

Phone: [REDACTED] Fax ID: [REDACTED]

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

## Rehab Daily Note

Date of Service: [REDACTED]

### Subjective

Patient presents with *Weakness* in the following location(s): reported as occurring on  
Patient's complaint is and *0* out of 10, where 0 is not severe at all, and 10 is extremely severe.

### Objective

#### Lower Extremity Knee

*Therapeutic Exercises - Leg Press - STS Manual - B DF Stretch Neuro Re-education - Gait Training*

### Plan

#### Short Term Goals

Increase Mobility

Improve Gait

Increase Strength

Provider's Signature

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

## Physical Therapy Daily Note

Date of Encounter: [REDACTED]

### Subjective

Pt stated his last visit went well and he is feeling "okay" today. He reported pain as 0/10. Reports walking just around the house for ADLs. Pt uses a RW a lil bit for ADLs in the home. Using the W/C mostly in the community. Pt takes Blood pressure medication, "heart pill" and "diuretic," but forgot medication list at home. SPT advised pt to bring list of medication, wife and pt remembered to bring it too late as they were leaving the bus. Reports seeing physician two weeks ago, blood pressure was normal, and there was no recent change in medication. Death in the family [REDACTED]. Pt reported that they were going did not go "down south" to attend the funeral, but went to [REDACTED] to take a few day vacation. Went to the Dr. Wednesday and physician said that blood pressure was good. Feels a little more relaxed this week.

#### History of Current Complaint:

Pt feels overall weak and has not felt the same since his infection that occurred 5 years ago after receiving a cortisone shot in his R knee.

### Primary Complaint:

#### Bilateral Lower leg

Patient presents with weakness, losing balance, and sense of unsteadiness in the following location(s): lower leg bilaterally as a result of unspecified reason.

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

### Objective

#### Vitals

Height: 6'3"

Respiratory Rate: 14

Weight: 220LBS

BP: 175 / 90

Heart Rate: 66

SPO2: 97

#### Musculoskeletal

##### Knee

Therapeutic Exercises

- Leg Press
- STS

Manual

- B DF Stretch

Neuro Re-education

- Gait Training

#### Additional:

Due to stage II hypertension, we ceased physical therapy. Pt was educated on medication adherence, and advised to contact physician immediately. SPT received verbal confirmation that they were seeing the physician today, and they would bring their list of medications next PT session.

### Assessment

#### Diagnoses Codes

1. M62.81 Muscle weakness (generalized)

### Plan

Ensure that patient sees physician and reports recent hypertension. When hypertension is medically managed and in control then:

Phone: [REDACTED] x ID: [REDACTED]

DOB: [REDACTED]

Date of Service: [REDACTED]

Continue LE strengthening and gait training to improve independence in functional mobility and endurance. Incorporate activities to address B plantarflexor contracture and reinforce stretching at home. Recommend use of Pyramid leg press machine to facilitate strength for STS.

### **Short Term Goals**

- Improve Gait
- Increase Mobility
- Increase Strength

Phone: [REDACTED] Tax ID: [REDACTED]

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

## Physical Therapy Daily Note

Date of Encounter: [REDACTED]

### Subjective

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Weight: 220LBS

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BP: 175 / 90

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### Short Term Goals

Improve Gait

Increase Mobility

Increase Strength

Signed: [REDACTED] Mon [REDACTED] 09:32 EST [REDACTED]

Signed: [REDACTED] ) Fri [REDACTED] 36:20 EST [REDACTED]

Phone: [REDACTED] Fax ID: [REDACTED]

DOB: [REDACTED]

Date of Service: [REDACTED]

Signed: [REDACTED] ) Fri [REDACTED] 03:12 EST [REDACTED]

Phone: [REDACTED] Fax ID: [REDACTED]

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

## Physical Therapy Daily Note

Date of Encounter: [REDACTED]

### Subjective

Pt stated his last visit went well and he is feeling "fair" today. He reported pain as 0/10. Reports walking just around the house for ADLs. Pt uses a RW for ADLs in the home. Pt takes Blood pressure medication, "heart pill" and "diuretic." SPT advised pt to bring list of medication. Reports seeing physician two weeks ago, blood pressure was normal, and there was no recent change in medication. Death in the family (older sister). Pt reported that they were going on a trip "down south" to attend the funeral.

#### History of Current Complaint:

Pt feels overall weak and has not felt the same since his infection that occurred 5 years ago after receiving a cortisone shot in his R knee.

