Position: Seated in wheelchair then to table

Materials: Wheelchair and therapy table

Sit to stands: 10x - Client required MIN physical assist, visual cues, and MIN verbal cues to push through RUE and RLE.

Stand Pivot Transfer: 1 x from wheelchair to bed - Client required MIN verbal cues (nose over toes) and MOD physical assist

A: Client demonstrated good response to treatment and carryover of SROM. Client benefitted from verbal cues and demonstration of techniques for SROM. Limiting factors to occupational independence include L hemiparesis resulting from a stroke. Strengths include caregiver support and motivation.

P: Recommend skilled OT services 1x/week x 45 minutes per week to address increased LUE function and independence with ADLs, community re-integration, and quality of life. The plan for the next session is to work towards increased use of the LUE and increased functional independence. Will add client/care partner-identified goals to the treatment plan as able.

3 UNITS

Neuromuscular Re-education (1)

ADL Training (1)

Therapeutic Activity (1)

Signed: [REDACTED] Fri [REDACTED] 03:00 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Wife reports he had 1000 mg tylenol 2 hrs ago through GI tube prior to coming to therapy. Wife stated that last therapy session the platform walker was not used and it was very difficult for her husband and the student physical therapists. She stated that she thought it would be ideal to use it during this treatment session.

History of Current Complaint:

Pts wife notes transfers in and out of bed, and into car have become more difficult. Pt complains of LBP that is exacerbated when walking. Pts wife notes walking has become more difficult and something to work on during therapy sessions.

Primary Complaint:

Left Shoulder, Forearm, Wrist, Hand, Finger(s)

Patient presents with losing balance, sense of unsteadiness, and weakness in the following location(s): left shoulder, left forearm, left wrist, left hand, and left finger(s) as a result of CVA. This is a chronic condition.

Aggravating/Provocative Factors: Walking.

Relieving Factors: Rest, Massage, and Pt requires tactile cuing or sacral alignment during ambulation in order to decrease lumbar back pain. Pt is Max. A. for ambulating..

Secondary Complaint:

Bilateral Lower back

Patient presents with discomfort, muscle spasms, tenderness, and Use of baclofen to alleviate symptoms in the following location(s): lower back bilaterally.

Aggravating/Provocative Factors: Walking, Sitting, and Standing.

Objective

Vitals

Heart Rate: 82

BP: 142 / 92

SPO2: 92

Vitals taken on R UE pt sitting at EOB.

Post vitals: SP02 - 90%, HR - 120 bpm

Musculoskeletal

Shoulder / Upper Arm

Observation

Posture: Significant thoracic kyphosis

Ankle / Foot

L ankle has solid AFO

Assessment

Assessment Statements:

Pt started treatment session with hamstring stretches 3x30' B. Contract-relax was attempted, however pt cramped up and hamstring tendon became TTP. Slight therapeutic massage - kneading utilized to relieve cramp. Pt reported a subsidence of pain post massage, and was able to achieve greater flexibility in the hamstrings. Pt tolerated the session well. Pt sat on EOB with mirror placed in front of him for feedback. Sitting balance was worked on and pt was able to maintain independent sitting balance for 1 minute x 4 reps. Pt received tactile and verbal cueing to maintain upright balance and extend neck and lower back. Pt conducted 3 sit->stands with Mod/Max A and use of B UE. Pt complains of low back pain, which terminated exercise of sit->stand. He was able to ambulate a total of 32 ft MaxAssist x3 with 3 sitting breaks. He demonstrated decreased endurance due to having OT prior to PT. Fatigue towards end of gait training shown by shaking in B LE. Wife was extremely active throughout the therapy session providing additional help and information. He continues to benefit from skilled physical therapy to improve his independence with ambulation.

Date of Service: [REDACTED]

Prognosis:

Pt has fair prognosis (especially for the aerobic capacity)

Reasons for Prognosis:

Pt hx of stroke x2, PMhx, supportive wife, motivation

Complicating Factors: Excess weight and History of COVID, LBP

Diagnoses Codes

- G81.94 Hemiplegia, unspecified affecting left nondominant side

Plan

Treatment/Services Provided Today

Continue with established POC. Continue to utilize manual therapy to relieve tension in B hamstring. Continue to prioritize gait training to improve independence. Potential use of NMES during treatment session to relieve pt's low back pain to improve overall mobility and function.

Rehab

Visit Frequency:

1 times per week for 9 week(s)

Manual Therapy Techniques

Manual Therapy (97140)

Exercises/Activities

Session Timing:

Total session time: 50 min

- 97530: 43 min - 3 units

Exercises Performed Today:

- Gait training: for 30 mins (97530) (32 ft with 3 seated rest breaks)
- Therapeutic activity : for 8 mins (97530) (STS x3 throughout session)
- Therapeutic activity: 4 sets of 60 secs rep for 5 mins (97530) (Sitting balance on EOB)

Short Term Goals

- Decrease Pain
- Improve Gait
- Improve / Restore Posture
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Mobility
- Increase Range of Motion
- Increase Stability
- Increase Strength

Long Term Goals

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

Procedures

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)

Signed: [REDACTED] ([REDACTED]) Fri [REDACTED] 56:31 EST [REDACTED]

Signed: [REDACTED] ([REDACTED]) Fri [REDACTED] 22:20 EST [REDACTED]

Date of Service: [REDACTED]

OT Treatment Note

Subjective: Hypophonia present; client smiles and nods/shakes head for functional communication, with intermittent 1-2 word vocalizations.

Objective: Client seen for outpatient occupational therapy treatment session to increase independence with functional mobility, health mgmt, and decrease caregiver burden. OT provided remedial intervention approaches emphasizing sit to stand transition, unsupported sitting tolerance, dynamic sitting balance, postural control, cervical AROM, and hemiparetic LUE SROM. OT monitored vitals and client response throughout session, providing skilled exercise and task grading as appropriate. Vitals taken at start of session, with client in seated position:

BP = 130/85

HR = 65 bpm

O2 = 98%

Therapeutic Exercise

Exercise 1: LUE SROM - forearm sup/pro, wrist flex/ext, and elbow flex/ext, shoulder pro/retract with emphasis on moving away from flexor synergy patterns

Rationale: To increase independence with health mgmt

Position: Seated in wheelchair (emphasis on bringing trunk away from wheelchair back)

Equipment: None

Reps: 10 reps x 1 set per exercise

Assist Level: MIN A to interlace fingers, progressing to Supervision and therapist demo for technique.

Increased time required

Comments: MCP extension and PIP flexion contractures noted. Skin intact.

Therapeutic Activity

Activity 1: Wheelchair to edge of mat via stand-pivot transfer to R (unaffected) side. Preceded activity with anterior trunk rocking to gain momentum prior to stand.

Rationale: To increase independence with functional mobility

Equipment: Gait belt

Assist Level: MOD A with 3+ attempts for sit to stand from wheelchair

Comments: Retropulsion present during sit to stand; unable to initiate stepping (pivot only)

Therapeutic Exercise

Exercise 2: Postural AROM - emphasis on scapular and cervical retraction for upright posture

Rationale: To increase independence with sit to stand transitions & edge of bed ADLs

Position: Unsupported short sit at edge of mat

Equipment: Tall mirror for visual cue

Date of Service: [REDACTED]

Reps: 5 reps x 2 sets

Assist level: MIN A to correct intermittent posterior losses of balance; increased time required for processing and bradykinesia

Exercise 3: Cervical AROM - rotation; flex/extension

Rationale: To increase independence with functional mobility

Position: Unsupported short sit at edge of mat

Equipment: Medium theraball (intermittently supporting back)

Reps: 10 reps x 2

Assist Level: Supervision with visual cues (therapists positioned on either side) to facilitate end-range cervical rotation. Increased time required.

Comment: Supported sitting rest break required between sets due to reports of low back pain. Per wife, back pain is chronic. Client reports 0/10 pain, inconsistent with subjective report

Therapeutic Activity

Activity 2: Multidirectional football throw with RUE in (no catching - OT places ball in R hand)

Rationale: To increase upright sitting tolerance and posture for improved functional mobility

Equipment: Medium theraball (intermittently supporting lower back)

Reps: 15 reps x 1 set; 10 reps x 1 set

Assist Level: Supervision with intermittent MOD A to correct posterior losses of balance

Comment: Supported sitting rest break required between sets due to reports of low back pain. Per wife, back pain is chronic. Client reports 0/10 pain, inconsistent with subjective report

Assessment: Client demonstrated good response to treatment, with improvements in SROM technique and upright posture. Client benefited from visual cues (therapist demo and tall mirror) and familiar activity (football) to maximize carryover and performance during session. Limiting factors to occupational independence include L hemiparesis, cognitive and communication deficits, decreased activity tolerance and sitting/standing balance (especially on L side), and low back pain worsening with prolonged out of wheelchair activity.

Plan: Recommend skilled OT services to address below goal areas to increase independence with functional mobility and reduce caregiver burden.

Short-term goals: In 4 weeks, client will

1. Complete a wheelchair to/from mat transfer with MOD A, using adaptive equipment as needed, to increase independence with functional mobility.
2. Complete a sit to stand transition with MIN A to increase independence with functional mobility.
3. Complete static standing balance x 30 seconds with CG A to increase independence with LB dressing, toileting, and reduce caregiver burden.

Date of Service: [REDACTED]

Long-term goals: In 8hvv weeks, client will

1. Complete a wheelchair to/from mat transfer with MIN A, using adaptive equipment as needed, to increase independence with functional mobility.
2. Complete a sit to stand transition with CG A to increase independence with functional mobility.
3. Complete static standing balance x 1 minute with CG A to increase independence with LB dressing, toileting, and reduce caregiver burden.

Billing:

CPT Code	Units of Time
97530	1
97110	2

Signed: [REDACTED] ([REDACTED] Fri [REDACTED] 37:21 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Wife reports that he is getting home therapy and opts not to use his platform walker with home therapy due to swaying. Home therapy is having him walk with the support of the therapist and the counter top. Pt in supine after OT due to back pain. Wife reports he had 1000 mg tylenol 2 hrs ago through GI tube prior to coming to therapy. Wife denies any falls since last visit. New communication tablet was not brought to therapy. Wife states that his platform walker is in the car but she wants him to try without it today.

History of Current Complaint:

Pts wife notes transfers in and out of bed, and into car have become more difficult. Pt complains of LBP that is exacerbated when walking. Pts wife notes walking has become more difficult and something to work on during therapy sessions.

Primary Complaint:

Left Shoulder, Forearm, Wrist, Hand, Finger(s)

Patient presents with losing balance, sense of unsteadiness, and weakness in the following location(s): left shoulder, left forearm, left wrist, left hand, and left finger(s) as a result of CVA. This is a chronic condition.

Aggravating/Provocative Factors: Walking.

Relieving Factors: Rest, Massage, and Pt requires tactile cuing or sacral alignment during ambulation in order to decrease lumbar back pain. Pt is Max. A. for ambulating..

Secondary Complaint:

Bilateral Lower back

Patient presents with discomfort, muscle spasms, tenderness, and Use of baclofen to alleviate symptoms in the following location(s): lower back bilaterally.

Aggravating/Provocative Factors: Walking, Sitting, and Standing.

Objective

Vitals

Heart Rate: 70

Respiratory Rate: 18

BP: 132 / 70

SPO2: 89%

Vitals taken on R UE pt in supine with long sleeves that could not be rolled up

Treatment

Supine stretching

B HS- 30 sec static; dynamic 15 sec-contract (push down)-15 sec stretch-contract-15 sec stretch

Gait training- 22ft then seated break HR 121 bpm SpO2 91%; 16ft with one seated break HR 100 SpO2 90% MaxAssist x3

STS 4x throughout session ModAssist x3

Musculoskeletal

Shoulder / Upper Arm

Observation

Posture: Significant thoracic kyphosis

Ankle / Foot

L ankle has solid AFO

Assessment

Assessment Statements:

Pt tolerated the session well. He was able to ambulate a total of 38 ft MaxAssist x3 with 2 sitting breaks. He demonstrated

Date of Service: [REDACTED]

decreased endurance due to having OT prior to PT. He demonstrated decreased step length on the R and shaking in the L leg during L stance phase. He demonstrated improved oxygen saturation after activity. He continues to benefit from skilled physical therapy to improve his independence with ambulation.

Prognosis:

Pt has fair prognosis (especially for the aerobic capacity)

Reasons for Prognosis:

Pt hx of stroke x2, PMhx, supportive wife, motivation

Complicating Factors: Excess weight and History of COVID, LBP

Diagnoses Codes

- G81.94 Hemiplegia, unspecified affecting left nondominant side

Plan

Treatment/Services Provided Today

Continue with established POC. Continue to utilize manual therapy to relieve tension in B hamstring. Continue to prioritize gait training to improve independence.

Note from 5/19:

Also, starting the session off with the overall plan for the wife and pt should be made a priority. Options for assistance during the session may be given in order to maintain wife's participation as well as establishing a concrete plan for the treatment session.

Rehab

Visit Frequency:

1 times per week for 9 week(s)

Manual Therapy Techniques

Manual Therapy (97140)

Exercises/Activities

Session Timing:

Total session time: 50 min

• 97530: 38 min - 3 units

Exercises Performed Today:

- Gait training: for 30 mins (97530) (38 ft with 2 seated rest breaks)
- Therapeutic activity : for 8 mins (97530) (STS x4 throughout session)

Short Term Goals

- Decrease Pain
- Improve Gait
- Improve / Restore Posture
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Mobility
- Increase Range of Motion
- Increase Stability
- Increase Strength

Long Term Goals

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

Procedures

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)

Signed: [REDACTED] ([REDACTED]) Wed [REDACTED] 37:17 EST [REDACTED]

UNIVERSITY OF MICHIGAN - FLINT
4119 SAGINAW ST.
FLINT, MI 48505-3995
Phone: 734-417-8963 Tax ID: 000012720

Date of Service: [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 45:51 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 41:53 EST [REDACTED]

Date of Service: [REDACTED]

OT Treatment Note

Subjective: Hypophonia present; client smiles and nods/shakes head for functional communication, with intermittent 1-2 word vocalizations.

