

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reports reports that everything is going well with no falls in the previous. Pt reports pain at 0/10 on the VAS. Pt reports he took his medication and ate before coming to therapy.

History of Current Complaint:

No current complaints.

Primary Complaint:

Patient presents with no complaint.

- 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.

Timing:

Pain scale at it's best is 0 out of 10.

Objective

Vitals

Heart Rate: 61

Respiratory Rate: 20

BP: 130 / 100

SPO2: 99

taken seated on L UE

Additional:

Treatment Provided Today:

1.Balance Training-

Airex pad with theraband held with both hands mimicking a bow throwing movement. pt was asked to hold it for 30 sec and let go of the theraband once the time is off. Pt tolerated the exercise well and it was done for both sides. Pt enjoyed the exercise.

2.Mini lunges on step with emphasis on leaning forward to encourage the pt to take long steps. Pt was verbally cued to improve his weight shifting.

3. Cognitive balance training with the app called "clock yourself": pt was requested to step towards the mentioned color with emphasis on large big steps. Pt showed less step length on the left side and more verbal cues were required for the left side. Going backwards was the most challenging for him.

4. Gait Training-

2 laps performed in the hall with moderate assistance on the UE to increase gait speed. Pt ambulated without quad cane. Cue to clear feet and focus on big steps.

Assessment

Diagnostic Statements:

Cognitive deficit

Assessment Statements:

Pt tolerated treatment well for balance and gait. Needed verbal cueing to take big steps and keep up. Pt gait was slow and required moderate assistance to ambulate faster without his AD.

Continue to work on balance to improve confidence with dynamic balance and encourage the pt confidence with single leg stance.

Diagnoses Codes

1. M62.81 Muscle weakness (generalized)

Plan

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Rehab Plan

Visit Frequency:

1 times per week for 4 month(s)

Visits Ordered: 16

Re-Evaluation to be performed in: 4 weeks

Treatment Plan

Continue to work on increasing gait speed and encourage arm swing. Try to work on dual tasking as well as LE strengthening and balance. Use the RPE scale during treatment since the pt is on a beta blocker.

Exercises/Activities

Session Timing:

Total session time: 45 min

Short Term Goals

- Sit to stand independently w/o UE support to improve 5TSTS score by 10 second (baseline not provided by evaluating clinician)
Stand independently within 4 weeks and complete 8 steps in 20 seconds to improve BBS (Not tested)
Stand unsupported one foot in front of the other for 15 seconds to improve BBS (Met)

Long Term Goals

- Within 8 weeks patient will be able to stand on one leg for 5 sec requiring only CGA allowing increased independence to get into the shower independently. (Not met)
Pt will be able to walk independently 300 feet w/o AD to improve gait within the community. (Met)
Pt will be able to complete 8 steps independently in 20 seconds to improve stair function. (Not tested)

Procedures

97116 THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)

97530 THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES

2 units gait training, 1 unit ther act

Signed: [REDACTED] Mon [REDACTED] 51:17 EST [REDACTED]

Signed: [REDACTED] Fri [REDACTED] 52:59 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reports he did "good" after last treatment, wife added he was "a little tired".

Objective

Vitals

Heart Rate: 62

SPO2: 99

taken seated on L UE

Respiratory Rate: 22

BP: 124 / 84

Additional:

Treatment Provided Today:

1. Balance Training-

Airex pad without hands verbal cue to look up with SBA EO, CG EC

1 min EO, 1 min EC

Airex Marching using one hand on rail for balance and CG 25x each leg

Firm Ground marching no handrail with CG 15x each leg

Toe Taps to top of airex no handrail with CG 20x each leg

(RPE 14 SpO2 99 HR 62)

2. Stair Training-Get as many repetitions in as possible

Half flight of stairs R handrail (descending) reciprocal gait verbal cue for arm in front down and up 1x

3. Gait Training-

492 ft no AD with Metronome at 100 bpm with verbal cueing for big steps and CG (RPE 14) with 3 sitting breaks

Assessment

Diagnostic Statements:

Cognitive deficit

Assessment Statements:

Pt tolerated treatment well for balance and gait. Needed verbal cueing to take big steps and keep up with the metronome.

Diagnoses Codes

1. M62.81 Muscle weakness (generalized)

Plan

Rehab Plan

Visit Frequency:

1 times per week for 4 month(s)

Visits Ordered: 16

Re-Evaluation to be performed in: 4 weeks

Treatment Plan

Continue to work on increasing gait speed and encourage arm swing. Try to work on dual tasking as well as LE strengthening and balance. Use the RPE scale during treatment since the pt is on a beta blocker.