### Primary Complaint:

#### Bilateral Lower leg

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

### Objective

#### Vitals

Height: 6'3"

Respiratory Rate: 16

Weight: 220LBS

BP: 165 / 90

Heart Rate: 68

SPO2: 99

#### Additional:

Due to stage II hypertension, we ceased physical therapy. Pt was educated on medication adherence, and advised to contact physician immediately.

Breathing exercises "box breathing": 3x2' (breathe in 4 seconds, hold, exhale 4 seconds, hold)

### Assessment

#### Diagnoses Codes

- M62.81 Muscle weakness (generalized)

### Plan

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Continue LE strengthening and gait training to improve independence in functional mobility and endurance. Incorporate activities to address B plantarflexor contracture and reinforce stretching at home. Recommend use of Pyramid leg press machine to facilitate strength for STS.

### Short Term Goals

Improve Gait

Increase Mobility

Increase Strength

Signed: ANNA KULJIAN (akuljian) Wed [REDACTED] 59:15 EST [REDACTED]

Phone: [REDACTED] Fax ID: [REDACTED]

DOB: [REDACTED]

Date of Service: [REDACTED]

## Physical Therapy Daily Note

Date of Encounter: [REDACTED]

### Subjective

Pt stated his last visit went well and he is feeling "fair" today. He reported pain as 0/10. Reports walking just around the house for ADLs. Pt uses a RW for ADLs in the home. Pt takes Blood pressure medication, "heart pill" and "diuretic." SPT advised pt to bring list of medication. Reports seeing physician two weeks ago, blood pressure was normal, and there was no recent change in medication. Death in the family (older sister). Pt reported that they were going on a trip "down south" to attend the funeral.

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### Primary Complaint:

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### Short Term Goals

Improve Gait

Increase Mobility

Increase Strength

Signed: AMY YORKE (amyork) Mon [REDACTED] 09:19 EST [REDACTED]

Signed: SEAN HURLBURT (shurlbur) Fri [REDACTED] 29:39 EST [REDACTED]

Phone: [REDACTED]

DOB: [REDACTED]

Date of Service: [REDACTED]

## Physical Therapy Daily Note

Date of Encounter: [REDACTED]

### Subjective

Pt stated his last visit went well and he is feeling "fair" today. He reported pain as 0/10. Reports walking just around the house for ADLs. Pt uses a RW for ADLs in the home. Pt takes Blood pressure medication, "heart pill" and "diuretic." SPT advised pt to bring list of medication. Reports seeing physician two weeks ago, blood pressure was normal, and there was no recent change in medication. Death in the family (older sister). Pt reported that they were going on a trip "down south" to attend the funeral.

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#### Vitals

Height: 6'3"

Respiratory Rate: 16

Weight: 220LBS

BP: 165 / 90

Heart Rate: 68

SPO2: 99

#### Additional:

Due to stage II hypertension, we ceased physical therapy. Pt was educated on medication adherence, and advised to contact physician immediately.

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### Plan

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Continue LE strengthening and gait training to improve independence in functional mobility and endurance. Incorporate activities to address B plantarflexor contracture and reinforce stretching at home. Recommend use of Pyramid leg press machine to facilitate strength for STS.

### Short Term Goals

Improve Gait

Increase Mobility

Increase Strength

Signed: [REDACTED] ) Wed [REDACTED] 10:33 EST [REDACTED]

Phone: [REDACTED] D: [REDACTED]

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

## Physical Therapy Daily Note

Date of Encounter: [REDACTED]

### Subjective

Pt stated his last visit went well and he is feeling "good" today. He reported pain as 0/10.

#### History of Current Complaint:

Pt feels overall weak and has not felt the same since his infection that occurred 5 years ago after receiving a cortisone shot in his R knee.

### Primary Complaint:

#### Bilateral Lower leg

Patient presents with weakness, losing balance and sense of unsteadiness in the following location(s): lower leg bilaterally as a result of unspecified reason.

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

### Objective

#### Vitals

Height: 6'3'  
BP: 140 / 100

Weight: 220LBS  
SPO2: 99

Heart Rate: 62

#### Additional:

Seated marches: 2x10

LAQ: 2x10

Seated TB hamstring curls: 1x10 with RTB

Seated TB rows: 2x10 with RTB

STS: 5x with max assist x2 and walker

Gait: Pt walked 20ft with min-mod x2 with RW. Patient walks slowly with forward flexed trunk with slight lateral lean and weight shift onto right side. Lack of heel strike secondary to B plantarflexor contracture with narrow step width.