Objective: Client seen for outpatient occupational therapy treatment session to increase independence with functional mobility and decrease caregiver burden. OT provided remedial intervention approaches as well as caregiver education, including progression of LUE SROM to include cervical AROM. OT monitored vitals and client response throughout session, providing skilled exercise and task grading as appropriate. Vitals taken at start of session, with client in seated position:

BP = 140/110

HR = 73 bpm

O2 = 90%

Therapeutic Activity

Activity 1: Wheelchair to edge of mat via stand-pivot transfer x 1

Rationale: To increase independence with functional mobility

Equipment: Gait belt

Assist Level: MOD A with 2+ attempts for sit to stand from wheelchair

Comments: Retropulsion present during sit to stand; unable to initiate stepping (pivot only)

Activity 2: Sit to supine transition on mat in preparation for LUE SROM exercise (and due to reports of back pain)

Rationale: To increase independence with bed mobility

Equipment: 2 pillows to support head

Reps or time spent:

Assist Level: MAX A x 2 (1 for trunk mgmt; 1 for BLE mgmt)

Activity 3: Rolling to L - emphasizing pushing from unaffected RLE (flexed knee) and RUE cross body reach

Rationale: To increase independence with bed mobility and toileting

Equipment: 2 pillows to support head

Reps or time spent: 10 reps x 1

Assist Level: MOD A, fading to MIN A as reps progressed. Increased time required

Therapeutic Exercise

Exercise Set 1: LUE SROM - forearm sup/pro, wrist flex/ext, and elbow flex/ext, shoulder pro/retract with emphasis on moving away from flexor synergy patterns

Rationale: To increase independence with health mgmt

Position: Unsupported short sit (edge of mat)

Date of Service: [REDACTED]

Equipment: None

Reps or time spent: 10 reps x 1 set per exercise

Assist Level: MIN A to interlace fingers, progressing to Supervision and therapist demo for technique.

Increased time required

Comments: MCP extension and PIP flexion contractures noted. Skin intact.

Exercise Set 2: LUE SROM + cervical rotation - shoulder pro/retract ("ceiling punches"), followed by horizontal add/abd integrating cervical rotation, alternating from L to R.

Rationale: To increase independence with health mgmt

Position: Supine on mat

Equipment: 2 pillows supporting shoulders and head

Reps or time spent: 10 reps x 3 sets

Assist Level: Supervision with visual cues (therapists positioned on either side) to facilitate end-range cervical rotation. Increased time required.

Comments: Client's wife reports that client completes SROM from supine at home, but liked the integration of cervical AROM.

Assessment: Client demonstrated good response to treatment, with improvements in SROM technique and rolling ability. Client benefited from visual cues (therapist demo) and collaboration with wife to maximize carryover and performance during session. Limiting factors to occupational independence include L hemiparesis, cognitive and communication deficits, decreased activity tolerance and sitting/standing balance (especially on L side), and low back pain worsening with prolonged out of wheelchair activity.

Plan: Recommend skilled OT services to address below goal areas to increase independence with functional mobility and reduce caregiver burden.

Short-term goals: In 4 weeks, client will

1. Complete a wheelchair to/from mat transfer with MOD A, using adaptive equipment as needed, to increase independence with functional mobility.
2. Complete a sit to stand transition with MIN A to increase independence with functional mobility.
3. Complete static standing balance x 30 seconds with CG A to increase independence with LB dressing, toileting, and reduce caregiver burden.

Long-term goals: In 8hvv weeks, client will

1. Complete a wheelchair to/from mat transfer with MIN A, using adaptive equipment as needed, to increase independence with functional mobility.
2. Complete a sit to stand transition with CG A to increase independence with functional mobility.
3. Complete static standing balance x 1 minute with CG A to increase independence with LB dressing, toileting, and reduce caregiver burden.

UNIVERSITY OF MICHIGAN - FLINT
4119 SAGINAW ST.
FLINT, MI 48505-3995
Phone: 734-417-8963 Tax ID: 000012720

Date of Service: [REDACTED]

Billing:

CPT Code	Units of Time
97530	1
97110	2

Signed: [REDACTED] ([REDACTED] Sat [REDACTED] 55:59 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Re-Exam

Date of Encounter: [REDACTED]

History of Present Illness

Pt reported he is feeling good with a "thumbs up" at the start of the session. Pt's wife denies changes in patient's health status and reports that the pt will be receiving a new feeding tube next Monday and a new wheelchair either next Monday or Tuesday. Pt's wife reports Community Partner Activities at UM-Flint have concluded and that today is the last session they will attend HEART before heading to Florida for the Winter season.

Primary Complaint:

Left Shoulder, Forearm, Wrist, Hand, Finger(s), Hip, Ankle

Patient presents with losing balance, sense of unsteadiness, and weakness in the following location(s): left shoulder, left forearm, left wrist, left hand, left finger(s), left hip, and left ankle as a result of CVA. This is a chronic condition.

Aggravating/Provocative Factors: Walking.

Relieving Factors: Rest, Massage, and Pt requires tactile cuing or sacral alignment during ambulation in order to decrease lumbar back pain. Pt is Max. A. for ambulating..

Physical Examination

Vitals

Heart Rate: 71

SPO2: 93%

Respiratory Rate: 18

BP: 140 / 98

Musculoskeletal

Ankle / Foot

L ankle has solid AFO

Additional:

10-meter walk test:

fast: m/s

normal: m/s

6-minute walk test:

Assessment

Assessment Statements:

Pt arrived happy and gave thumbs up at start of session. Pt reported continued back pain with ambulation which limited gait training distance. RW was not utilized this session. Pain was manageable today, which required supporting low back with SPT's hands and providing manual feedback to activate posterior chain musculature to hold pt's torso erect. Pt tolerated use of ankle weight well: L LE step-length was improved with use of ankle weight. Added L LE resistance with ankle weight ought to be utilized for improve step-length and L LE strength to facilitate a more energy efficient gait patterned. Skilled PT is necessary to continue facilitating improvements in gait and posterior chain activation to minimize low back pain and to progress pt towards independent household ambulation.

Prognosis:

Pt has fair prognosis (especially for the aerobic capacity)

Reasons for Prognosis:

Pt hx of stroke x2, PMhx, supportive wife, motivation,

Diagnoses Codes

1. G81.94 Hemiplegia, unspecified affecting left nondominant side

Plan

Continue ambulation utilizing error augmentation strategies, such as ankle weights. Begin posterior chain strengthening and activation to improve complaints and symptoms of low back pain. Continue low back, L hand stretches, and LE PROM as needed.

Date of Service: [REDACTED]

Also, starting the session off with the overall plan for the wife and pt should be made a priority. Options for assistance during the session may be given in order to maintain wife's participation as well as establishing a concrete plan for the treatment session.

Rehab Plan

Visit Frequency:

1 times per week for 9 week(s)

Exercises/Activities

Session Timing:

Total session time: 50 min

- 97110: 10 min - 1 unit
- 97530: 40 min - 3 units

Exercises Performed Today:

- Gait training: for 40 mins (97530)
- Therapeutic Exercise : for 10 mins (97110)

Short Term Goals

- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Mobility
- Increase Range of Motion
- Increase Stability
- Increase Strength

Long Term Goals

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

Procedures

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)

Date of Service: [REDACTED]

Physical Therapy Re-Exam

Date of Encounter: [REDACTED]

Outcome Assessment Tool Summary

10-meter walk test

Trial 1: 0.04 m/s with max assist x3

Trial 2: 0.09 m/s with max assist x3

History of Present Illness

Pt is accompanied by wife at today's visit after returning from Florida. Pt PT's wife stated he received homecare while in Florida which consisted of PT OT and Speech pathology. Pts wife noted she was not sure how much longer they were going to attend HEART as homecare was more convenient. Pt worked on standing and reaching exercises during his vacation in Florida. Pt has received a new tablet for communication purposes; however, the device was not brought to therapy session today. Pts wife denies recent falls and reports he has had some changes in medications. Pts wife noted he received a new feeding tube in October and was diagnosis with gastroenteritis. Pts wife reports that he went into the hospital twice during their time in Florida due to back pain with muscle spasms and COVID-19. Pts wife noted they have been consistent with implementation of HEP and he was evaluation last Wednesday for homecare skilled physical therapy services.

History of Current Complaint:

Pts wife notes transfers in and out of bed, and into car have become more difficult. Pt complains of LBP that is exacerbated when walking. Pts wife notes walking has become more difficult and something to work on during therapy sessions.

Primary Complaint:

Left Shoulder, Forearm, Wrist, Hand, Finger(s)

Patient presents with losing balance, sense of unsteadiness, and weakness in the following location(s): left shoulder, left forearm, left wrist, left hand, and left finger(s) as a result of CVA. This is a chronic condition.

Aggravating/Provocative Factors: Walking.

Relieving Factors: Rest, Massage, and Pt requires tactile cuing or sacral alignment during ambulation in order to decrease lumbar back pain. Pt is Max. A. for ambulating..

Secondary Complaint:

Bilateral Lower back

Patient presents with discomfort, muscle spasms, tenderness, and Use of baclofen to alleviate symptoms in the following location(s): lower back bilaterally.

Aggravating/Provocative Factors: Walking, Sitting, and Standing.

Physical Examination

Vitals

Heart Rate: 82

Respiratory Rate: 18

BP: 135 / 80

SPO2: 94%

10MWT

1st trial- SpO2: 90% HR : 123 bpm (2 min break between trials)

2nd trial - SpO2: 92% HR :133 bpm

Musculoskeletal

Shoulder / Upper Arm

Observation

Posture: Significant thoracic kyphosis

ROM & Joint Play

ROM

Flexion (180°)

Date of Service: [REDACTED]

Left	Active Restricted	Passive Restricted
Right	Active WNL	Passive WNL
Extension (50°)		
Left	Active Restricted	Passive Restricted
Right	Active WNL	Passive WNL
Internal rotation (90°)		
Left	Active Restricted	Passive Restricted
Right	Active WNL	Passive WNL
External rotation (80°)		
Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL
Abduction (180°)		
Left	Active Restricted	Passive Restricted
Right	Active 90° WNL	Passive WNL
Adduction (35°)		
Left	Active Restricted	Passive Restricted
Right	Active WNL	Passive WNL
Horizontal abd. (30°)		
Left	Active Restricted	Passive Restricted
Right	Active WNL	Passive WNL
Horizontal add. (130°)		
Left	Active Restricted	Passive Restricted
Right	Active WNL	Passive WNL
Joint Play		
AC joint		
Left WNL		Right WNL
UE screen R shoulder flexion WFL, Abduction to 90deg. LUE AROM no traceable movement in all directions, Fingers and wrist resting in flexor synergy with increased tone		

Ankle / Foot

L ankle has solid AFO

Respiratory

COPD and Emphysema- currently on two inhalers that will not be brought to physical therapy sessions per wife

Assessment

Assessment Statements:

Pt reported working hard on RPE scale after maintaining seated balance at beginning of session. He began to lean backwards as he fatigued and required assistance from SPT to help regain seated balance. With mat transfers from mat to chair, patient presents with persistent challenges to follow through with transfer. He required MOD vc to lean trunk forward and position R hand on his chair prior to each sit to stand. Pt reported low back pain and reported pain in L AC joint due to arm position during gait training. Pain was relieved with repositioning of UE. With gait training pt required MAX A from 2 SPTs and handheld assist of 1 SPT in front of him. Pt was able to complete 3 trials of ambulation during session and required frequent breaks to recover, demonstrating decreased aerobic capacity and endurance. Pt did not complete 6 minute walk following 10 meter walk test due to general deconditioning; consider testing at a later date. Pts wife educated on bringing in platform walker during sessions to simulate at home walking. Skilled PT is necessary to continue facilitating improvements in gait and posterior chain activation to minimize low back pain.

Prognosis:

Pt has fair prognosis (especially for the aerobic capacity)

Reasons for Prognosis:

Pt hx of stroke x2, PMhx, supportive wife, motivation

Complicating Factors: Excess weight and History of COVID, LBP

Diagnoses Codes

Date of Service: [REDACTED]

- G81.94 Hemiplegia, unspecified affecting left nondominant side

Plan

Treatment/Services Provided Today

Patient should continue to engage in gait training activities, seated balance, transfers, diaphragmatic breathing, and posterior chain strengthening and activation to improve LBP, functional endurance, strength, and aerobic capacity.

Also, starting the session off with the overall plan for the wife and pt should be made a priority. Options for assistance during the session may be given in order to maintain wife's participation as well as establishing a concrete plan for the treatment session.

Rehab

Visit Frequency:

1 times per week for 9 week(s)

Exercises/Activities

Session Timing:

Total session time: 50 min
• 97530: 50 min - 3 units

Exercises Performed Today:

- Gait training: for 30 mins (97530)
- Therapeutic activity : for 20 mins (97530) (Mat to wc transfers
Trunk control postural exercises in seated position on mat)

Short Term Goals

- Decrease Pain
- Improve Gait
- Improve / Restore Posture
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Mobility
- Increase Range of Motion
- Increase Stability
- Increase Strength

Long Term Goals

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

Procedures

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)

Signed: [REDACTED] ([REDACTED]) Wed [REDACTED] 33:44 EST [REDACTED]

Signed: [REDACTED] ([REDACTED]) Fri [REDACTED] 01:56 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Re-Exam

Date of Encounter: [REDACTED]

Outcome Assessment Tool Summary

10-meter walk test

Trial 1: 0.04 m/s with max assist x3

Trial 2: 0.09 m/s with max assist x3

History of Present Illness

Pt is accompanied by wife at today's visit after returning from Florida. Pt PT's wife stated he received homecare while in Florida which consisted of PT OT and Speech pathology. Pts wife noted she was not sure how much longer they were going to attend HEART as homecare was more convenient. Pt worked on standing and reaching exercises during his vacation in Florida. Pt has received a new tablet for communication purposes; however, the device was not brought to therapy session today. Pts wife denies recent falls and reports he has had some changes in medications. Pts wife noted he received a new feeding tube in October and was diagnosed with gastroenteritis. Pts wife reports that he went into the hospital twice during their time in Florida due to back pain with muscle spasms and COVID-19. COVID diagnosis resulted in a 10 day hospital stay due to his symptoms. Pts wife noted they have been consistent with implementation of HEP and he was evaluated last Wednesday for homecare skilled physical therapy services.

History of Current Complaint:

Pts wife notes transfers in and out of bed, and into car have become more difficult. Pt complains of LBP that is exacerbated when walking. Pts wife notes walking has become more difficult and something to work on during therapy sessions.

Primary Complaint:

Left Shoulder, Forearm, Wrist, Hand, Finger(s)

Patient presents with losing balance, sense of unsteadiness, and weakness in the following location(s): left shoulder, left forearm, left wrist, left hand, and left finger(s) as a result of CVA. This is a chronic condition.

Aggravating/Provocative Factors: Walking.

Relieving Factors: Rest, Massage, and Pt requires tactile cuing or sacral alignment during ambulation in order to decrease lumbar back pain. Pt is Max. A. for ambulating..

Secondary Complaint:

Bilateral Lower back

Patient presents with discomfort, muscle spasms, tenderness, and Use of baclofen to alleviate symptoms in the following location(s): lower back bilaterally.