Exercises/Activities

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Session Timing:

Total session time: 45 min

Short Term Goals

- Sit to stand independently w/o UE support to improve 5TSTS score by 10 second (baseline not provided by evaluating clinician)
Stand independently within 4 weeks and complete 8 steps in 20 seconds to improve BBS (Not tested)
Stand unsupported one foot in front of the other for 15 seconds to improve BBS (Met)

Long Term Goals

- Within 8 weeks patient will be able to stand on one leg for 5 sec requiring only CGA allowing increased independence to get into the shower independently. (Not met)
Pt will be able to walk independently 300 feet w/o AD to improve gait within the community. (Met)
Pt will be able to complete 8 steps independently in 20 seconds to improve stair function. (Not tested)

Procedures

97116 THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)

97530 THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES

2 units gait training, 1 unit ther act

Signed: [REDACTED] Mon [REDACTED] 50:27 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 14:43 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 23:27 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Patient reports he is feeling well today and has no pain. Reports no changes in medical status or medications since last visit. Denies any falls since last visit. His goals for today are to do combination of gait training, balance, and stairs.

Objective

Vitals

Heart Rate: 55

SPO2: 100

taken seated on L UE

Respiratory Rate: 22

BP: 143 / 83

Additional:

Treatment Provided Today:

Gait Training: Pt ambulated 400 feet x 2 laps with CGA. Pt ambulated with standard cane on R. Decreased swing/step length on R. Slight decreased time on L LE during ambulation. Pt ambulated with increased BOS and required external cues to increase gait speed.

Vitals after first lap: SpO2: 100% HR:62 bpm.

Vitals after second lap: SpO2: 100% HR:60 bpm.

Balance Training:

- pt standing with colored dots, SLS on R, toe tapping different colors with L foot. x 5min

- Foam pad in // bars- 1x30sec feet together EO with no UE support, 1x30sec feet together EC no UE support, 1x30sec marching double hand UE support, 1x30sec each leg SLS EO with 1 UE hand support.

Vitals after balance: HR 65bpm, SPO2 100%

During rest break in // bars pt completed 1x12 reps of heel raises and toes raises. Required B UE support.

Obstacle Course

- 6 lengths through obstacle course with 3 hurdles, 1 foam pad, 1 orange colored rock, 3in step, and 6in step. 3x going over step forward, 3x going over step sideways. 3x5 B sets of toe taps on step. 3x dual tasking with addition counting by 5's, counting by 10's and adding. Pt noted difficulty with side stepping over steps. Pt required a 30sec standing rest breaks very 2 lengths. Pt CGA throughout obstacle course.

Vital signs post obstacle course: HR: 66 SPO2 100%

Assessment

Diagnostic Statements:

Cognitive deficit

Assessment Statements:

Patient responded well to treatment. Pt required frequent cueing during tasks to complete activities. Pt ambulated slowly, but was able to increase speed with VC.

Diagnoses Codes

1. M62.81 Muscle weakness (generalized)

Plan

Continue to focus treatment on gait and balance. Continue with stair training and obstacle course training. Add in extra practice with side stepping and use external cues such as pacing to increase gait speed. Work on dual tasking when possible.

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Pt on beta blocker- use RPE scale

Rehab Plan

Visit Frequency:

1 times per week for 4 month(s)

Visits Ordered: 16

Re-Evaluation to be performed in: 4 weeks

Treatment Plan

Exercises/Activities

Session Timing:

Total session time: 45 min

Short Term Goals

- Sit to stand independently w/o UE support to improve 5TSTS score by 10 second (baseline not provided by evaluating clinician)
Stand independently within 4 weeks and complete 8 steps in 20 seconds to improve BBS (Not tested)
Stand unsupported one foot in front of the other for 15 seconds to improve BBS (Met)

Long Term Goals

- Within 8 weeks patient will be able to stand on one leg for 5 sec requiring only CGA allowing increased independence to get into the shower independently. (Not met)
Pt will be able to walk independently 300 feet w/o AD to improve gait within the community. (Met)
Pt will be able to complete 8 steps independently in 20 seconds to improve stair function. (Not tested)

Procedures

97116 THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)

97530 THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES

2 units gait training, 1 unit ther act

Signed: [REDACTED] Fri [REDACTED] 18:52 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 59:27 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 45:53 EST [REDACTED]

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

Signed: [REDACTED]) Fri [REDACTED] 37:51 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Patient reports he is feeling well today and has no pain. Reports no changes in medical status or medications since last visit. Denies any falls since last visit. His goals for today are to continue LE strengthening. Pt's wife reports that they have been doing seated LE exercises at home.

