

Phone: [REDACTED] Fax ID: [REDACTED]

BURTON, MI 48509

DOB: [REDACTED]

Date of Service: [REDACTED]

## Physical Therapy Daily Note

Date of Encounter: [REDACTED]

### Subjective

#### History of Current Complaint:

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

#### Primary Complaint:

Patient presents with losing balance.

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

### Objective

#### Vitals

Heart Rate: 72

Respiratory Rate: 14

BP: 130 / 90

SPO2: N/A

#### Additional:

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

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

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

PWR! Moves

### Assessment

#### Diagnostic Statements:

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

#### Assessment Statements:

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

PT educated pt and caregiver on importance of taking medication.

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

#### Prognosis:

Poor

#### Reasons for Prognosis:

2<sup>o</sup> progressive nature of Parkinson's Disease, decreased arousal and communication difficulty due to microphonia.

### Diagnoses Codes

### Plan

#### Rehab Plan

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### Treatment Plan

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

Strongly encourage caregivers to bring list of medications.

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

### Gait Training

Gait Training (97116)

Total Time: 30 min

Unit(s): 2

2 units of Gait training

Time: 15 min(s)

Time: 15 min(s)

### Exercises/Activities

#### Session Timing:

- 97110: 8 min - 1 unit

#### Exercises Performed Today:

- PWR! Moves : for 8 mins (97110)

### Short Term Goals

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

### Long Term Goals

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

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

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

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