Aggravating/Provocative Factors: Walking, Sitting, and Standing.

Physical Examination

Vitals

Heart Rate: 82

SPO2: 94%

10MWT

1st trial- SpO2: 90% HR : 123 bpm (2 min break between trials to catch breath)

2nd trial - SpO2: 92% HR :133 bpm

Respiratory Rate: 18

BP: 135 / 80

Musculoskeletal

Shoulder / Upper Arm

Observation

Posture: Significant thoracic kyphosis

ROM & Joint Play

ROM

Flexion (180°)

Date of Service: [REDACTED]

Left	Active Restricted	Passive Restricted
Right	Active WNL	Passive WNL
Extension (50°)		
Left	Active Restricted	Passive Restricted
Right	Active WNL	Passive WNL
Internal rotation (90°)		
Left	Active Restricted	Passive Restricted
Right	Active WNL	Passive WNL
External rotation (80°)		
Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL
Abduction (180°)		
Left	Active Restricted	Passive Restricted
Right	Active 90° WNL	Passive WNL
Adduction (35°)		
Left	Active Restricted	Passive Restricted
Right	Active WNL	Passive WNL
Horizontal abd. (30°)		
Left	Active Restricted	Passive Restricted
Right	Active WNL	Passive WNL
Horizontal add. (130°)		
Left	Active Restricted	Passive Restricted
Right	Active WNL	Passive WNL
Joint Play		
AC joint		
Left WNL		Right WNL
UE screen R shoulder flexion WFL, Abduction to 90deg. LUE AROM no traceable movement in all directions, Fingers and wrist resting in flexor synergy with increased tone		

Ankle / Foot

L ankle has solid AFO

Respiratory

COPD and Emphysema- currently on two inhalers that will not be brought to physical therapy sessions per wife

Assessment

Assessment Statements:

Pt reported working hard on RPE scale after maintaining seated balance at beginning of session. He began to lean backwards as he fatigued and required assistance from SPT to help regain seated balance. With mat transfers from mat to chair, patient presents with persistent challenges to follow through with transfer. He required MOD vc to lean trunk forward and position R hand on his chair prior to each sit to stand. Pt reported low back pain and reported pain in L AC joint due to arm position during gait training. Pain was relieved with repositioning of UE. With gait training pt required MAX A from 2 SPTs and handheld assist of 1 SPT in front of him. Pt was able to complete 3 trials of ambulation during session and required frequent breaks to recover, demonstrating decreased aerobic capacity and endurance. Pt did not complete 6 minute walk following 10 meter walk test due to general deconditioning COVID; consider testing at a later date. Pts wife educated on bringing in platform walker during sessions to simulate at home walking. Skilled PT is necessary to continue facilitating improvements in gait and posterior chain activation to minimize low back pain.

Prognosis:

Pt has fair prognosis (especially for the aerobic capacity)

Reasons for Prognosis:

Pt hx of stroke x2, PMhx, supportive wife, motivation

Complicating Factors: Excess weight and History of COVID, LBP

Diagnoses Codes

Date of Service: [REDACTED]

- G81.94 Hemiplegia, unspecified affecting left nondominant side

Plan

Treatment/Services Provided Today

Patient should continue to engage in gait training activities, seated balance, transfers, diaphragmatic breathing, and posterior chain strengthening and activation to improve LBP, functional endurance, strength, and aerobic capacity.

Also, starting the session off with the overall plan for the wife and pt should be made a priority. Options for assistance during the session may be given in order to maintain wife's participation as well as establishing a concrete plan for the treatment session.

Rehab

Visit Frequency:

1 times per week for 9 week(s)

Exercises/Activities

Session Timing:

Total session time: 50 min
• 97530: 50 min - 3 units

Exercises Performed Today:

- Gait training: for 30 mins (97530)
- Therapeutic activity : for 20 mins (97530) (Mat to wc transfers
Trunk control postural exercises in seated position on mat)

Short Term Goals

- Decrease Pain
- Improve Gait
- Improve / Restore Posture
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Mobility
- Increase Range of Motion
- Increase Stability
- Increase Strength

Long Term Goals

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

Procedures

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)

Signed: [REDACTED] ([REDACTED] Sat [REDACTED] 18:22 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 48:49 EST [REDACTED]

Date of Service: [REDACTED]

OT Initial Evaluation

Subjective: Wife reports that patient has a tablet in which he communicates with, plays chess and solitaire on it. He enjoys watching tv, reading and listening to music. Client functionally communicates with 1-word answers (hypophonic; increased time; drooling noted) and head nods. Client reports back pain during unsupported sitting at edge of mat - wife reports this to be a chronic condition.

Objective: Client seen for outpatient occupational therapy evaluation. OT provides education on role/purpose of OT, and completes an occupational profile to guide client-centered evaluation.

Occupational profile: Client's wife assists with answering questions:

Client referred to occupational therapy with a chronic stroke diagnosis. Client's wife identifies priority of improving client's functional transfer independence, including car transfers and improving stepping/weight shift ability during transfers. Client's wife reports that currently, client requires assistance for the majority of functional mobility tasks and ADLs (including bed bathing and adult brief changing), although client self-feeds with Setup, brushes teeth with MIN A, and applies deodorant with MOD A. Client's leisure activities include playing chess, solitaire, and other games on Ipad.

OT provides skilled monitoring of client vitals and response to the session.

OT administered the following assessments, with results as follows:

Cognitive Screen (Orientation): Client oriented to self (verbalizes full name) only. With MOD indirect cues (from wife), client verbalizes year and day of week. Not tested: Location and situation. Client correctly states date of birth and jokes that wife's name is "Fred", communicating via whiteboard.

Patient-Specific Functional Scale

Description: The Patient-Specific Functional Scale (PSFS) is a patient-reported questionnaire used to quantify activity limitation and measure functional outcomes in clients with disabilities. Clients identify 3-5 valued activities that they are unable to do or are having difficulty with as a result of their diagnosis, and self-rate their current performance on a 0-10 scale. A "0" indicates that they are "unable to perform activity", whereas a "10" indicates that they are "able to perform activity at the same level as before injury or problem."

Activity	Initial Rating (0 - 10)
Transfers (getting in/out of car)	8 or 9- would like the quality of transfers to be better. Getting in car is harder than getting out

CARE Tool: Mobility Items

Date of Service: [REDACTED]

- Sit to stand = 2 (MAX A from wheelchair; MOD A from elevated mat)
- Wheelchair to/from bed [mat] transfer = 2 (MAX A for stand-pivot, unable to complete stand-step, difficulty shifting weight to L)

Kansas University Sitting/Standing Balance Scale

- Sitting = 4 (reaches to R of midline and anteriorly below waist level independently; MAX A to correct balance when reaching to L of midline)
- Standing = 1+ (MIN A for static standing x 30 seconds)

BUE Function

- AROM: RUE = WFL; LUE = severe limitations. Notable observations = MCP extension and PIP flexion contractures; partially completes flexor and extensor synergy patterns in MIN ranges.
- MMT: RUE = 4/5 for all major muscle groups; LUE = 2-5/5 for all major muscle groups
- Bilateral integration: Client uses R hand to remove ADL container lids and did not integrate LUE into tasks

Assessment: Client demonstrated good participation throughout the OT evaluation. Supporting factors to occupational independence and participation include RUE function WFL, fair sit to stand transition from elevated surface, good attention throughout session, and strong family/caregiver support. Limiting factors to occupational independence include L hemiparesis, cognitive and communication deficits, decreased activity tolerance and sitting/standing balance (especially on L side), and low back pain worsening with prolonged out of wheelchair activity. Based on the results of the administered assessments, OT recommends MOD - TOTAL A for ADLs and functional mobility tasks.

Plan: Recommend skilled OT services to address below goal areas, and increase independence with ADLs and functional mobility, as well as provide caregiver support as needed. Plan for next session is to address wheelchair to mat transfers (consider slide board trial), sit to stand transition, sitting/standing balance, and integration of LUE into functional tasks.

Goals:

Short-term goals: In 4 weeks, client will

1. Complete a wheelchair to/from mat transfer with MOD A, using adaptive equipment as needed, to increase independence with functional mobility.
2. Complete a sit to stand transition with MIN A to increase independence with functional mobility.
3. Complete static standing balance x 30 seconds with CG A to increase independence with LB dressing, toileting, and reduce caregiver burden.

Long-term goals: In [#] weeks, client will

1. Complete a wheelchair to/from mat transfer with MIN A, using adaptive equipment as needed, to increase independence with functional mobility.

Date of Service: [REDACTED]

2. Complete a sit to stand transition with CG A to increase independence with functional mobility.
3. Complete static standing balance x 1 minute with CG A to increase independence with LB dressing, toileting, and reduce caregiver burden.

Billing:

OT Evaluation Code	Units of Time
97167 (High)	3

Signed: [REDACTED] ([REDACTED] Mon [REDACTED] 02:30 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reported he is feeling good with a "thumbs up" at the start of the session. Pt's wife denies changes in patient's health status and reports that the pt will be receiving a new feeding tube next Monday and a new wheelchair either next Monday or Tuesday. Pt's wife reports Community Partner Activities at UM-Flint have concluded and that today is the last session they will attend HEART before heading to Florida for the Winter season.

Primary Complaint:

Left Shoulder, Forearm, Wrist, Hand, Finger(s), Hip, Ankle

Patient presents with losing balance, sense of unsteadiness, and weakness in the following location(s): left shoulder, left forearm, left wrist, left hand, left finger(s), left hip, and left ankle as a result of CVA. This is a chronic condition.

Aggravating/Provocative Factors: Walking.

Relieving Factors: Rest, Massage, and Pt requires tactile cuing or sacral alignment during ambulation in order to decrease lumbar back pain. Pt is Max. A. for ambulating..

Objective

Vitals

Heart Rate: 71

SPO2: 93%

Respiratory Rate: 18

BP: 140 / 98

Musculoskeletal

Ankle / Foot

L ankle has solid AFO

Additional:

Session was started with vitals and then gait training was completed for 5 rounds.

Gait training: Max x2 (2SPT) during ambulation. One SPT was on non-affected side, one SPT was assisting on affected side, plus one SPT following with WC. Patient verbalized "right" and "left" with each step.

Round 1:

Distance: 24 feet

Vitals: 90% RA, 110 bpm, 8/10 RPE

Rest taken: 3 mins, seated in W/C

Lumbar pain rating: 0/10

Round 2:

Distance: 14.5 feet

Vitals: 92% RA, 143 bpm, 5/10 RPE

Rest taken: 3 mins, seated in W/C

Lumbar pain rating: 6/10

Round 3:

Distance: 30.5 feet

Vitals: 92% RA, 124 bpm, 4/10 RPE

Rest taken: 2 mins, seated in W/C

Lumbar pain rating: 3/10

Round 4:

Distance: 29.5 feet

Vitals: 92% RA, 137 bpm, 2/10 RPE

Date of Service: [REDACTED]

Rest taken: 4 mins, seated in W/C
Lumbar pain rating: 3/10

Round 5:
Distance: 34 feet w/ 5 lb ankle weight on L LE
Vitals: 91% RA, 127 bpm, 7/10 RPE
Lumbar pain rating: 0/10

Session was ended with manual double knee to chest stretch and stretching of L fingers into extension for 5 mins.

Assessment

Assessment Statements:

Pt arrived happy and gave thumbs up at start of session. Pt reported continued back pain with ambulation which limited gait training distance. RW was not utilized this session. Pain was manageable today, which required supporting low back with SPT's hands and providing manual feedback to activate posterior chain musculature to hold pt's torso erect. Pt tolerated use of ankle weight well: L LE step-length was improved with use of ankle weight. Added L LE resistance with ankle weight ought to be utilized for improve step-length and L LE strength to facilitate a more energy efficient gait patterned. Skilled PT is necessary to continue facilitating improvements in gait and posterior chain activation to minimize low back pain and to progress pt towards independent household ambulation.

Prognosis:

Pt has fair prognosis (especially for the aerobic capacity)

Reasons for Prognosis:

Pt hx of stroke x2, PMhx, supportive wife, motivation,

Diagnoses Codes

1. G81.94 Hemiplegia, unspecified affecting left nondominant side

Plan

Continue ambulation utilizing error augmentation strategies, such as ankle weights. Begin posterior chain strengthening and activation to improve complaints and symptoms of low back pain. Continue low back, L hand stretches, and LE PROM as needed.

Also, starting the session off with the overall plan for the wife and pt should be made a priority. Options for assistance during the session may be given in order to maintain wife's participation as well as establishing a concrete plan for the treatment session.

Rehab Plan

Visit Frequency:

1 times per week for 9 week(s)

Exercises/Activities

Session Timing:

- Total session time: 50 min
- 97110: 10 min - 1 unit
- 97530: 40 min - 3 units

Exercises Performed Today:

- Gait training: for 40 mins (97530)
- Therapeutic Exercise : for 10 mins (97110)

Short Term Goals

- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Mobility
- Increase Range of Motion
- Increase Stability
- Increase Strength

Long Term Goals

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[REDACTED]
Date of Service: [REDACTED]

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

Procedures

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)

Signed: [REDACTED]) Fri [REDACTED] 45:16 EST [REDACTED]

Date of Service: [REDACTED]

OT Initial Evaluation

Subjective: Client communicates primarily nonverbally, using head nod and thumbs up/down intermittently. Client's wife and caregiver, Janet (retired wound care nurse), supports communication and provides occupational profile info. Janet identifies primary goals of increasing ease of caregiving, in particular, bed mobility tasks: supine to sit and sit to supine transitions. Janet reports having a sliding positioning sheet and hospital bed at home, but reports that the positioning sheet is in need of replacement due to long-term wear-and-tear. Janet reports that she assists client with majority of ADL tasks at home, including bed bathing (has tub transfer bench, but inaccessible bathroom in apartment) and managing g-tube feedings. Janet reports that client completes intermittent self-feeding following setup, applies deodorant under LUE, and assists with unaffected RUE and RLE during bed mobility tasks. Janet reports concern with L hemiparesis and LUE edema, with past unsuccessful attempts at edema mgmt, including Kinesiotape and edema gloves. Janet reports that client current wears L resting hand orthosis (padded) consistently at night and occasionally during the day. She reports that he has a Dynasplint that they have since discontinued d/t complexity and time requirements of donning and adjusting. In regard to productivity, Janet reports that client used to assist with folding clothes and small household tasks, but that this has been discontinued due to the increased time and effort required. In regard to leisure and social participation, Janet reports that client is very engaged with grandchildren when present, participating in tabletop board games, however, does not engage in said games without grandchildren.