Objective

Vitals

Heart Rate: 65
taken seated on L UE

BP: 144 / 79

SPO2: 99

Additional:

5XSTS:
25.74 seconds (required increased cues to keep arms crossed)
Vitals after test: SpO2: 98% HR: 70 bpm

6MWT:
The pt ambulated with R standard cane and SBA.
Resting Vitals: SpO2: 97% HR: 64 bpm
Vitals after walking for 6 minutes: SpO2: 99 HR: 64
Total Distance Ambulated: 114.8 feet

Treatment Provided Today:

Gait Training: Pt ambulated 440 feet x 3 laps with 2 SPTs setting a faster pace for him. Slight decreased time on L LE during ambulation. Pt ambulated with increased BOS and required external cues to increase gait speed.
Vitals after first lap: SpO2: 98% HR: 67 bpm.
Vitals after third lap: SpO2: 99% HR: 85 bpm

Assessment

Diagnostic Statements:

Cognitive deficit

Assessment Statements:

Patient responded well to treatment but was limited by understanding of instructions. He required increased cuing in order to complete activities. He ambulated and performed sit to stands very slowly but was able to increase speed with external cues.

Diagnoses Codes

1. M62.81 Muscle weakness (generalized)

Plan

Continue to focus treatment on gait and stair training. Add obstacle course training and use external cues to increase gait speed. Work on dual tasking as tolerated.

Rehab Plan

Visit Frequency:

1 times per week for 4 month(s)

Visits Ordered: 16

Re-Evaluation to be performed in: 4 weeks

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Treatment Plan

Exercises/Activities

Session Timing:

Total session time: 45 min

Short Term Goals

- Sit to stand independently w/o UE support to improve 5TSTS score by 10 second (baseline not provided by evaluating clinician)
Stand independently within 4 weeks and complete 8 steps in 20 seconds to improve BBS (Not tested)
Stand unsupported one foot in front of the other for 15 seconds to improve BBS (Met)

Long Term Goals

- Within 8 weeks patient will be able to stand on one leg for 5 sec requiring only CGA allowing increased independence to get into the shower independently. (Not met)
Pt will be able to walk independently 300 feet w/o AD to improve gait within the community. (Met)
Pt will be able to complete 8 steps independently in 20 seconds to improve stair function. (Not tested)

Procedures

97116 THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)

97530 THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES

2 units gait training, 1 unit ther act

Signed: [REDACTED] Tue [REDACTED] 28:03 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 15:32 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Re-Exam

Date of Encounter: [REDACTED]

History of Present Illness

Patient reports he is feeling well today, report 0/10 pain level. Reports no changes since last week, says that he felt good after last week's treatment.

Physical Examination

Vitals

Heart Rate: 60

SPO2: 99

taken seated on L UE

Respiratory Rate: 13

BP: 144 / 76

Musculoskeletal

Knee

ROM & Joint Play

ROM

Flexion (150°)

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

Extension (0°)

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

Additional:

BBS: 30/56

5XSTS: 31.48 sec

10MWT (all with SPC and CGA): 17.64 sec normal, 11.41 sec fast pace

6MWT with SPC for first 3.5 min and CGA: SPO2 99%, 60bpm at start

Resting: SPO2 99, HR 60bpm

- 1 min: SPO2 96%, HR 85bpm
- 2 min: SPO2 97%, HR 88bpm
- 3 min: SPO2 97%, HR 84bpm
- 4 min: SPO2 97%, HR 89bpm
- 5 min: SPO2 97%, HR 89bpm
- 6 min: SPO2 97%, HR 93bpm
- Total Distance 404' 8"

Assessment

Diagnostic Statements:

Force production deficit

Cognitive deficit

Assessment Statements:

Patient responded well to treatment. He experienced fatigue with the 6 minute walk test. Pt required frequent verbal cueing for proper execution of outcome measures. Pt requires CGA. Patient demonstrates decreased step length and stance time bilaterally. Patient will continue to benefit from skilled physical therapy.

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Diagnoses Codes

1. M62.81 Muscle weakness (generalized)

Plan

Hold current plan of care due to HEART closing for the summer. Plan to resume treatment upon clinic reopening.

Rehab Plan

Visit Frequency:

1 times per week for 4 month(s)

Visits Ordered: 16

Re-Evaluation to be performed in: 4 weeks

Treatment Plan

Pt will continue physical therapy 1x week for 4 months to improve LE strength and balance. Pt will work on ambulating, stair negotiation, dual-tasking, STS and balance to help improve OM scores and ambulate at home and within the community independently. Pt will incorporate HEP into session and progress exercises.

[REDACTED] Continue use of dual tasking throughout session. Would like to see how he does using a 4WW to see how it changes his gait.

[REDACTED] patient ambulated without use of AD and would benefit from increased lateral stability training.

[REDACTED] patient ambulated without use of AD. Would like to trial use of cane during gait. Incorporate LE strengthening such as standing marches in parallel bars.