Education/HEP: calf stretch with belt, B hip abd with RTB, B shoulder ER with RTB, B LAQ, B seated marches

### Assessment

#### Assessment Statements:

Pt presented to PT with elevated BP, reporting taking BP medication just before the session. He was able to demonstrate upright sitting posture with VC and TC, but reverted to forward flexed posture with seated exercises. He was able to perform STS with max A x2 for knee extension and hip extension, and demonstrated difficulty achieving upright posture and maintaining postural control in standing secondary to B plantarflexor contractures. He was able to ambulate a total of 40 ft with RW, with min-mod A x2 for postural stability (RPE increased from [REDACTED] to 10).

### Diagnoses Codes

- M62.81 Muscle weakness (generalized)

### Plan

Continue LE strengthening and gait training to improve independence in functional mobility and endurance. Incorporate activities to address B plantarflexor contracture and reinforce stretching at home. Recommend use of Pyramid leg press machine to facilitate strength for STS.

### Short Term Goals

Improve Gait

Increase Mobility

Increase Strength

Phone: [REDACTED]

ID: [REDACTED]

DOB: [REDACTED]

Date of Service: [REDACTED]

Signed: [REDACTED] ) Fri [REDACTED] 14:40 EST [REDACTED]

Phone: [REDACTED] ID: [REDACTED]

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

## Physical Therapy Initial Exam

Date of Encounter: [REDACTED]

### Intake summary

Pt would like to "walk more"  
Pt would also like to increase the strength in BIL LE.

### History of Present Illness

History of Current Complaint:

Pt feels overall weak and has not felt the same since his infection that occurred 5 years ago after receiving a cortisone shot in his R knee.

### Previous Treatment

Facility Name: PT Heart and another PT clinic (unspecified)

### Primary Complaint:

**Bilateral Lower leg**

Patient presents with weakness, losing balance and sense of unsteadiness in the following location(s): lower leg bilaterally as a result of unspecified reason.

### Medical History

Patient medications and dosages:

On medications not yet known - comes in a cup

Patient's history of automobile accidents/trauma:

At least 5 years ago;

Has a pacemaker

Shortness of breath - says he was on medication that made his breathing worse

### Surgical History

Surgery 1: Cortisone Shot in R Knee

Type: Elective

Hospitalization: Outpatient

Reason: Car accident, about 5 yr ago, unable to specify specific date of the infection resulting from the cortisone shot

### Social History

Patient's Marital Status: Married

Patient's Occupation/Job Title: Not working

Patient states they were a former smoker 2-3 packss per day.

Patient states that they regularly exercise 7 day(s) a week doing the following exercises: LAQs,

### Review of Systems

#### Constitutional Symptoms

Current: Chills, Weakness

Negative: Fever, Poor appetite, Weight loss / gain

#### Eyes

Current: Glasses

Past: Change in vision

#### Ear / Nose / Throat / Mouth

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

DOB: [REDACTED]

Date of Service: [REDACTED]

**Cardiovascular**

Negative: Chest pain, Heart murmur, High blood pressure, Irregular heartbeat, Swelling of legs, Use of oxygen, Varicose veins

**Physical Examination****Vitals**

Height: 6'3"

Respiratory Rate: 16

Weight: 220LBS

BP: 136 / 85

Heart Rate: 63

SPO2: 96

**Musculoskeletal****Posture**

The following postural deviations were observed:

- Head/cervical flexion +RxH
- Thoracic/lumbar flexion +RxT
- Pelvis/sacrum flexion +RxP

**Shoulder****ROM & Joint Play****ROM****Flexion (180°)**

Left	Active Restricted
Strength: 5/5	
Right	Active Restricted
Strength: 5/5	

**Internal rotation (90°)**

Left	Active WNL
Right	Active WNL

**External rotation (80°)**

Left	Active Restricted
Right	Active Restricted

**Abduction (180°)**

Left	Active Restricted
Right	Active Restricted

**Elbow****ROM & Joint Play****ROM****Flexion (150°)**

Left	Active WNL	Passive WNL
Strength: 5/5		
Right	Active WNL	Passive WNL
Strength: 5/5		