Objective: Client unable to identify personal goals/priorities at this time (used visual aid to facilitate functional communication). Client's wife rates difficulty with assisting with bed mobility as [REDACTED] (10 = most difficult; 1 = least difficult). OT completes performance-based assessments, with assist levels as follows:

- Sit to supine transition at edge of mat - MAX A. Client pushes through RUE and moves RLE to assist
- Supine to sit transition at edge of mat - MAX A. Client pushes through RUE and moves RLE to assist
- Edge of mat to wheelchair transfer (stand-pivot) - MAX A. Caregiver completes Independently
- Wheelchair to car transfer (stand-pivot) - MAX A with adaptive equipment (remote control seat with lowering capabilities). Caregiver completes Independently.

OT administers KUSBS assessment for sitting and standing balance, with results as follows:

- Sitting balance score via KUSBS: 2+ (independently supports self in static sitting with RUE). MIN A required for dynamic sitting balance for anterior reach outside BOS toward feet.
- Standing balance score via KUSBS: 1 (MOD A for static stand, observed during mat to wheelchair transfer and car transfer)

UE Assessment

- RUE AROM/MMT - client moves all major UE joints against gravity; 3/5 strength
- LUE AROM/MMT - 2-/5 for all major UE joints. Flexor hypertonicity present, however, client able to activate minimally out of flexor synergy. Hand positioned in intrinsic minus, with flexion contractures present in PIP joints of digits 2-5.

Client reports back pain intermittently throughout evaluation (up to 9/10 via NPRS), and benefits from supported

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Date of Service: [REDACTED]

sitting rest breaks intermittently throughout.

Assessment: Client demonstrates impaired functional mobility, L hemiparesis, low back pain, balance deficits, communication deficits, and bathroom inaccessibility, all of which limiting ADL independence and increasing caregiver burden. Supporting factors include cooperation throughout evaluation, caregiver support, and current environmental supports in place (adapted car seat, hospital bed, positioning sheet). Client will benefit from skilled OT services to increase functional mobility independence and decrease caregiver burden.

Plan: Client and wife will be relocating to home in Florida until May [REDACTED] OT plans to re-evaluate client at that time, establish formal goals, and initiate treatment as needed. Above evaluation information to serve as foundation to occupational profile and OT evaluation.

Signed: [REDACTED] ([REDACTED] Sun [REDACTED] 05:59 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reported he is feeling good with a "thumbs up" at the start of the session. Wife stated that pt ambulated 250 feet at community partner and his endurance is slowly improving. However, there's some back pain when standing up while getting ready to ambulate. The pain is reported to be 10/10 after Trial 3 of walking.

Primary Complaint:

Left Shoulder, Forearm, Wrist, Hand, Finger(s), Hip, Ankle

Patient presents with losing balance, sense of unsteadiness, and weakness in the following location(s): left shoulder, left forearm, left wrist, left hand, left finger(s), left hip, and left ankle as a result of CVA. This is a chronic condition.

Aggravating/Provocative Factors: Walking.

Relieving Factors: Rest, Massage, and Pt requires tactile cuing and max A for sacral alignment during ambulation in order to decrease lumbar back pain..

Objective

Vitals

Heart Rate: 78

Respiratory Rate: 20

BP: 135 / 90

SPO2: 95%

Session was started with vitals and then gait training was completed for 3 trials. Session was ended with manual double knee to chest stretch and stretching of L fingers into extension.

Gait training: Patient ambulated a total of 120 feet with 4 sitting rest breaks. Max x2 (2SPT) during ambulation. One SPT was on non affected side, one SPT was assisting on affected side, plus one SPT following with WC. Patient verbalized "right" and "left" with each step.

Musculoskeletal

Ankle / Foot

L ankle has solid AFO

Assessment

Assessment Statements:

Pt arrived happy and gave thumbs up at start of session. Pt reported continued back pain with ambulation which limited gait training distance. RW was not utilized this session. The pain was about 10/10 which is alleviated when the pt's wife rubs his back. Pt's wife reported that she is noticing some improved aerobic endurance and the pt seems satisfied about it.

Patient ambulated 120 ft total with MaxA 2 person assist.

Round 1:

Vitals pre ambulation: 95% O2, 78 bpm.

After 20 ft: 97% O2, 101 bpm.

Rest taken for 3 min.

Lumbar pain: 0/10

Round 2:

After 50 more ft: 94% O2, 122 bpm.

Rest taken for 5 min.

Lumbar pain: 0/10

Round 3:

After 30 more ft: 92% O2, 134 bpm.

Date of Service: [REDACTED]

Rest taken for 2 min.
Lumbar pain: 10/10
Rest taken for 8 min with lumbar massage from wife.

Round 4:
After 20 more ft: 93% O₂, 133 bpm.
Lumbar pain: 1/10

Prognosis:

Pt has fair prognosis (especially for the aerobic capacity)

Reasons for Prognosis:

Pt hx of stroke x2, PMhx, supportive wife, motivation,

Diagnoses Codes

1. G81.94 Hemiplegia, unspecified affecting left nondominant side

Plan

Continue ambulation and seated therapeutic exercises. Potentially other forms of aerobic exercise such as NuStep to help pt achieve goals of losing weight and maintaining strength in legs to help assist his caregiver with transfers.

Continue low back, L hand stretches, and LE PROM as needed.

Also, starting the session off with the overall plan for the wife and pt should be made a priority. Options for assistance during the session may be given in order to maintain wife's participation as well as establishing a concrete plan for the treatment session.

Rehab Plan

Visit Frequency:

1 times per week for 9 week(s)

Exercises/Activities

Session Timing:

- Total session time: 50 min
- 97110: 10 min - 1 unit
 - 97530: 40 min - 3 units

Exercises Performed Today:

- Gait training: for 40 mins (97530)
- Therapeutic Exercise : for 10 mins (97110)

Short Term Goals

- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Mobility
- Increase Range of Motion
- Increase Stability
- Increase Strength

Long Term Goals

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

Procedures

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)

Signed: [REDACTED]) Fri [REDACTED] 43:38 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Wife stated that pt ambulated 250 feet at community partner and his endurance is slowly improving. However, his there's some back pain when standing up while getting ready to ambulate. The pain is reported to be 9/10.

Primary Complaint:

Left Shoulder, Forearm, Wrist, Hand, Finger(s), Hip, Ankle

Patient presents with losing balance, sense of unsteadiness, and weakness in the following location(s): left shoulder, left forearm, left wrist, left hand, left finger(s), left hip, and left ankle as a result of CVA. This is a chronic condition.

Aggravating/Provocative Factors: Walking.

Relieving Factors: Pt requires tactile cuing and max A for sacral alignment during ambulation in order to decrease lumbar back pain..

Objective

Vitals

Heart Rate: 72

Respiratory Rate: 22

BP: 135 / 90

SPO2: 93%

Pt began today's session with seated LE exercises on the bed after taking his vitals. The session was then completed with gait training.

Chair exercises:

B ankle pumps x10

B marching using alternating legs x10

B LAQ alternating legs x10

Gait training: Patient ambulated a total of 150 feet with 3 sitting rest breaks. Max x3 (3SPT) during ambulation. One SPT was on non affected side, one SPT was blocking walker, and one SPT was assisting on affected side. Patient verbalized "right" and "left" with each step.

Musculoskeletal

Ankle / Foot

L ankle has solid AFO

Assessment

Assessment Statements:

Pt arrived happy from therapy yesterday at community partner. Pt reported continued back pain with ambulation which limited gait training distance. The pain was about 9/10 which is alleviated when the pt's wife rubs his back. Pt's wife reported that she is noticing some improved aerobic endurance and the pt seems satisfied about it.

Patient ambulated 150 ft total.

Round 1:

Ambulated 50 ft

HR: 93 bpm

SpO2: 92%

Pain (lumbar: 9/10)

Round 2:

Ambulated: 50 ft

HR: 110

Date of Service: [REDACTED]

SpO2: 93%.
Pain 9/10

Round 3:
Ambulated: 50ft
HR: 126
SpO2: 99%
BP: 158/90
Pain (lumbar 9/10)

Prognosis:

Pt has fair prognosis (especially for the aerobic capacity)

Reasons for Prognosis:

Pt hx of stroke x2, PMhx, supportive wife, motivation,

Diagnoses Codes

1. G81.94 Hemiplegia, unspecified affecting left nondominant side

Plan

Continue ambulation and seated therapeutic exercises. Potentially other forms of aerobic exercise such as NuStep to help pt achieve goals of losing weight and maintaining strength in legs to help assist his caregiver with transfers.

Continue low back stretches and LE PROM as needed.

Also, starting the session off with the overall plan for the wife and pt should be made a priority. Options for assistance during the session may be given in order to maintain wife's participation as well as establishing a concrete plan for the treatment session.

Rehab Plan

Visit Frequency:

1 times per week for 9 week(s)

Exercises/Activities

Session Timing:

- Total session time: 40 min
- 97110: 10 min - 1 unit
 - 97530: 30 min - 2 units

Exercises Performed Today:

- Gait training: for 30 mins (97530)
- Therapeutic Exercise : for 10 mins (97110)

Short Term Goals

- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Mobility
- Increase Range of Motion
- Increase Stability
- Increase Strength

Long Term Goals

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

Procedures

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)

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Date of Service: [REDACTED]

Signed: [REDACTED] { [REDACTED] Fri [REDACTED] 22:27 EST [REDACTED]

Signed: [REDACTED] { [REDACTED] Fri [REDACTED] 49:08 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Wife stated that pt ambulated ~220ft with SPTs and experienced increased fatigue last night. No reports of pain at this time. Pt used hand gestures with thumbs up that he felt good and wanted to walk today.

Primary Complaint:

Left Shoulder, Forearm, Wrist, Hand, Finger(s), Hip, Ankle

Patient presents with losing balance, sense of unsteadiness, and weakness in the following location(s): left shoulder, left forearm, left wrist, left hand, left finger(s), left hip, and left ankle as a result of CVA. This is a chronic condition.

Aggravating/Provocative Factors: Walking.

Relieving Factors: Pt requires tactile cuing and max A for sacral alignment during ambulation in order to decrease lumbar back pain..

Objective

Vitals

Heart Rate: 72

BP: 132 / 80

SPO2: 95%

Pt began today's session with seated LE exercises in his wheelchair after taking his vitals. The session was then completed with gait training.

Chair exercises:

B ankle pumps x20

B marching using alternating legs x10

B LAQ alternating legs x10

Gait training: Patient ambulated a total of 135 feet with 3 rest breaks. Max x3 (3SPT) during ambulation. One SPT was on non affected side, one SPT was blocking walker, and one SPT was assisting on affected side. Patient verbalized "right" and "left" with each step.

Musculoskeletal

Ankle / Foot

L ankle has solid AFO

Assessment

Assessment Statements:

Pt arrived to therapy today tired from therapy yesterday. Pt reported continued back pain with ambulation which limited gait training distance. Pt's wife reported that the pt walked 55 ft in about 2 minutes yesterday in community partners. The pt was able to walk 55 ft in less than 2 minutes today.

Patient ambulated 135 ft total, but we stopped early due to pt's back pain.

Round 1:

Ambulated 55 ft

HR: 110 bpm

SpO2: 92%

Pain (lumbar: 0/10)

Round 2:

Ambulated: 25 ft

HR: 93

SpO2: 93%.

Date of Service: [REDACTED]

Pain 0/10

Round 3:

Ambulated: 25ft
HR: 120
SpO2: 91%
Pain (lumbar 5/10)

Round 4:

Ambulated 25 ft
HR:116 bpm
SpO2: 93%
Pain (lumbar 5/10)

Prognosis:

Pt has fair prognosis.

Reasons for Prognosis:

Pt hx of stroke x2, PMhx, supportive wife, motivation,

Diagnoses Codes

1. G81.94 Hemiplegia, unspecified affecting left nondominant side

Plan

Continue ambulation and seated therapeutic exercises. Potentially other forms of aerobic exercise such as NuStep to help pt achieve goals of losing weight and maintaining strength in legs to help assist his caregiver with transfers.

Continue low back stretches and LE PROM as needed.

Also, starting the session off with the overall plan for the wife and pt should be made a priority. Options for assistance during the session may be given in order to maintain wife's participation as well as establishing a concrete plan for the treatment session.

Rehab Plan

Visit Frequency:

1 times per week for 9 week(s)

Exercises/Activities

Session Timing:

Total session time: 40 min

• 97110: 10 min - 1 unit

• 97530: 30 min - 2 units

Exercises Performed Today:

• Gait training: for 30 mins (97530)

• Therapeutic Exercise : for 10 mins (97110)

Short Term Goals

- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Mobility
- Increase Range of Motion
- Increase Stability
- Increase Strength

Long Term Goals

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

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Phone: 734-417-8963 Tax ID: 000012720

Date of Service: [REDACTED]

Procedures

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)

Signed: [REDACTED] ([REDACTED]) Thu [REDACTED] 29:28 EST [REDACTED]

Signed: [REDACTED] ([REDACTED]) Fri [REDACTED] 41:38 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Initial Exam

Date of Encounter: [REDACTED]

History of Present Illness

Pt reported not feeling stiff today and rated his pain 0/10 (0 being no pain, and 10 being the worst pain). He and his wife showed up to therapy today with platform walker - The wife explained that the forearm platform was fixed and ready to use for gait today.

Primary Complaint:

Left Shoulder, Forearm, Wrist, Hand, Finger(s), Hip, Ankle

Patient presents with losing balance, sense of unsteadiness, and weakness in the following location(s): left shoulder, left forearm, left wrist, left hand, left finger(s), left hip, and left ankle as a result of CVA. This is a chronic condition.

Physical Examination

Vitals

Heart Rate: 73
SPO2: 96%

Respiratory Rate: 20

BP: 160 / 100

Pt began today's session with seated LE exercises in his wheelchair after taking his vitals. The session was then completed with gait training.

Chair exercises:

Reciprocal toe taps on ball x20 (10 ea foot)
Marching using alternating legs x16 (8 ea side)
LAQ alternating legs x20 (10 ea side)

Sit to stand: patient requires verbal cueing for foot placement and R hand placement to push off from wheelchair. 2 SPTs assisted on either side.

Gait training: Patient ambulated a total of 58 feet with 2 rest breaks. Patient was max A x3 (one SPT on either side and wife steadyng walker in front). Another SPT trailed behind with wheelchair. Verbal cues to encourage standing upright. Patient can self-verbalize "right" and "left" as he steps.

Patient first walked 19.5 ft before taking a 2 minute break seated in wheelchair. Worked on deep breathing during rest breaks for better air flow and slowing of HR, and loosened gait belt to allow for deeper breaths.