Exercises/Activities

Session Timing:

Total session time: 45 min

Short Term Goals

- Sit to stand independently w/o UE support to improve 5TSTS score by 10 second (baseline not provided by evaluating clinician)
Stand independently within 4 weeks and complete 8 steps in 20 seconds to improve BBS (Not tested)
Stand unsupported one foot in front of the other for 15 seconds to improve BBS (Met)

Long Term Goals

- Within 8 weeks patient will be able to stand on one leg for 5 sec requiring only CGA allowing increased independence to get into the shower independently. (Not met)
Pt will be able to walk independently 300 feet w/o AD to improve gait within the community. (Met)
Pt will be able to complete 8 steps independently in 20 seconds to improve stair function. (Not tested)

Procedures

PT220 Therapeutic exercises and procedures; supervised individual, each visit; initial 15 min

97116 THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)

Other Tests Ordered

Performed [REDACTED]

5TSTS: 25.72 seconds without AD or UE support Due to the mean score for stroke pts in his age range being 9.3 +/- 2.1sec, he is considered a significant fall risk.

10MWT: normal pace: .472 fast: .65m/sec with AD - Pt is considered a limited community ambulator due to cut off score for gait speed in stroke pts.

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

6MWT: 167.3 m(549ft)

Performed today:

BBS: 30/56

5XSTS: 31.48 sec (decreased by 6 seconds since initial eval)

10MWT (all with SPC and CGA): 0.34m/s sec normal pace (increased speed by .08 m/s since initial eval) 0.525m/s sec fast pace (decreased speed by 0.125 m/s since initial eval)

6MWT with standard cane and CGA

Resting: SPO2 99, HR 60bpm

- 1 min: SPO2 96%, HR 85bpm
 - 2 min: SPO2 97%, HR 88bpm
 - 3 min: SPO2 97%, HR 84bpm
 - 4 min: SPO2 97%, HR 89bpm
 - 5 min: SPO2 97%, HR 89bpm
 - 6 min: SPO2 97%, HR 93bpm
- Total Distance 404' 8"

Signed: [REDACTED]) Fri [REDACTED] 14:55 EST [REDACTED]

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

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Rehab Exam

History of Present Illness

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

Physical Examination

Additional

BBS: 30/56 5XSTS: 31.48 sec 10MWT (all with SPC and CGA): 17.64 sec normal, 11.41 sec fast pace 6MWT with SPC for first 3.5 min and CGA: SPO2 99%, 60bpm at start Resting: SPO2 99, HR 60bpm - 1 min: SPO2 96%, HR 85bpm - 2 min: SPO2 97%, HR 88bpm - 3 min: SPO2 97%, HR 84bpm - 4 min: SPO2 97%, HR 89bpm - 5 min: SPO2 97%, HR 89bpm - 6 min: SPO2 97%, HR 93bpm - Total Distance 404' 8"

Objective Tests

Lower Extremity Knee

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

ROM

Extension (0°)

Left Passive WNL

Right Passive WNL

Flexion (150°)

Left Passive WNL

Right Passive WNL

Other Tests Ordered

Performed [REDACTED] 5TSTS: 25.72 seconds without AD or UE support Due to the mean score for stroke pts in his age range being 9.3 +/- 2.1sec, he is considered a significant fall risk. 10MWT: normal pace: .472 fast: .65m/sec with AD - Pt is considered a limited community ambulator due to cut off score for gait speed in stroke pts. 6MWT: 167.3 m(549ft)

Performed today: BBS: 30/56 5XSTS: 31.48 sec (decreased by 6 seconds since initial eval) 10MWT (all with SPC and CGA): 0.34m/s sec normal pace (increased speed by .08 m/s since initial eval) 0.525m/s sec fast pace (decreased speed by 0.125 m/s since initial eval) 6MWT with standard cane and CGA Resting: SPO2 99, HR 60bpm - 1 min: SPO2 96%, HR 85bpm - 2 min: SPO2 97%, HR 88bpm - 3 min: SPO2 97%, HR 84bpm - 4 min: SPO2 97%, HR 89bpm - 5 min: SPO2 97%, HR 89bpm - 6 min: SPO2 97%, HR 93bpm - Total Distance 404' 8"

Provider's Signature

Signed: [REDACTED] Wed [REDACTED] 02:00 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reports feeling good today. He said his session last week went well. He was pleasant and excited about going [REDACTED] for the holiday weekend.