**Extension (0°)**

Left	Active WNL	Passive WNL
Strength: 5/5		
Right	Active WNL	Passive WNL
Strength: 5/5		

**Pronation (90°)**

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

DOB: [REDACTED]

Date of Service: [REDACTED]

Strength: 5/5

**Supination (90°)**

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

**Joint Play****Proximal radioulnar**

Left WNL	Right WNL
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**Radiohumeral**

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

**Ulnohumeral**

Left WNL	Right WNL
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**Hand / Wrist****ROM & Joint Play****Wrist****Flexion (80°)**

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

**Extension (70°)**

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

**Radial deviation (20°)**

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

**Ulnar deviation (30°)**

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

**MP joint****Flexion (90°)**

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

**Extension (40°)**

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

**Abduction (20°)**

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

**Adduction (20°)**

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

**PIP****Flexion (70°)**

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

**Extension (0°)**

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

DOB: [REDACTED]  
Date of Service: [REDACTED]**DIP****Flexion (80°)**

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

**Extension (20°)**

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

**Thumb****IP flexion (90°)**

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

**IP extension (20°)**

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

**MP flexion (60°)**

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

**MP extension (20°)**

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

**Joint Play****Distal radioulnar**

Left WNL	Right WNL
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**Individual carpal**

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

**Hip / Thigh / Leg****ROM & Joint Play****ROM****Flexion (120°) bent knee**

Left	Strength: 4/5
Right	Strength: 4/5

**Flexion (80°–90°) SLR**

Left	Strength: 4/5
Right	Strength: 4/5

**Knee****ROM & Joint Play****ROM****Flexion (150°)**

Left	Strength: 5/5
Right	Strength: 5/5

Phone: [REDACTED] Tax ID: [REDACTED]

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

#### **Extension (0°)**

Left  
Strength: 5/5  
Right  
Strength: 5/5

#### **Ankle / Foot**

##### **ROM & Joint Play**

###### **ROM**

#### **Dorsiflexion (20°)**

Left	Active WNL	Passive WNL
Strength: 5/5		
Right	Active WNL	Passive WNL
Strength: 5/5		

#### **Plantarflexion (40°)**

Left	Active WNL	Passive WNL
Strength: 4/5		
Right	Active WNL	Passive WNL
Strength: 4/5		

#### **Assessment**

##### **Assessment Statements:**

Patient present to physical therapy at PT heart with complaints of BIL LE weakness and decreased endurance.

##### **Prognosis:**

Prognosis is fair to good in progressing their overall walking endurance and increasing strength as they are motivated to increase functional mobility and poses no other known comorbidities that would hinder progression.

##### **Complicating Factors: 6 min walk test:**

- initial RPE 5 and end 8; 22
  - terminated at 2:10.15;
  - ambulated 23 meters
- 5 times sit-to-stand: 0  
BERG - 2/56

Gait: patient walks slowly with forward flexed trunk with slight lateral lean and weight shift onto right side. Lack of heel strike with minimal step width.

#### **Diagnoses Codes**

1. M62.81 Muscle weakness (generalized)

#### **Plan**

##### **Evaluation**

97162 - Physical therapy evaluation - moderate complexity

##### **Rehab Plan**

###### **Visit Frequency:**

1 times per week for 8 week(s)

**Visits Ordered:** 8 visits

**Re-Evaluation to be performed in:** 4 weeks

##### **Short Term Goals**

Improve Gait

Increase Mobility

Increase Strength

Phone: [REDACTED] Fax ID: [REDACTED]

DOB: [REDACTED]

Date of Service: [REDACTED]

Signed: [REDACTED] ) Tue [REDACTED] 40:56 EST [REDACTED]

Signed: [REDACTED] ) Fri [REDACTED] 04:28 EST [REDACTED]

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

## Physical Therapy Initial Exam

Date of Encounter: [REDACTED]

### Intake summary

Pt would like to "walk more"  
Pt would also like to increase the strength in BIL LE.

### History of Present Illness

#### History of Current Complaint:

Pt feels overall weak and has not felt the same since his infection that occurred 5 years ago after receiving a cortisone shot in his R knee.

### Previous Treatment

Facility Name: PT Heart and another PT clinic (unspecified)

### Primary Complaint:

#### Bilateral Lower leg

Patient presents with weakness, losing balance, and sense of unsteadiness in the following location(s): lower leg bilaterally as a result of unspecified reason.