Vitals following first bout of ambulation:

SpO2- 96%
HR- 100 bpm

2nd bout of ambulation: 20.5 ft, then another 2 min break.

Vitals:

SpO2-96%
HR-113 bpm
BP- 164/96 mmHg

3rd: 18.7 ft, followed by 5 min break.

Vitals:

HR- 135 bpm
SpO2- 94%

Musculoskeletal

Cervical

ROM

Date of Service: [REDACTED]

demonstrated head nod

Shoulder

ROM & Joint Play

ROM

Flexion (180°)

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

Extension (50°)

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

Internal rotation (90°)

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

External rotation (80°)

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

Abduction (180°)

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

Adduction (35°)

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

Horizontal abd. (30°)

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

Horizontal add. (130°)

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

Joint Play

AC joint

Left WNL	Right WNL
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Glenohumeral

Left WNL	Right WNL
----------	-----------

Scapula

Left WNL	Right WNL
----------	-----------

Scapulocostal

Left WNL	Right WNL
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SC joint

Left WNL	Right WNL
----------	-----------

UE screen R shoulder flexion WFL, Abduction to 90deg. LUE AROM no traceable movement in all directions, PROM WFL.
Fingers and wrist resting in flexor synergy with increased tone

Ankle / Foot

L ankle has solid AFO

Ear / Nose / Mouth / Oropharynx

on feeding tube

Assessment

Assessment Statements:

Date of Service: [REDACTED]

Pt responded fairly well to treatment; he ambulated 58.7 feet which was less than previous sessions. He continues to show decreased strength and endurance in his LEs as well as decreased aerobic capacity which ultimately limits the distance that he can walk at one time. Towards the end of each distance ambulated, the patient's L leg started shaking indicating muscle fatigue and his breathing would visibly and audibly increase.

Prognosis:

Pt has fair prognosis.

Reasons for Prognosis:

Pt hx of stroke x2, PMhx, supportive wife, motivation,

Diagnoses Codes

1. G81.94 Hemiplegia, unspecified affecting left nondominant side

Plan

Continue ambulation. Continue reciprocal ball stepping (working in a seated and hip flexed position and driving foot into exercise ball--slight back flexion might actually help with his back pain relief. Potentially other forms of aerobic exercise such as NuStep to help pt achieve goals of losing weight and maintaining strength in legs to help assist his caregiver with transfers. The NuStep would actually be quite similar to the reciprocal exercise ball stepping activity.

Continue low back stretches and LE PROM as needed.

Also, starting the session off with the overall plan for the wife and pt should be made a priority. Wife did step in to show SPTs what other PTs have done with pt for ambulation. This was fine; however, informing wife that if assistance is needed the SPTs will reach out should be a priority for future visits.

Also try adding belt behind pt's hips to assist with hip extension during gait training. Wife was hesitant with this idea in previous weeks, but it could be beneficial and less taxing to pt and SPTs

Rehab Plan

Visit Frequency:

1 times per week for 9 week(s)

Exercises/Activities

Session Timing:

Total session time: 53 min
• 97530: 15 min - 1 unit

Exercises Performed Today:

• Gait training: for 15 mins (97530)

Short Term Goals

- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Mobility
- Increase Range of Motion
- Increase Stability
- Increase Strength

Long Term Goals

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

Procedures

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)

Date of Service: [REDACTED]

Rehab Daily Note

Date of Service: [REDACTED]

Subjective

Patient presents with *Weakness* in the following location(s): *Left Arm, Left Leg, Lumbar Spine* reported as occurring o Chronic.

What makes the problem worse: *Walking*.

What makes the problem better: *Pt requires tactile cuing and max A for sacral alignment during ambulation in order to decrease lumbar back pain..*

Objective

Upper Extremity Shoulder

ROM & Joint Play (all values are WNL except listed below)

ROM

Abduction (180°)

Left Active WNL
Right Active WNL

Left Passive WNL
Right Passive WNL

Adduction (35°)

Left Active WNL
Right Active WNL

Left Passive WNL
Right Passive WNL

Extension (50°)

Left Active WNL
Right Active WNL

Left Passive WNL
Right Passive WNL

External rotation (80°)

Left Active WNL
Right Active WNL

Left Passive WNL
Right Passive WNL

Flexion (180°)

Left Active WNL
Right Active WNL

Left Passive WNL
Right Passive WNL

Horizontal abd. (30°)

Left Active WNL
Right Active WNL

Left Passive WNL
Right Passive WNL

Horizontal add. (130°)

Left Active WNL
Right Active WNL

Left Passive WNL
Right Passive WNL

Internal rotation (90°)

Left Active WNL
Right Active WNL

Left Passive WNL
Right Passive WNL

UE screen R shoulder flexion WFL, Abduction to 90deg. LUE AROM no traceable movement in all directions, PROM WFL. Fingers and wrist resting in flexor synergy with increased tone

Ankle / Foot

L ankle has solid AFO

Assessment

Pt arrived to therapy today with high spirits. Wife accompanied and informed SPTs of pts experience at community partners 1 day prior. Wife stated that pt ambulated ~200ft with SPTs and experienced increased fatigue that night. Following assessment of vitals and pt report, ther ex carreid out including ankle pumps, seated marching, LAQ. Prior t

Date of Service: [REDACTED]

ambulation, wife was given 2 options of assisting with tx (following with WC, leading with walker). Wife decided to follow with WC. During ambulation, one SPT was on nonaffected side, one SPT was blocking walker, one SPT was assisting affected side, and supervising PT was behind patient, assisting with sacral alignment and manual weight shift. SPT guarding on affected side required to maintain hip-to-hip contact block as well as monitoring of L UE on platform attachment. SPT blocking walker required to maintain alignment of walker in addition to stabilization of walker. Pt ambulated a total of 176ft with 2 seated rest breaks. Pt demonstrated increase shaking, primarily in L LE, as fatigue increased. Pt responds well to verbal encouragement. Pt's wife remains supportive but was more open to SPT's plan of care.

Round 1:

Ambulated 51 ft

HR: 134 bpm

SpO2: 93%

Pain (lumbar: 1/10)

Round 2:

Ambulated:

HR: 94

SpO2: 91%. improved to 94% with seated pursed lip breathing

Pain (lumbar: 1/10)

Round 3:

Ambulated: 66ft

HR: 137

SpO2: 96%

Pain (lumbar 10/10)

Plan

Short Term Goals

Increase General Fitness
Improve Gait

Increase Mobility
Increase Stability

Increase Range of Motion
Increase Strength

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[REDACTED]
Date of Service: [REDACTED]

Increase Activities of Daily Living

Long Term Goals

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

Provider's Signature

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Wife stated that pt ambulated ~200ft with SPTs and experienced increased fatigue last night. No reports of pain at this time.

Primary Complaint:

Left Shoulder, Forearm, Wrist, Hand, Finger(s), Hip, Ankle

Patient presents with losing balance, sense of unsteadiness, and weakness in the following location(s): left shoulder, left forearm, left wrist, left hand, left finger(s), left hip, and left ankle as a result of CVA. This is a chronic condition.

Aggravating/Provocative Factors: Walking.

Relieving Factors: Pt requires tactile cuing and max A for sacral alignment during ambulation in order to decrease lumbar back pain..

Objective

Vitals

Heart Rate: 66

BP: 158 / 96

SPO2: 94%

Pt began today's session with seated LE exercises in his wheelchair after taking his vitals. The session was then completed with gait training.

Chair exercises:

Ankle pumps x20

Marching using alternating legs x16 (8 ea side)

LAQ alternating legs x20 (10 ea side)

Sit to stand: patient requires verbal cueing for foot placement and R hand placement to push off from wheelchair. 2 SPTs assisted on either side.

Gait training: Patient ambulated a total of 176 feet with 3 rest breaks. Max x4 (3SPT + supervising PT) during ambulation. One SPT was on non affected side, one SPT was blocking walker, one SPT was assisting on affected side, and supervising PT was behind patient, assisting with sacral alignment and manual weight shift. Patient can self-verbalize "right" and "left" as he steps.

Musculoskeletal

Ankle / Foot

L ankle has solid AFO

Assessment

Assessment Statements:

Pt arrived to therapy today with high spirits. Wife accompanied and informed SPTs of pts experience at community partners 1 day prior. Wife stated that pt ambulated ~200ft with SPTs and experienced increased fatigue that night. Following assessment of vitals and pt report, ther ex carried out including ankle pumps, seated marching, LAQ. Prior to ambulation, wife was given 2 options of assisting with tx (following with WC, leading with walker). Wife decided to follow with WC. Max x4 (3SPT + supervising PT) during ambulation. One SPT was on non affected side, one SPT was blocking walker, one SPT was assisting on affected side, and supervising PT was behind patient, assisting with sacral alignment and manual weight shift. SPT guarding on affected side required to maintain hip-to-hip contact block as well as monitoring of L UE on platform attachment. SPT blocking walker required to maintain alignment of walker in addition to stabilization of walker. Pt ambulated a total of 176ft with 2 seated rest breaks. Pt demonstrated increase shaking, primarily in L LE, as fatigue increased. Pt responds well to verbal encouragement. Pt's wife remains supportive but was more open to SPT's plan of care.

Round 1:

Ambulated 51 ft

HR: 134 bpm

Date of Service: [REDACTED]

SpO₂: 93%
Pain (lumbar: 1/10)

Round 2:
Ambulated: 59 ft
HR: 94
SpO₂: 91%. improved to 94% with seated pursed lip breathing
Pain (lumbar: 1/10)
Followed by 5 minute rest break

Round 3:
Ambulated: 66ft
HR: 137
SpO₂: 96%
Pain (lumbar 10/10)

Prognosis:
Pt has fair prognosis.
Reasons for Prognosis:
Pt hx of stroke x2, PMhx, supportive wife, motivation,

Diagnoses Codes

1. G81.94 Hemiplegia, unspecified affecting left nondominant side

Plan

Continue ambulation and seated therapeutic exercises. Potentially other forms of aerobic exercise such as NuStep to help pt achieve goals of losing weight and maintaining strength in legs to help assist his caregiver with transfers.

Continue low back stretches and LE PROM as needed.

Also, starting the session off with the overall plan for the wife and pt should be made a priority. Options for assistance during the session may be given in order to maintain wife's participation as well as establishing a concrete plan for the treatment session.

Also try adding belt behind pt's hips to assist with hip extension during gait training. Wife was hesitant with this idea in previous weeks, but it could be beneficial and less taxing to pt and SPTs. Belt placement must be clear of pt's feeding tube.

Rehab Plan

Visit Frequency:
1 times per week for 9 week(s)

Exercises/Activities

Session Timing:
Total session time: 40 min
• 97110: 10 min - 1 unit
• 97530: 30 min - 2 units

Exercises Performed Today:
• Gait training: for 30 mins (97530)
• Therapeutic Exercise : for 10 mins (97110)

Short Term Goals

- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Mobility
- Increase Range of Motion
- Increase Stability
- Increase Strength

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Date of Service: [REDACTED]

Long Term Goals

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

Procedures

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)

Signed: [REDACTED] ([REDACTED] Wed [REDACTED] 04:12 EST [REDACTED]

Signed: [REDACTED]) Sun [REDACTED] 07:34 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Initial Exam

Date of Encounter: [REDACTED]

History of Present Illness

Pt reported not feeling stiff today and rated his pain 0/10 (0 being no pain, and 10 being the worst pain). He and his wife showed up to therapy today with platform walker - The wife explained that the forearm platform was fixed and ready to use for gait today.

Primary Complaint:

Left Shoulder, Forearm, Wrist, Hand, Finger(s), Hip, Ankle

Patient presents with losing balance, sense of unsteadiness, and weakness in the following location(s): left shoulder, left forearm, left wrist, left hand, left finger(s), left hip, and left ankle as a result of CVA. This is a chronic condition.

Physical Examination

Vitals

Heart Rate: 73
SPO2: 96%

Respiratory Rate: 20

BP: 160 / 100

Pt began today's session with seated LE exercises in his wheelchair after taking his vitals. The session was then completed with gait training.

Chair exercises:

Reciprocal toe taps on ball x20 (10 ea foot)
Marching using alternating legs x16 (8 ea side)
LAQ alternating legs x20 (10 ea side)

Sit to stand: patient requires verbal cueing for foot placement and R hand placement to push off from wheelchair. 2 SPTs assisted on either side.

Gait training: Patient ambulated a total of 58 feet with 2 rest breaks. Patient was max A x3 (one SPT on either side and wife steadyng walker in front). Another SPT trailed behind with wheelchair. Verbal cues to encourage standing upright. Patient can self-verbalize "right" and "left" as he steps.

Patient first walked 19.5 ft before taking a 2 minute break seated in wheelchair. Worked on deep breathing during rest breaks for better air flow and slowing of HR, and loosened gait belt to allow for deeper breaths.

Vitals following first bout of ambulation:

SpO2- 96%
HR- 100 bpm

2nd bout of ambulation: 20.5 ft, then another 2 min break.

Vitals:

SpO2-96%
HR-113 bpm
BP- 164/96 mmHg

3rd: 18.7 ft, followed by 5 min break.

Vitals:

HR- 135 bpm
SpO2- 94%

Musculoskeletal

Cervical

ROM

Date of Service: [REDACTED]

demonstrated head nod

Shoulder

ROM & Joint Play

ROM

Flexion (180°)

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

Extension (50°)

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

Internal rotation (90°)

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

External rotation (80°)

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

Abduction (180°)

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

Adduction (35°)

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

Horizontal abd. (30°)

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

Horizontal add. (130°)

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

Joint Play

AC joint

Left WNL	Right WNL
----------	-----------

Glenohumeral

Left WNL	Right WNL
----------	-----------

Scapula

Left WNL	Right WNL
----------	-----------

Scapulocostal

Left WNL	Right WNL
----------	-----------

SC joint

Left WNL	Right WNL
----------	-----------

UE screen R shoulder flexion WFL, Abduction to 90deg. LUE AROM no traceable movement in all directions, PROM WFL.

Fingers and wrist resting in flexor synergy with increased tone

Ankle / Foot

L ankle has solid AFO

Ear / Nose / Mouth / Oropharynx

on feeding tube

Assessment

Assessment Statements:

Date of Service: [REDACTED]

Pt responded fairly well to treatment; he ambulated 58.7 feet which was less than previous sessions. He continues to show decreased strength and endurance in his LEs as well as decreased aerobic capacity which ultimately limits the distance that he can walk at one time. Towards the end of each distance ambulated, the patient's L leg started shaking indicating muscle fatigue and his breathing would visibly and audibly increase.

Prognosis:

Pt has fair prognosis.