Objective

Vitals

Heart Rate: 56

SPO2: 96

taken seated on L UE

Respiratory Rate: 12

BP: 150 / 76

Musculoskeletal

Knee

ROM & Joint Play

ROM

Flexion (150°)

Left

Strength: 4/5

Right

Strength: 4/5

Extension (0°)

Left

Strength: 5/5

Right

Strength: 5/5

Additional:

- STS: 10 reps
- Up aires and around 3 hurdles: 11(fairly light) on RPE; 98% spo2 with CG x 1
- Tandem stance, up aires and over hurdles: 7 (very very light); 98% Spo2 with CG x 1
- Boxing: 5 minutes with CG x1 and VC to punch with more force
- Gait training (up and down length hallway) 3x (564 ft total) with CG x 1
 - Required some standing breaks after laps 3 and 5

Assessment

Diagnostic Statements:

Force production deficit

Cognitive deficit

Assessment Statements:

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Pt responded well to treatment. Pt performed STS very well and was confident in his abilities. Pt performed balance well on the airex and SPT progressed him to a tandem stance for balance training. Pt held balance positions for 30 seconds each repetition. Pt responded well to boxing and enjoyed it since it was a new activity. Boxing helped work on trunk rotation and shoulder strengthening. During gait training, pt required verbal cues to pick up his feet. Every 3-5 steps, he would drag his L toe on the ground. Pt required short standing rest breaks between laps 3 and 5 for gait training.

Diagnoses Codes

1. M62.81 Muscle weakness (generalized)

Plan

Pt will keep the same treatment with an increased intensity to promote strengthening, cardiovascular endurance and fitness.

Rehab Plan

Visit Frequency:

1 times per week for 4 month(s)

Visits Ordered: 16

Re-Evaluation to be performed in: 4 weeks

Treatment Plan

Pt will continue physical therapy 1x week for 4 months to improve LE strength and balance. Pt will work on ambulating, stair negotiation, dual-tasking, STS and balance to help improve OM scores and ambulate at home and within the community independently. Pt will incorporate HEP into session and progress exercises.

[REDACTED] Continue use of dual tasking throughout session. Would like to see how he does using a 4WW to see how it changes his gait.

[REDACTED] patient ambulated without use of AD and would benefit from increased lateral stability training.

[REDACTED] patient ambulated without use of AD. Would like to trial use of cane during gait. Incorporate LE strengthening such as standing marches in parallel bars.

Exercises/Activities

Session Timing:

Ther ex - 3 unit

Exercises Performed Today:

- Stair Negotiation: (97110) (2 flights x2)
No use of handrails
-Step through pattern with cane)
- STS: 2 sets of 5 reps (97110)
- Hurdles: 2 sets of 1 rep (97110) (-FWD down and back
-Lat down and back)

Short Term Goals

- Sit to stand independently w/o UE support to improve 5TSTS score by 10 seconds.
Stand independently and complete 8 steps in 20 seconds to improve BBS
Stand unsupported one foot in front of the other for 15 seconds to improve BBS

Long Term Goals

- In 6 weeks, pt will be able to stand on one leg for 5 seconds with supervision get into the shower independently.
In 6 weeks, pt will be able to walk independently 550 feet w/o AD in 6 minutes to improve gait within the community.
In 6 weeks, pt will be able to complete an obstacle course with 5 different activities without needing VC to remember each task.

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Procedures

PT220 Therapeutic exercises and procedures; supervised individual, each visit; initial 15 min
97116 THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)

Signed: [REDACTED] Fri [REDACTED] 04:12 EST [REDACTED]

Signed: [REDACTED] Fri [REDACTED] 24:41 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Patient reports no pain currently. He had no falls, changes in medical status or medications in the past week. His wife reports that he feels tired after therapy but is still able to get in his house fine after. Patient reported he had a good week.

Objective

Vitals

Heart Rate: 65

SPO2: 97

taken seated on L UE

Respiratory Rate: 12

BP: 130 / 90

Musculoskeletal

Knee

ROM & Joint Play

ROM

Flexion (150°)

Left

Strength: 4/5

Right

Strength: 4/5

Extension (0°)

Left

Strength: 5/5

Right

Strength: 5/5

Additional:

- Walked down the hall and back once, used cane for half of it
- Standing on foam 30 sec with feet apart and 30 sec with feet together
- Stepped up and over step stool
- Stepped on polka-dot pads while naming the colors, pads placed to cue larger step length 6x
- Descended and ascended 2 flights of stairs without assistive device, CGA, verbal cues for foot placement and sliding his left hand down the rail
- Fast-walk/jog with verbal and tactile cues down the hallway and back 1x
- STS 6x stand by assist, arms crossed over chest
- Walked down the stairs with verbal cues and instructed him on transfer into the car (min assist)

Assessment

Diagnostic Statements:

Force production deficit

Cognitive deficit

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Assessment Statements:

Pt responded well to treatment. Pt required verbal cueing for the first few reps of STS reminding him to keep his "nose over toes." Stairs, both ascending and descending, were performed with a reciprocal gait pattern. Pt was able to coordinate better and walked faster without his cane than with his cane. He ambulated slowly at first but increased his speed with verbal cues. Pt had difficulty lifting his legs into the car at the end of the session due to fatigue.