## Physical Examination

### Vitals

Height: 6'3'  
Respiratory Rate: 16

Weight: 220LBS  
BP: 136 / 85

Heart Rate: 63  
SPO2: 96

### Musculoskeletal

#### Posture

The following postural deviations were observed:

- Head/cervical flexion +RxH
- Thoracic/lumbar flexion +RxT
- Pelvis/sacrum flexion +RxP

#### Shoulder

##### ROM & Joint Play

###### ROM

###### Flexion (180°)

Left	Active Restricted
	Strength: 5/5
Right	Active Restricted
	Strength: 5/5

###### Internal rotation (90°)

Left	Active WNL
Right	Active WNL

###### External rotation (80°)

Left	Active Restricted
Right	Active Restricted

###### Abduction (180°)

Left	Active Restricted
Right	Active Restricted

DOB: [REDACTED]  
Date of Service: [REDACTED]**Elbow****ROM & Joint Play****ROM****Flexion (150°)**

Left	Active WNL Strength: 5/5	Passive WNL
Right	Active WNL Strength: 5/5	Passive WNL

**Extension (0°)**

Left	Active WNL Strength: 5/5	Passive WNL
Right	Active WNL Strength: 5/5	Passive WNL

**Pronation (90°)**

Left	Active WNL Strength: 5/5	Passive WNL
Right	Active WNL Strength: 5/5	Passive WNL

**Supination (90°)**

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

**Joint Play****Proximal radioulnar**

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

**Radiohumeral**

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

**Ulnohumeral**

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

**Hand / Wrist****ROM & Joint Play****Wrist****Flexion (80°)**

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

**Extension (70°)**

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

**Radial deviation (20°)**

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

**Ulnar deviation (30°)**

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

**MP joint****Flexion (90°)**

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

DOB: [REDACTED]  
Date of Service: [REDACTED]**Extension (40°)**

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

**Abduction (20°)**

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

**Adduction (20°)**

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

**PIP****Flexion (70°)**

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

**Extension (0°)**

Left	Active WNL	Passive WNL
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**DIP****Flexion (80°)**

Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

**Extension (20°)**

Left	Active WNL	Passive WNL
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**Thumb****IP flexion (90°)**

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Left	Active WNL	Passive WNL
Right	Active WNL	Passive WNL

**Joint Play****Distal radioulnar**

Left WNL	Right WNL
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**Individual carpals**

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

**Hip / Thigh / Leg****ROM & Joint Play****ROM****Flexion (120°) bent knee**

Left
------

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

Strength: 4/5

Right

Strength: 4/5

**Flexion (80°–90°) SLR**

Left

Strength: 4/5

Right

Strength: 4/5

**Knee**

**ROM & Joint Play**

**ROM**

**Flexion (150°)**

Left

Strength: 5/5

Right

Strength: 5/5

**Extension (0°)**

Left

Strength: 5/5

Right

Strength: 5/5

**Ankle / Foot**

**ROM & Joint Play**

**ROM**

**Dorsiflexion (20°)**

Left Active WNL

Passive WNL

Strength: 5/5

Right Active WNL

Passive WNL

Strength: 5/5

**Plantarflexion (40°)**

Left Active WNL

Passive WNL

Strength: 4/5

Right Active WNL

Passive WNL

Strength: 4/5

**Assessment**

**Assessment Statements:**

Patient present to physical therapy at PT heart with complaints of BIL LE weakness and decreased endurance.

**Prognosis:**

Prognosis is fair to good in progressing their overall walking endurance and increasing strength as they are motivated to increase functional mobility and poses no other known comorbidities that would hinder progression.

**Complicating Factors:** 6 min walk test:

- initial RPE 5, end 8; 22
  - terminated at 2:10.15;
  - ambulated 23 meters
- 5 times sit-to-stand: 0  
BERG - 2/56

Gait: patient walks slowly with forward flexed trunk with slight lateral lean and weight shift onto right side. Lack of heel strike with

Phone: [REDACTED] fax ID: [REDACTED]

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

minimal step width.

### **Diagnoses Codes**

1. M62.81 Muscle weakness (generalized)

### **Plan**

#### **Rehab Plan**

##### **Visit Frequency:**

1 times per week for 8 week(s)

**Visits Ordered:** 8 visits

**Re-Evaluation to be performed in:** 4 weeks

#### **Short Term Goals**

Improve Gait

Increase Mobility

Increase Strength