Reasons for Prognosis:

Pt hx of stroke x2, PMhx, supportive wife, motivation,

Diagnoses Codes

1. G81.94 Hemiplegia, unspecified affecting left nondominant side

Plan

Continue ambulation. Continue reciprocal ball stepping (working in a seated and hip flexed position and driving foot into exercise ball--slight back flexion might actually help with his back pain relief. Potentially other forms of aerobic exercise such as NuStep to help pt achieve goals of losing weight and maintaining strength in legs to help assist his caregiver with transfers. The NuStep would actually be quite similar to the reciprocal exercise ball stepping activity.

Continue low back stretches and LE PROM as needed.

Also, starting the session off with the overall plan for the wife and pt should be made a priority. Wife did step in to show SPTs what other PTs have done with pt for ambulation. This was fine; however, informing wife that if assistance is needed the SPTs will reach out should be a priority for future visits.

Also try adding belt behind pt's hips to assist with hip extension during gait training. Wife was hesitant with this idea in previous weeks, but it could be beneficial and less taxing to pt and SPTs

Rehab Plan

Visit Frequency:

1 times per week for 9 week(s)

Exercises/Activities

Session Timing:

Total session time: 53 min
• 97530: 15 min - 1 unit

Exercises Performed Today:

• Gait training: for 15 mins (97530)

Short Term Goals

- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Mobility
- Increase Range of Motion
- Increase Stability
- Increase Strength

Long Term Goals

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

Procedures

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)

Signed: [REDACTED] { [REDACTED] Fri [REDACTED] 20:32 EST [REDACTED]

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Date of Service: [REDACTED]

Signed: [REDACTED] Fri [REDACTED] 39:38 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reported he feels "pretty good so far" and rated his pain 0/10 (0 being no pain, and 10 being the worst pain). He also denied feeling stiff today. He and his wife showed up to therapy today without the walker - The wife explained that the forearm platform was loose, and she believed not beneficial to his gait training until it is fixed.

Primary Complaint:

Left Shoulder, Forearm, Wrist, Hand, Finger(s), Hip, Ankle

Patient presents with losing balance, sense of unsteadiness, and weakness in the following location(s): left shoulder, left forearm, left wrist, left hand, left finger(s), left hip, and left ankle as a result of CVA. This is a chronic condition.

Objective

Vitals

Heart Rate: 77
SPO2: 94%

Respiratory Rate: 22

BP: 140 / 82

Pt began todays session with seated LE exercises in his wheelchair after taking his vitals. The session was then completed with gait training.

Vitals:

HR- 77 bpm
RR- 22 bpm
BP (taken in R arm)- 140/82 mm Hg
SpO2- 94%

Chair exercises:

Reciprocal toe taps on ball x20 (10 ea foot)
Marching using alternating legs x16 (8 ea side)
LAQ alternating legs x20 (10 ea side)
Gas pedal on bosu (pf activation) x10 (5 ea side)

Vitals post chair exs:

HR-85 bpm
SpO2- 93%

Sit to stand: patient requires verbal cueing for foot placement and R hand placement to push off from wheelchair. 2 SPTs assisted on either side.

Gait training: Patient ambulated a total of 101 feet with 4 rest breaks. Patient was max A x3 (one SPT on either side and one holding gait belt in front). Another SPT trailed behind with wheelchair. Verbal cues to encourage standing upright. Patient can self-verbalize "right" and "left" as he steps.

Patient first walked 26.5 ft before taking a 5 minute break seated in wheelchair. Worked on deep breathing during rest breaks for better air flow and slowing of HR, and loosened gait belt to allow for deeper breaths.

Vitals following first bout of ambulation:

SpO2- 93%
HR- 125 bpm
BP- 162/96 mmHg

2nd bout of ambulation: 36.5 ft, then another 5 min break.

Date of Service: [REDACTED]

Vitals:
SpO2-92%
HR-135 bpm
BP- 154/98 mmHg
RPE- 13 on Borg 6-20 scale.
At end of 2nd rest:
HR- 106 bpm
SpO2- 97%

3rd: 17.5 ft, followed by 5 min break.

Vitals:
HR- 135 bpm
SpO2- 95%
RPE- 13 on Borg 6-20 scale
BP- 135/92 mmHg
After rest
HR- 99 bpm
SpO2- 97%

4th: 20.5 ft, ended session

Vitals:
SpO2- 94%
HR- 138 bpm
BP- 140/92 mmHg
After rest:
HR- 108 bpm
SpO2- 96%

Musculoskeletal

Ankle / Foot

L ankle has solid AFO

Assessment

Assessment Statements:

Pt responded fairly well to treatment; he ambulated 101 feet which was further than previous sessions. He continues to show decreased strength and endurance in his LEs as well as decreased aerobic capacity which ultimately limits the distance that he can walk at one time. Towards the end of each distance ambulated, the patient's L leg started shaking indicating muscle fatigue and his breathing would visibly and audibly increase.

When gait training technique was altered to have another SPT in front pulling on gait belt (using alternating hands to pull the patient forward, helping with momentum), the patient was able to take longer steps and gait speed was increased. Pt's wife seemed hesitant with this, stating "he is all crooked". On the other hand, while not completely centered, this method seemed to encourage a more natural gait pattern.

Prognosis:

Pt has fair prognosis.

Reasons for Prognosis:

Pt hx of stroke x2, PMhx, supportive wife, motivation,

Diagnoses Codes

1. G81.94 Hemiplegia, unspecified affecting left nondominant side

Plan

Date of Service: [REDACTED]

Continue ambulation. Continue reciprocal ball stepping (working in a seated and hip flexed position and driving foot into exercise ball--slight back flexion might actually help with his back pain relief, though pt did deny back pain today, 9/16). Potentially other forms of aerobic exercise such as NuStep to help pt achieve goals of losing weight and maintaining strength in legs to help assist his caregiver with transfers. The NuStep would actually be quite similar to the reciprocal exercise ball stepping activity.

Continue low back stretches and LE PROM as needed.

Also, starting the session off with the overall plan for the wife and pt should be made a priority. Wife did step in to show SPTs what other PTs have done with pt for ambulation. This was fine; however, informing wife that if assistance is needed the SPTs will reach out should be a priority for future visits.

Rehab Plan

Visit Frequency:

1 times per week for 9 week(s)

Exercises/Activities

Session Timing:

Total session time: 53 min
• 97530: 15 min - 1 unit

Exercises Performed Today:

- Gait training: for 15 mins (97530)

Short Term Goals

- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Mobility
- Increase Range of Motion
- Increase Stability
- Increase Strength

Long Term Goals

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

Procedures

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)

Signed: [REDACTED] ([REDACTED]) Thu [REDACTED] 57:23 EST [REDACTED]

Signed: [REDACTED] ([REDACTED]) Fri [REDACTED] 14:15 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reported that he feels good this week and is ready to go today. Pt did take ibuprofen before this session due to back pain that has been happening with sessions. Pt and wife denied any changes in medical condition, falls or medication since last visit. Wife reported that on Tuesday in PT he walked 4x 40/50 feet with breaks in between. Wife also showed SPTs the forearm piece that pt has on his walker. She explained that they would like to work on using this, but the forearm piece was loose.

Primary Complaint:

Left Shoulder, Forearm, Wrist, Hand, Finger(s), Hip, Ankle

Patient presents with losing balance, sense of unsteadiness, and weakness in the following location(s): left shoulder, left forearm, left wrist, left hand, left finger(s), left hip, and left ankle as a result of CVA. This is a chronic condition.

Objective

Vitals

Heart Rate: 68

Respiratory Rate: 14

BP: 142 / 102

SPO2: 98%

Pt began todays session with exercise ball reciprocal stepping in his w/c. SPTs had pt do 5x30 seconds of this exercise. Pt really enjoyed this and needed physical tapping/VC on his left quad to get him to continually kick/press on that side. Pt then did 2x20 LAQ in w/c where pt had to kick SPTs hand. Assistance was needed towards the end of reps on the L side in order for pt to get to target hand. While SPTs were examining pts walker/forearm piece, SPT took pt through PROM of L UE. Also, AAROM for shoulder flexion and abduction - 2x5 each.

Pt then performed gait training in the hallway with MaxA. SPT on each side assisted with weight shifting, one SPT behind with w/c. SPT on L side needed to hold pts hand onto walker. Both SPTs helped stabilize pts trunk and hips for upright posture.

Pt ambulated for a total of ~75 ft with 2 sitting rest breaks. His vitals at each break were as follows:

1 - BP: 166/90 mmHg; HR: 94 bpm

2- BP: 164/92 mmHg; HR: 96 bpm

Musculoskeletal

Ankle / Foot

L ankle has solid AFO

Assessment

Assessment Statements:

Pt responded well to treatment today and ambulated a total distance of 75 feet which was lesser than previous sessions. Verbal cueing of what foot he needs to step with helps promote more fluid gait. VC was also needed for upright posture and breathing. The pt's caregiver is still a good motivating force to get him to ambulate further distances. He still has deficits in aerobic capacity and ambulation tolerance but is making progress. Only mild pain was reported with ambulation today in low back. When asking pt if he can walk a few more steps he was motivated to do so and showed SPTs the number "3" as in 3 more steps. This was a good way to communicate with this pt. To note: this pts wife is highly involved with his care. She was helping SPTs by showing them how the PTs they work with usually walk with him. She ended up taking over on the left side during one ambulation session. This was visually helpful for SPTs; however, trying to start future sessions by informing wife that SPTs will reach out if help is needed should be made a priority.

Prognosis:

Pt has fair prognosis.

Reasons for Prognosis:

Pt hx of stroke x2, PMhx, supportive wife, motivation,

Diagnoses Codes

1. G81.94 Hemiplegia, unspecified affecting left nondominant side

Date of Service: [REDACTED]

Plan

Continue ambulation, reciprocal ball stepping and potentially other forms of aerobic exercise such as NuStep to help pt achieve goals of losing weight and maintaining strength in legs to help assist his caregiver with transfers. Continue low back stretches and LE PROM as needed.

Also, starting the session off with the overall plan for the wife and pt should be made a priority. Wife did step in to show SPTs what other PTs have done with pt for ambulation. This was fine; however, informing wife that if assistance is needed the SPTs will reach out should be a priority for future visits.

Rehab Plan

Visit Frequency:

1 times per week for 9 week(s)

Exercises/Activities

Session Timing:

Total session time: 53 min

- 97530: 15 min - 1 unit

Exercises Performed Today:

- Gait training: for 15 mins (97530)

Short Term Goals

- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Mobility
- Increase Range of Motion
- Increase Stability
- Increase Strength

Long Term Goals

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

Procedures

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)

Signed: [REDACTED] ([REDACTED] Tue [REDACTED] 32:48 EST [REDACTED]

Signed: [REDACTED] Fri [REDACTED] 15:45 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reported that his week went well. Wife denied any changes in medical condition, falls, or medication changes in the past week. She reported that the small sore on his 5th digit has completely healed and he is wearing different shoes that are wider to prevent any other ulcers from developing. Wife reported that on Tuesday in PT he walked 4x 32 feet.

Primary Complaint:

Left Shoulder, Forearm, Wrist, Hand, Finger(s), Hip, Ankle

Patient presents with losing balance, muscle spasms, sense of unsteadiness, and weakness in the following location(s): left shoulder, left forearm, left wrist, left hand, left finger(s), left hip, and left ankle as a result of CVA. This is a chronic condition.

Objective

Vitals

Heart Rate: 72

Respiratory Rate: 12

BP: 135 / 80

SPO2: 90%

Pt performed gait training in the hallway with MaxA. SPT on each side assisted with weight shifting, one SPT in front controlling the rolling walker and L hand placement and another following behind with his wheelchair.

Pt ambulated for a total of 200 ft with 4 sitting rest breaks. His vitals at each break were as follows:

1 - SpO2: 97%; HR: 109 bpm

2- SpO2: 94%; HR: 125 bpm

3- SpO2: 93%; HR: 145 bpm

4- SpO2: 95%; HR: 141 bpm

Musculoskeletal

Ankle / Foot

L ankle has solid AFO

Assessment

Assessment Statements:

Pt responded well to treatment today and ambulated a total distance of 200 feet which was farther than previous sessions. Verbal cueing of what foot he needs to step with helps promote more fluid gait. VC was also needed for proper posture and breathing. The pt's caregiver is still a good motivating force to get him to ambulate further distances. He still has deficits in aerobic capacity and ambulation tolerance but is making progress. The pt has pain in his lower back, BIL knees, and L hand during gait but the pain goes away right away once he sits down.

Prognosis:

Pt has fair prognosis.

Reasons for Prognosis:

Pt hx of stroke x2, PMhx, supportive wife, motivation,

Diagnoses Codes

1. G81.94 Hemiplegia, unspecified affecting left nondominant side

Plan

Continue ambulation and potentially other forms of aerobic exercise such as NuStep to help pt achieve goals of losing weight and maintaining strength in legs to help assist his caregiver with transfers. Continue low back stretches and LE PROM as needed.

Rehab Plan

Visit Frequency:

1 times per week for 9 week(s)

Date of Service: [REDACTED]

Exercises/Activities

Session Timing:

- Total session time: 53 min
- 97530: 15 min - 1 unit

Exercises Performed Today:

- Gait training: for 15 mins (97530)

Short Term Goals

- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Mobility
- Increase Range of Motion
- Increase Stability
- Increase Strength

Long Term Goals

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

Procedures

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)

Signed: [REDACTED]) Fri [REDACTED] 19:45 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 07:35 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 05:36 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 03:30 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt is a 68 y/o M evaluated for PT on [REDACTED] for chronic L hemiplegia and aphasia secondary to CVA x2. Pt communicates using "thumbs up or thumbs down" and by pointing, and pt's wife is an RN who helps discuss subjective information. Pt reported of no pain and no falls in the previous week. Pt's wife reports he has gained 80 lbs since his diagnosis of a CVA and thinks he needs to be refitted for a new wheelchair and L AFO.

Primary Complaint:

Left Shoulder, Forearm, Wrist, Hand, Finger(s), Hip, Ankle

Patient presents with losing balance, muscle spasms, sense of unsteadiness, and weakness in the following location(s): left shoulder, left forearm, left wrist, left hand, left finger(s), left hip, and left ankle as a result of CVA. This is a chronic condition.

Objective

Vitals

Heart Rate: 70
SPO2: 93

Respiratory Rate: 22

BP: 138 / 88

Musculoskeletal

Ankle / Foot

L ankle has solid AFO

Additional:

1) Gait training : pt ambulated 64 feet, 2x. Max assist with verbal cueing to step and lean on stance leg and L UE support with a rolling walking. Pt was motivated and wanted to walk more. Took 2 seated rest breaks. 1st break after 40 ft HR = 123 bpm SpO2 93%. 2nd break 20 ft HR = 140 bpm, SpO2 93%.