Diagnoses Codes

1. M62.81 Muscle weakness (generalized)

Plan

Continue plan of care

Rehab Plan

Visit Frequency:

1 times per week for 4 month(s)

Visits Ordered: 16

Re-Evaluation to be performed in: 4 weeks

Treatment Plan

Pt will continue physical therapy 1x week for 4 months to improve LE strength and balance. Pt will work on ambulating, stair negotiation, dual-tasking, STS and balance to help improve OM scores and ambulate at home and within the community independently. Pt will incorporate HEP into session and progress exercises.

[REDACTED] Continue use of dual tasking throughout session. Would like to see how he does using a 4WW to see how it changes his gait.

[REDACTED] patient ambulated without use of AD and would benefit from increased lateral stability training.

[REDACTED] patient ambulated without use of AD. Would like to trial use of cane during gait. Incorporate LE strengthening such as standing marches in parallel bars.

Exercises/Activities

Session Timing:

Ther ex - 3 unit

Exercises Performed Today:

- Stair Negotiation: (97110) (2 flights x2
No use of handrails
-Step through pattern with cane)
- STS: 2 sets of 5 reps (97110)
- Hurdles: 2 sets of 1 rep (97110) (-FWD down and back
-Lat down and back)

Short Term Goals

Sit to stand independently w/o UE support to improve 5TSTS score by 10 seconds.

Stand independently and complete 8 steps in 20 seconds to improve BBS

Stand unsupported one foot in front of the other for 15 seconds to improve BBS

Procedures

PT220 Therapeutic exercises and procedures; supervised individual, each visit; initial 15 min
97116 THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 04:15 EST [REDACTED]

Signed: [REDACTED] Fri [REDACTED] 03:01 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Patient reports feeling well today. No chief complaints. Patient reports his goals are primarily concerned with getting around the house more and being able to negotiate stairs in his home.

Objective

Vitals

Heart Rate: 76

SPO2: 97

taken seated on L UE

Respiratory Rate: 20

BP: 150 / 82

Musculoskeletal

Knee

ROM & Joint Play

ROM

Flexion (150°)

Left

Strength: 4/5

Right

Strength: 4/5

Extension (0°)

Left

Strength: 5/5

Right

Strength: 5/5

Additional:

- STS 10x
- Ascend 2 flights of stairs
- Descended 4 flights of stairs without assistive device
- Stepping over line: forward and backward
- Stepping over line: sideways stepping
- Gait training was completed outside on the sidewalk

Assessment

Diagnostic Statements:

Force production deficit

Assessment Statements:

Pt responded well to treatment. Pt required verbal cueing for the first few reps of STS reminding him to keep his "nose over toes." Stairs, both ascending and descending, were performed with a reciprocal gait pattern. As reps increased, pt became more confident and was able to perform stairs without assistive devices. Side stepping was performed outside using the sidewalk lines, pt required verbal and visual cues to perform large steps in order to not step onto the crack of the sidewalk. Gait training was also

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

performed outside with the use of designated start and stop points as a finish line goal for reps. Patient negotiated approximately 50 steps with a 100 bpm metronome for 4 cycles. Patient needed verbal cuing to heel strike and follow through for first portion of gait training but progressed well into the 3rd and 4th cycles with bigger steps and more conscious heel strike.

Diagnoses Codes

1. M62.81 Muscle weakness (generalized)

Plan

Continue plan of care

Rehab Plan

Visit Frequency:

1 times per week for 4 month(s)

Visits Ordered: 16

Re-Evaluation to be performed in: 4 weeks

Treatment Plan

Pt will continue physical therapy 1x week for 4 months to improve LE strength and balance. Pt will work on ambulating, stair negotiation, STS and balance to help improve OM scores and ambulate at home and within the community independently. Pt will incorporate HEP into session and progress exercises.

[REDACTED] Continue use of dual tasking throughout session. Would like to see how he does using a 4WW to see how it changes his gait.

[REDACTED] patient ambulated without use of AD and would benefit from increased lateral stability training.

[REDACTED] patient ambulated without use of AD. Would like to trial use of cane during gait. Incorporate LE strengthening such as standing marches in parallel bars.

Exercises/Activities

Session Timing:

Ther ex - 3 unit

Exercises Performed Today:

- Stair Negotiation: (97110) (2 flights x2)
No use of handrails
- Step through pattern with cane
- STS: 2 sets of 5 reps (97110)
- Hurdles: 2 sets of 1 rep (97110) (-FWD down and back
-Lat down and back)

Short Term Goals

- Sit to stand independently w/o UE support to improve 5TSTS score by 10 seconds.
Stand independently and complete 8 steps in 20 seconds to improve BBS
Stand unsupported one foot in front of the other for 15 seconds to improve BBS

Long Term Goals

- In 6 weeks, pt will be able to stand on one leg for 5 seconds with supervision get into the shower independently.
- In 6 weeks, pt will be able to walk independently 550 feet w/o AD in 6 minutes to improve gait within the community.
- In 6 weeks, pt will be able to complete an obstacle course with 5 different activities without needing VC to remember each task.