L feet were inspected to check on the foot sore from previous visit. Sore was covered with a corn cushion pad. Monitoring needed for any pain for progression of the wound.

Pt will not be at HEART next visit.

Assessment

Assessment Statements:

Pt was inspected for his L foot sore from previous visit. Pt's wife reported of no changes since last visit, was covered with a corn cushion pad. Pt tolerated gait training well, improved from 30 ft to 64 ft. Verbal cueing required to take a step and stand up tall. Pt attempted to perform gait without rolling walker with 2 person max assist, tolerated the activity well.

Prognosis:

Pt has fair prognosis

Reasons for Prognosis:

Pt hx of stroke x2, PMhx, supportive wife, motivation,

Diagnoses Codes

1. G81.94 Hemiplegia, unspecified affecting left nondominant side

Plan

Pt to continue pro-bono services to improve functional mobility. Follow-up with pt's wife regarding sore on pt's L foot and monitor. Incorporate standing balance activities to improve balance during gait. Begin incorporating music for pt to listen to while exercising. Pt likes rock & roll, such as the Eagles.

Rehab Plan

Visit Frequency:

1 times per week for 9 week(s)

Date of Service: [REDACTED]

Exercises/Activities

Session Timing:

- Total session time: 53 min
- 97530: 15 min - 1 unit

Exercises Performed Today:

- Gait training: for 15 mins (97530)

Short Term Goals

- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Mobility
- Increase Range of Motion
- Increase Stability
- Increase Strength

Long Term Goals

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

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt is a 68 y/o M evaluated for PT on [REDACTED] for chronic L hemiplegia and aphasia secondary to CVA x2. Pt communicates using "thumbs up or thumbs down" and by pointing, and pt's wife is an RN who helps discuss subjective information. Pt reported of no pain and no falls in the previous week. Pt's wife reports he has gained 80 lbs since his diagnosis of a CVA and thinks he needs to be refitted for a new wheelchair and L AFO.

Primary Complaint:

Left Shoulder, Forearm, Wrist, Hand, Finger(s), Hip, Ankle

Patient presents with losing balance, muscle spasms, sense of unsteadiness, and weakness in the following location(s): left shoulder, left forearm, left wrist, left hand, left finger(s), left hip, and left ankle as a result of CVA. This is a chronic condition.

Objective

Vitals

Heart Rate: 70
SPO2: 93

Respiratory Rate: 22

BP: 138 / 88

Musculoskeletal

Ankle / Foot

L ankle has solid AFO

Additional:

1) Gait training : pt ambulated 64 feet, 2x. Max assist with verbal cueing to step and lean on stance leg and L UE support with a rolling walking. Pt was motivated and wanted to walk more. Took 2 seated rest breaks. 1st break after 40 ft HR = 123 bpm SpO2 93%. 2nd break 20 ft HR = 140 bpm, SpO2 93%.

L feet were inspected to check on the foot sore from previous visit. Sore was covered with a corn cushion pad. Monitoring needed for any pain for progression of the wound.

Pt will not be at HEART next visit.

Assessment

Assessment Statements:

Pt was inspected for his L foot sore from previous visit. Pt's wife reported of no changes since last visit, was covered with a corn cushion pad. Pt tolerated gait training well, improved from 30 ft to 64 ft. Verbal cueing required to take a step and stand up tall. Pt attempted to perform gait without rolling walker with 2 person max assist, tolerated the activity well.

Prognosis:

Pt has fair prognosis

Reasons for Prognosis:

Pt hx of stroke x2, PMhx, supportive wife, motivation,

Diagnoses Codes

1. G81.94 Hemiplegia, unspecified affecting left nondominant side

Plan

Pt to continue pro-bono services to improve functional mobility. Follow-up with pt's wife regarding sore on pt's L foot and monitor. Incorporate standing balance activities to improve balance during gait. Begin incorporating music for pt to listen to while exercising. Pt likes rock & roll, such as the Eagles.

Rehab Plan

Visit Frequency:

1 times per week for 9 week(s)

Date of Service: [REDACTED]

Exercises/Activities

Session Timing:

- Total session time: 53 min
- 97530: 15 min - 1 unit

Exercises Performed Today:

- Gait training: for 15 mins (97530)

Short Term Goals

- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Mobility
- Increase Range of Motion
- Increase Stability
- Increase Strength

Long Term Goals

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

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt returned from Florida. Wife stated that she was doing HEP with him where she did PROM and stretching of UE and LE. She stated the pressure sore on the palmar aspect of L foot was healed. Pt and wife attend PT on Tuesday's, wife states she helps with treatment sessions and they also work mainly on gait and stretching for the back. Also, his wife stated he stands with his HEP for two minutes a day, but did not today due to coming to HEART. After treatment, pt stated he felt better.

Primary Complaint:

Left Shoulder, Forearm, Wrist, Hand, Finger(s), Hip, Ankle

Patient presents with losing balance, muscle spasms, sense of unsteadiness, and weakness in the following location(s): left shoulder, left forearm, left wrist, left hand, left finger(s), left hip, and left ankle as a result of CVA. This is a chronic condition.

Objective

Vitals

Heart Rate: 70

BP: 140 / 80

SPO2: 91%

Pt was pleasant and ready to begin therapy. Pt performed gait training in the hallway with MaxA. SPT on each side assisted with weight shifting, one SPT in front controlling the walker and another following behind with his wheelchair.

Treatment:

Pt walked 24ft to begin with maximum assist, pt stated his back hurt while walking but was ok to continue. Second trial was 6ft due to back pain. After resting, pt walked 30ft. Pt's resting vitals: BP 140/80 mmHg, O2 91%, HR 70bpm. Following walking trial 1: 95% SPo2, 117 bpm HR, RPE 15. Walking trial 2: 94% SPo2, 71 bpm HR, RPE 15. Walking trial 3: 96% SPo2, 116 HR, RPE 15. Walking trial 4: 96% SPo2. Following 3rd walking trial, pt placed in supine w/ 1 pillow under head, full bolster under knees, and half bolster under lumbar spine to work on extension of lumbar spine.

Pt was placed supine with small half bolster under lower back and full small bolster under knees and received manual stretching into scapular retraction to expand chest length stretching his pectoralis muscles. DKTC with a ball under the pts legs was attempted twice to stretch lower back and then did LTR with ball, but pt did not seem to tolerate LTR. Pt performed these exercises with a small half bolster under lower back, next time we could try removing the half bolster during DKTC if pt wants.

Pt continued walking with maximum assist with walking for about 15ft.

Musculoskeletal

Ankle / Foot

L ankle has solid AFO

Additional:

1) Gait training : pt ambulated 64 feet, 2x. Max assist with verbal cueing to step and lean on stance leg and L UE support with a rolling walking. Pt was motivated and wanted to walk more. Took 2 seated rest breaks. 1st break after 40 ft HR = 123 bpm SpO2 93%. 2nd break 20 ft HR = 140 bpm, SpO2 93%.

L feet were inspected to check on the foot sore from previous visit. Sore was covered with a corn cushion pad. Monitoring needed for any pain for progression of the wound.

Pt will not be at HEART next visit.

Assessment

Assessment Statements:

Pt responded well to treatment today. Pt requires 2 person maxA and platform walker for ambulation and is only able to ambulate short distances before complaints of low back pain or SOB require sitting breaks. He also requires assistance with weight shifting to both sides to promote fluency of steps. Verbal cueing of what foot he needs to step with also helps promote more fluent gait,

Date of Service: [REDACTED]

especially when he verbalizes what foot to step with himself. VC was also needed for proper posture and breathing. After 3rd walking trial the pt and caregiver requested to have low back stretched out due to him experiencing low back pain. He responded well to stretching and gestured that it made him feel good. The pt's caregiver is still a good motivating force to get him to ambulate further distances. He still has deficits in aerobic capacity and ambulation tolerance but is making progress.

Prognosis:

Pt has fair prognosis

Reasons for Prognosis:

Pt hx of stroke x2, PMhx, supportive wife, motivation,

Diagnoses Codes

1. G81.94 Hemiplegia, unspecified affecting left nondominant side

Plan

Continue ambulation and potentially other forms of aerobic exercise such as NuStep to help pt achieve goals of losing weight and maintaining strength in legs to help assist his caregiver with transfers. Continue low back stretches and LE PROM as needed.

Rehab Plan

Visit Frequency:

1 times per week for 9 week(s)

Exercises/Activities

Session Timing:

Total session time: 53 min
• 97530: 15 min - 1 unit

Exercises Performed Today:

• Gait training: for 15 mins (97530)

Short Term Goals

- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Mobility
- Increase Range of Motion
- Increase Stability
- Increase Strength

Long Term Goals

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

Signed: [REDACTED]) Fri [REDACTED] 22:25 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 02:32 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt is a 68 y/o M evaluated for PT on [REDACTED] for chronic L hemiplegia and aphasia secondary to CVA x2. Pt communicates using "thumbs up or thumbs down" and by pointing, and pt's wife is an RN who helps discuss subjective information. Pt reported of no pain and no falls in the previous week. Pt's wife reports he has gained 80 lbs since his diagnosis of a CVA and thinks he needs to be refitted for a new wheelchair and L AFO.

Primary Complaint:

Left Shoulder, Forearm, Wrist, Hand, Finger(s), Hip, Ankle

Patient presents with muscle spasms, weakness, losing balance, and sense of unsteadiness in the following location(s): left shoulder, left forearm, left wrist, left hand, left finger(s), left hip, and left ankle as a result of CVA. This is a chronic condition.

Objective

Vitals

Heart Rate: 70
SPO2: 93

Respiratory Rate: 22

BP: 138 / 88

Musculoskeletal

Ankle / Foot

L ankle has solid AFO

Additional:

1) Gait training : pt ambulated 64 feet, 2x. Max assist with verbal cueing to step and lean on stance leg and L UE support with a rolling walking. Pt was motivated and wanted to walk more. Took 2 seated rest breaks. 1st break after 40 ft HR = 123 bpm SpO2 93%. 2nd break 20 ft HR = 140 bpm, SpO2 93%.

L feet were inspected to check on the foot sore from previous visit. Sore was covered with a corn cushion pad. Monitoring needed for any pain for progression of the wound.

Pt will not be at HEART next visit.

Assessment

Assessment Statements:

Pt was inspected for his L foot sore from previous visit. Pt's wife reported of no changes since last visit, was covered with a corn cushion pad. Pt tolerated gait training well, improved from 30 ft to 64 ft. Verbal cueing required to take a step and stand up tall. Pt attempted to perform gait without rolling walker with 2 person max assist, tolerated the activity well.

Prognosis:

Pt has fair prognosis

Reasons for Prognosis:

Pt hx of stroke x2, PMhx, supportive wife, motivation,

Diagnoses Codes

1. G81.94 Hemiplegia, unspecified affecting left nondominant side

Plan

Pt to continue pro-bono services to improve functional mobility. Follow-up with pt's wife regarding sore on pt's L foot and monitor. Incorporate standing balance activities to improve balance during gait. Begin incorporating music for pt to listen to while exercising. Pt likes rock & roll, such as the Eagles.

Rehab Plan

Visit Frequency:

1 times per week for 9 week(s)

Date of Service: [REDACTED]

Exercises/Activities

Session Timing:

- Total session time: 53 min
- 97530: 15 min - 1 unit

Exercises Performed Today:

- Gait training: for 15 mins (97530)

Short Term Goals

- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Mobility
- Increase Range of Motion
- Increase Stability
- Increase Strength

Long Term Goals

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

Signed: [REDACTED]) Fri [REDACTED] 46:48 EST [REDACTED]

Date of Service: [REDACTED]

Rehab Exam

History of Present Illness

Patient presents with *Muscle spasms, Weakness* in the following location(s): reported as occurring on Chronic.

Physical Examination

Additional

1) Gait training : pt ambulated 64 feet, 2x. Max assist with verbal cueing to step and lean on stance leg and L UE support with a rolling walking. Pt was motivated and wanted to walk more. Took 2 seated rest breaks. 1st break after 40 ft HR = 123 bpm SpO₂ 93%. 2nd break 20 ft HR = 140 bpm, SpO₂ 93%. L feet were inspected to check on the foot sore from previous visit. Sore was covered with a corn cushion pad. Monitoring needed for any pain for progression of the wound. Pt will not be at HEART next visit.

Objective Tests

Upper Extremity Shoulder

ROM & Joint Play (all values are WNL except listed below)

ROM

Abduction (180°)

Left Active WNL	Left Passive WNL
Right Active WNL	Right Passive WNL

Adduction (35°)

Left Active WNL	Left Passive WNL
Right Active WNL	Right Passive WNL

Extension (50°)

Left Active WNL	Left Passive WNL
Right Active WNL	Right Passive WNL

External rotation (80°)

Left Active WNL	Left Passive WNL
Right Active WNL	Right Passive WNL

Flexion (180°)

Left Active WNL	Left Passive WNL
Right Active WNL	Right Passive WNL

Horizontal abd. (30°)

Left Active WNL	Left Passive WNL
Right Active WNL	Right Passive WNL

Horizontal add. (130°)

Left Active WNL	Left Passive WNL
Right Active WNL	Right Passive WNL

Internal rotation (90°)

Left Active WNL	Left Passive WNL
Right Active WNL	Right Passive WNL

UE screen R shoulder flexion WFL, Abduction to 90deg. LUE AROM no traceable movement in all directions, PROM WFL. Fingers and wrist resting in flexor synergy with increased tone

Ankle / Foot

L ankle has solid AFO

Date of Service: [REDACTED]

Plan

Short Term Goals

Increase General Fitness
Improve Gait
Increase Activities of Daily Living

Increase Mobility
Increase Stability

Increase Range of Motion
Increase Strength

Long Term Goals

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

Provider's Signature

Signed: [REDACTED] Wed [REDACTED] 05:22 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt is a 68 y/o M evaluated for PT on [REDACTED] for chronic L hemiplegia and aphasia secondary to CVA x2. Pt communicates using "thumbs up or thumbs down" and by pointing, and pt's wife is an RN who helps discuss subjective information. Pt's wife reports that he has no new medical issues/conditions and that he took some ibuprofen to prepare for walking. Pt's wife reports he has gained 80 lbs since his diagnosis of a CVA and thinks he needs to be refitted for a new wheelchair and L AFO.

Primary Complaint:

Left Shoulder, Forearm, Wrist, Hand, Finger(s), Hip, Ankle

Patient presents with muscle spasms, weakness, losing balance, and sense of unsteadiness in the following location(s): left shoulder, left forearm, left wrist, left hand, left finger(s), left hip, and left ankle as a result of CVA. This is a chronic condition.

Objective

Vitals

Heart Rate: 74

BP: 136 / 88

SPO2: 95

Musculoskeletal

Ankle / Foot

L ankle has solid AFO

Additional:

- 1) Gait training: pt ambulated 30 feet, 2x. Max assist with verbal cueing to step and lean on stance leg and UE support with a rolling walking. Pt reported foot pain during walking.
- 2) NuStep: pt cycled on the NuStep for 10 minutes. Pt required mod assistance to transfer from his WC to NuStep and back again. HR at 5 mins = 110 bpm. HR at 10 mins = 105 bpm.

R and L feet were inspected for source of foot pain that occurred during walking. A dark sore was found on the lateral aspect of the DIP of his 5th ray of his L foot. The sore was solid, dry, and w/o exudate.

Capillary refill of pt's toes on the L foot were assessed. Blood flow returned to blanched tissues in 3 seconds.

Circumferential measurement of both ankles was found to be within 1 cm of each other.

Assessment

Assessment Statements:

Pt did not tolerate exercise well today due to foot pain that was revealed to be caused by a sore on his 5th ray. Pt's wife reported she had not seen that wound until today and plans to take care of it herself at home. Walking was ceased after two 30 feet bouts of walking due to excess foot pain. Pt used the NuStep during the last 10 minutes of therapy to ensure pt was challenged aerobically.

Prognosis:

Pt has fair prognosis

Reasons for Prognosis:

Pt hx of stroke x2, PMhx, supportive wife, motivation,

Diagnoses Codes

1. G81.94 Hemiplegia, unspecified affecting left nondominant side

Plan

Pt to continue pro-bono services to improve functional mobility. Follow-up with pt's wife regarding sore on pt's L foot. Begin incorporating music for pt to listen to while exercising. Pt likes rock & roll, such as the Eagles.

Rehab Plan

Date of Service: [REDACTED]

Visit Frequency:

1 times per week for 9 week(s)

Exercises/Activities

Session Timing:

Total session time: 53 min

Short Term Goals

- Improve Gait
- Increase Activities of Daily Living
- Increase General Fitness
- Increase Mobility
- Increase Range of Motion
- Increase Stability
- Increase Strength

Long Term Goals

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

Signed: [REDACTED]) Fri [REDACTED] 00:45 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 38:57 EST [REDACTED]

UNIVERSITY OF MICHIGAN - FLINT
4119 SAGINAW ST.
FLINT, MI 48505-3995
Phone: 734-417-8963 Tax ID: 000012720

Date of Service: [REDACTED]

Blank Note

Date of Service: [REDACTED]

Physical Therapy Re-Exam

Date of Encounter: [REDACTED]

History of Present Illness

Pt is a 68 y/o M evaluated for PT on [REDACTED] for chronic L hemiplegia and aphasia secondary to CVA x2. Pt's functional complaints at IE consisted of difficulties with gait secondary to diminished strength, postural stability, and aerobic capacity. PT consisted of gait training to improve ambulatory distance and dynamic stability.

Assessment

Assessment Statements:

Pt discontinued pro-bono PT services due to relocating to Florida with his wife for the winter. Pt attended a total of 3 PT sessions between [REDACTED] and [REDACTED] demonstrating improvements in gait distance. Progress towards goals was not formally assessed due to pt leaving Michigan.

Diagnoses Codes

1. G81.94 Hemiplegia, unspecified affecting left nondominant side

Plan

Pt's wife states they anticipate returning to Michigan from Florida in early June, and expressed interest in resuming pro bono PT services at this time.

Date of Service: [REDACTED]

Physical Therapy Re-Exam

Date of Encounter: [REDACTED]

History of Present Illness

Pt is a 68 y/o M evaluated for PT on [REDACTED] for chronic L hemiplegia and aphasia secondary to CVA x2. Pt's functional complaints at IE consisted of difficulties with gait secondary to diminished strength, postural stability, and aerobic capacity. PT consisted of gait training to improve ambulatory distance and dynamic stability.

Primary Complaint:

Left Shoulder, Forearm, Wrist, Hand, Finger(s), Hip, Ankle

Patient presents with muscle spasms, weakness, losing balance and sense of unsteadiness in the following location(s): left shoulder , left forearm , left wrist , left hand , left finger(s) , left hip and left ankle as a result of CVA. This is a chronic condition.

Physical Examination

Vitals

Heart Rate: 81

BP: 128 / 86

Musculoskeletal

Cervical

ROM

demonstrated head nod

Shoulder

ROM & Joint Play

ROM

Flexion (180°)

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

Extension (50°)

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

Internal rotation (90°)

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

External rotation (80°)

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

Abduction (180°)

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

Adduction (35°)

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

Horizontal abd. (30°)

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

Horizontal add. (130°)

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

Date of Service: [REDACTED]

Joint Play

AC joint

Left WNL

Right WNL

Glenohumeral

Left WNL

Right WNL

Scapula

Left WNL

Right WNL

Scapulocostal

Left WNL

Right WNL

SC joint

Left WNL

Right WNL

UE screen R shoulder flexion WFL, Abduction to 90deg. LUE AROM no traceable movement in all directions, PROM WFL. Fingers and wrist resting in flexor synergy with increased tone

Ankle / Foot

L ankle has solid AFO

Ear / Nose / Mouth / Oropharynx

on feeding tube

Assessment

Assessment Statements:

Pt discontinued pro-bono PT services due to relocating to Florida with his wife for the winter. Pt attended a total of 3 PT sessions between [REDACTED] and [REDACTED] demonstrating improvements in gait distance. Progress towards goals was not formally assessed due to pt leaving Michigan.

Pt reinitiated pro-bono services since returning from Florida. Pt demonstrated decreased function since last skilled therapy episode. Pt's wife expressed desire to improve his functional mobility, prioritizing gait and standing balance. During gait, Pt required max assist x2 for balance w/ rolling walker and armrest for L UE. Pt needed assistance with guiding walker form therapists. Pt RUE AROM WFL, no tracible movement with LUE AROM. Pt required standby assist in standing balance with LUE support on armrest w/ forward trunk flexion and increased WB on RLE. Pt gait speed was 0.109m/s in 10MWT, and pt ambulated 8.5m in 6MWT. Skilled therapy is required to address deficits of functional mobility listed above.

Prognosis:

Pt has fair prognosis

Reasons for Prognosis:

Pt hx of stroke x2, PMhx, supportive wife, motivation,

Diagnoses Codes

1. G81.94 Hemiplegia, unspecified affecting left nondominant side

Plan

Pt to continue pro-bono services to improve functional mobility

Rehab Plan

Visit Frequency:

1 times per week for 90 week(s)

Gait Training

Gait Training (97116)

15 minutes total

Exercises/Activities

Session Timing:

- 97530: 15 min - 1 unit

Exercises Performed Today:

- Gait training: for 15 mins (97530)

Date of Service: [REDACTED]

Short Term Goals

Improve Gait
Increase Mobility
Increase Strength

Increase Activities of Daily Living
Increase Range of Motion

Increase General Fitness
Increase Stability

Long Term Goals

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

Signed: [REDACTED]) Fri [REDACTED] 33:14 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 17:31 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 13:23 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Final Exam

Date of Encounter: [REDACTED]

History of Present Illness

Pt is a 68 y/o M evaluated for PT on [REDACTED] for chronic L hemiplegia and aphasia secondary to CVA x2. Pt's functional complaints at IE consisted of difficulties with gait secondary to diminished strength, postural stability, and aerobic capacity. PT consisted of gait training to improve ambulatory distance and dynamic stability.

Assessment

Assessment Statements:

Pt discontinued pro-bono PT services due to relocating to Florida with his wife for the winter. Pt attended a total of 3 PT sessions between [REDACTED] and [REDACTED] demonstrating improvements in gait distance. Progress towards goals was not formally assessed due to pt leaving Michigan.

Diagnoses Codes

1. G81.94 Hemiplegia, unspecified affecting left nondominant side

Plan

Pt's wife states they anticipate returning to Michigan from Florida in early June, and expressed interest in resuming pro bono PT services at this time.

Signed: [REDACTED]) Sun [REDACTED] 15:11 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt responded with thumbs up when asked how he was feeling. Pt's wife (and caregiver) states pt was attending Level 11 (OP Neuro PT) 1 x week, but they are leaving for Florida 11/19 and will be there until June. Pt's wife reports their son will be driving them down, and pt's physician wrote a new prescription for PT, so she will be reaching out to a clinic when in Florida to continue his rehabilitation. Caregiver reports patient has gain quite a bit of weight since his stroke and states that it is adding to the challenge of his functioning. She also reports the pt responded positively to treatment last week, and that she gave the pt ibuprofen prior to today's session.

Primary Complaint:

Left Arm, Hip, Thigh, Knee, Lower leg

Patient presents with weakness in the following location(s): left arm, left hip, left thigh, left knee, and left lower leg as a result of CVA x2. This is a chronic condition.

Objective

Vitals

Heart Rate: 74

BP: 126 / 78

SPO2: 97

All vitals taken on R UE seated in WC.

Abdomen / Gastrointestinal

PEG tube

Psychiatric

Use of anti-depressants

Additional:

Hypertension, high cholesterol, both tx w medication

Assessment

Diagnostic Statements:

Force production deficit

Prognosis:

Pt demonstrates fair prognosis for reduced assistance required for ambulation and functional mobility.

Reasons for Prognosis:

(+) pt motivation, family support; (-) chronicity of condition, current functional capacity

Complicating Factors:

Pt ambulated 100ft with max A (3 person assist) with B hand-held assist and contact guard for assistance with primarily deficits in lateral stability and stance and secondary deficits in propulsion and swing. Pt required frequent verbal and tactile cueing to maintain upright posture and to straighten stance knee to prevent buckling. Pt also required verbal and tactile cueing to achieve swing-through pattern and appropriate foot placement as he began to fatigue.

Pt educated on diaphragmatic breathing and incorporation of trunk expansion on inhalation during rest breaks; pt required 5 seated rest breaks throughout ambulation session:

1: SpO2 94%, HR 136, 1 min - pt reported L knee pain during first bout of ambulation

2: SpO2 94%, HR 147, 4 min - pt denied knee pain after second bout

3: SpO2 91%, HR 140, 2 min

4: SpO2 92%, HR 140, 3 min - pt reported LBP after fourth bout

5: SpO2 93%, HR 148, 4 min

Multidirectional stepping:

Pt performed 4-square step pattern x2 on level ground with max A (3 person assist) with B hand-held assist and contact guard for lateral stability and stance. Pt required verbal and tactile cueing for step direction and foot placement. Post stepping SpO2 93%, HR 145.

Diagnoses Codes

Date of Service: [REDACTED]

Plan

- Continue gait training w/ focus on increasing distance walked before taking rest breaks and incorporation of multidirectional stepping.
- Continue to monitor vitals

Gait Training

Gait Training (97116)

Total Time: 40 min

Unit(s): 3

100ft (max A w/ seated breaks) Time: 40 min(s)

Signed: [REDACTED]) Fri [REDACTED] 09:10 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt responded with thumbs up when asked how he was feeling. Caregiver states pt did not see usual therapist during his session at Level 11 (OP Neuro PT) this week and received manual stretching and no gait training. Caregiver reports patient responded positively to treatment last week.

Primary Complaint:

Left Arm, Hip, Thigh, Knee, Lower leg

Patient presents with weakness in the following location(s): left arm, left hip, left thigh, left knee, and left lower leg as a result of CVA x2. This is a chronic condition.

Objective

Vitals

Heart Rate: 74

BP: 130 / 90

SPO2: 96

All vitals taken on R UE in seated position.

Abdomen / Gastrointestinal

PEG tube

Psychiatric

Use of anti-depressants

Additional:

Hypertension, high cholesterol, both tx w medication

Assessment

Diagnostic Statements:

Force production deficit

Complicating Factors: Pt reported increased LBP w/ STS, standing, and gait training; reported 3/10 using fingers. Pain dec during seated rest. R knee pain inc at end of session, described as dull ache. Pt req VC to keep chest tall and to weight shift to the L. Pt required manual B weight shifting assist to R>L during gait when tired. Pt demonstrated improved symmetry of step length with cueing and demonstrated good toe clearance in swing. Manual assistance provided to maintain L knee extension for stability during stance when pt tired. Throughout treatment session, pt maintained flexion of L IPs 2° to increased tone in hemiparetic L UE.

Diagnoses Codes

Plan

- Continue gait training w/ focus on increasing distance walked before taking rest breaks
- Continue to monitor RPE

Manual Therapy Techniques

Manual Therapy (97140)

Total Time: 8 min

Unit(s): 1

Cervical

Upper Traps

Time: 8 min(s)

Gait Training

Gait Training (97116)

Total Time: 35 min

Unit(s): 2

55ft (max A w/ seated breaks) Time: 35 min(s)

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Date of Service: [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 43:58 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 58:34 EST [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt caregiver reports pt has been going to Level 11 and community partners to receive therapy a total of 2x/week. She reports pt has gained a little weight over the past few months. She reports pt has began using L UE Dyna-splint to help with contractures.

Objective

Vitals

Heart Rate: 80

Respiratory Rate: 20

BP: 130 / 90

All vitals taken on R UE in seated position.

Additional:

- Pt ambulated a total of 121 ft with max A w/ 3PA; pt took a total of 4 rest breaks ambulating 30-41 ft each bout
- L UE lymphatic massage
- Upper trap massage

Assessment

Complicating Factors: Pt tolerated walking exercises well today w/ increased levels of endurance and w/ increased levels of LE strength during STS. Pt needed frequent VC to keep chest tall and to weight shift to the L. Pt required manual B weight shifting assist during gait when tired. Pt demonstrated improved symmetry of step length with cueing and demonstrated good toe clearance in swing. Pt's posture and force production improved with caregiver in front for UE support during 4th/5 gait training efforts. Pt's caregiver stated pt recently saw dietitian to address dietary and weight concerns; states pt's LBP has worsened with 10lb weight gain within the past 6mo. Pt's LBP increased to 2/10 after 15min of gait training but improved with rest. Throughout treatment session, pt maintained flexion of L IPs 2° to increased tone in hemiparetic L UE.

Diagnoses Codes

Plan

- Continue gait training w/ focus on increasing distance walked before taking rest breaks
- Continue to monitor RPE

Signed: [REDACTED]) Fri [REDACTED] 45:15 EST [REDACTED]

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[REDACTED]
Date of Service: [REDACTED]

Date of Encounter: [REDACTED]