Procedures

PT220 Therapeutic exercises and procedures; supervised individual, each visit; initial 15 min

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

97116 THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)

Signed: [REDACTED] Fri [REDACTED] 07:52 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Rehab Exam

History of Present Illness

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

Physical Examination

Additional

- STS 10x - Ascend 2 flights of stairs - Descended 4 flights of stairs without assistive device - Stepping over line: forward and backward - Stepping over line: sideways stepping - Gait training was completed outside on the sidewalk

Other Tests Ordered

Performed [REDACTED] 5STS: 25.72 seconds without AD or UE support Due to the mean score for stroke pts in his age range being 9.3 +/- 2.1sec, he is considered a significant fall risk. 10MWT: normal pace: .472 fast: .65m/sec with AD - Pt is considered a limited community ambulator due to cut off score for gait speed in stroke pts. 6MWT: 167.3 m(549ft)

Provider's Signature

Signed: [REDACTED] Wed [REDACTED] 05:35 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt said he was feeling good today. Said therapy went well last time and has not reported any problems from the last week.

Objective

Vitals

Heart Rate: 70

SPO2: 100

taken seated on L UE

Respiratory Rate: 12

BP: 110 / 75

Musculoskeletal

Knee

ROM & Joint Play

ROM

Flexion (150°)

Left

Strength: 4/5

Right

Strength: 4/5

Extension (0°)

Left

Strength: 5/5

Right

Strength: 5/5

Additional:

Ther ex

- Walked half hallway down and back. Used metronome at 85 bpm. Pt had difficulty keeping up.
- Descend and ascend 4 flights of stairs with CG x1 with right hand rail and reciprocal gait pattern.
- STS: 1 sets of 7
- Obstacle course w/ 5 hurdles, 4 triangle steps, stepping on colorful dots w/ CG x 1 and VC. Pt performed it down and back x 2
- Gait with 23 colorful dots down and back x2

Post Treatment Vitals

SPO2= 98%

HR=71

Assessment

Diagnostic Statements:
Force production deficit

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Assessment Statements:

Pt tolerated treatment well and learned how to navigate stairs with a step through pattern utilizing the handrails. Pt required verbal cues to lift eyes. Pt was able to perform STS without the armrests for support. Fwd hurdles went well and pt needed verbal cues to keep knees up. During dot walking patient recited colors of dot to step to. During ambulation pt was cued to take big steps. After dot waling patient demonstrated faster walking with longer steps.

Diagnoses Codes

1. M62.81 Muscle weakness (generalized)

Plan

Continue plan of care

Rehab Plan

Visit Frequency:

1 times per week for 4 month(s)

Visits Ordered: 16

Re-Evaluation to be performed in: 4 weeks

Treatment Plan

Pt will continue physical therapy 1x week for 4 months to improve LE strength and balance. Pt will work on ambulating, stair negotiation, STS and balance to help improve OM scores and ambulate at home and within the community independently. Pt will incorporate HEP into session and progress exercises.

[REDACTED] Continue use of dual tasking throughout session. Would like to see how he does using a 4WW to see how it changes his gait.

[REDACTED] patient ambulated without use of AD and would benefit from increased lateral stability training.

[REDACTED] patient ambulated without use of AD. Would like to trial use of cane during gait. Incorporate LE strengthening such as standing marches in parallel bars.

Exercises/Activities

Session Timing:

Ther ex - 3 unit

Exercises Performed Today:

- Stair Negotiation: (97110) (2 flights x2)
No use of handrails
- Step through pattern with cane)
- STS: 2 sets of 5 reps (97110)
- Hurdles: 2 sets of 1 rep (97110) (-FWD down and back
-Lat down and back)

Short Term Goals

- Sit to stand independently w/o UE support to improve 5TSTS score by 10 seconds.
Stand independently and complete 8 steps in 20 seconds to improve BBS
Stand unsupported one foot in front of the other for 15 seconds to improve BBS

Long Term Goals

- In 6 weeks, pt will be able to stand on one leg for 5 seconds with supervision get into the shower independently.
In 6 weeks, pt will be able to walk independently 550 feet w/o AD in 6 minutes to improve gait within the community.
In 6 weeks, pt will be able to complete an obstacle course with 5 different activities without needing VC to remember each task.

Procedures

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

PT220 Therapeutic exercises and procedures; supervised individual, each visit; initial 15 min
97116 THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)

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

Signed: [REDACTED] [REDACTED] 55:22 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt states he was having a good day today except for the fact that he was running late today. Pt stated that he was ready and motivated to start physical therapy. Pt reports he had no pain today.

Objective

Vitals

Heart Rate: 66

SPO2: 100

taken seated on L UE

Respiratory Rate: 14

BP: 132 / 86

Musculoskeletal

Knee

ROM & Joint Play

ROM

Flexion (150°)

Left

Strength: 4/5

Right

Strength: 4/5

Extension (0°)

Left

Strength: 5/5

Right

Strength: 5/5

Additional:

Pre-treatment Vitals:

HR: 66 bpm

BP: 132/86 mmHg

SPO2: 100%

Pain level: 0/10

2 point gait pattern with 4 point base cane

Ther ex

- Descend and ascend 4 flights of stairs with CG x2
- STS: 2 sets of 5
- Obstacle course w/ 4 hurdles with CG x 1 and VC x 1
- set 1: fwd down and back
- set 2: lateral down and back

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Assessment

Diagnostic Statements:

Force production deficit

Assessment Statements:

Pt tolerated treatment well and learned how to navigate stairs with a step through pattern utilizing cane without the handrails. Pt required verbal cues to remember the correct order and the position of the cane. During STS, patient needed verbal cues to remind him to keep nose over toes and to maintain a wide BOS. Pt was able to perform STS without the armrests for support. Fwd hurdles went well and pt needed verbal cues to keep knees up. Pt had difficulty perform lateral side steps over hurdles. Specifically had trouble picking up L LE laterally. Pt required verbal cueing in order to complete lateral hurdles. Pt needs to build his confidence with gait and side stepping specifically focusing on his L LE and benefits from verbal motivation.

Diagnoses Codes

1. M62.81 Muscle weakness (generalized)

Plan

Continue plan of care

Rehab Plan

Visit Frequency:

1 times per week for 4 month(s)

Visits Ordered: 16

Re-Evaluation to be performed in: 4 weeks

Treatment Plan

Pt will continue physical therapy 1x week for 4 months to improve LE strength and balance. Pt will work on ambulating, stair negotiation, STS and balance to help improve OM scores and ambulate at home and within the community independently. Pt will incorporate HEP into session and progress exercises.

[REDACTED] Continue use of dual tasking throughout session. Would like to see how he does using a 4WW to see how it changes his gait.

[REDACTED] patient ambulated without use of AD and would benefit from increased lateral stability training.

[REDACTED] patient ambulated without use of AD. Would like to trial use of cane during gait. Incorporate LE strengthening such as standing marches in parallel bars.

Exercises/Activities

Session Timing:

Ther ex - 3 unit

Exercises Performed Today:

- Stair Negotiation: (97110) (2 flights x2)
No use of handrails
-Step through pattern with cane)
- STS: 2 sets of 5 reps (97110)
- Hurdles: 2 sets of 1 rep (97110) (-FWD down and back
-Lat down and back)

Short Term Goals

Sit to stand independently w/o UE support to improve 5TSTS score by 10 seconds.

Stand independently and complete 8 steps in 20 seconds to improve BBS

Stand unsupported one foot in front of the other for 15 seconds to improve BBS

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Procedures

97530 THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES

4018F THERAPEUTIC EXERCISE FOR THE INVOLVED JOINT(S) INSTRUCTED OR PHYSICAL OR OCCUPATIONAL THERAPY PRESCRIBED (OA)

Signed: [REDACTED] Fri [REDACTED] 14:44 EST [REDACTED]

Signed: [REDACTED] Fri [REDACTED] 54:49 EST [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt states he feels good today and was in good spirits. Pt stated that he was ready and motivated to start physical therapy. Pt stated he had no pain today.

Objective

Vitals

Heart Rate: 61
taken seated on L UE

BP: 135 / 90

SPO2: 92

Musculoskeletal

Knee

ROM & Joint Play

ROM

Flexion (150°)

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

Extension (0°)

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

Additional:

Pre-treatment Vitals:
HR: 61 bpm
BP: 135/90 mmHg
SPO2: 92%
Pain level: 0/10

2 point gait pattern with 4 point base cane

Ther ex

- STS: 2 sets of 5
- Obstacle course
- Progressed with 5lbs weight bil RPE:9
- 33 ft 5 inch
- Gait training
 - Ambulated in hallways X2
 - Set1 RPE:12 → 76 ft 5 inches X2 (down & back)
 - Set 2 → 170ft 9 inches X2
 - Lateral stepping
 - Set with 5 lbs bil → 5 min RPE: 13
 - Modified with Hurdle w/o weights → 10 reps w/o error PRE: 15

Post treatment vitals:

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

- Spo2: 97%
- HR: 91 bpm

Assessment

Diagnostic Statements:

Force production deficit

Assessment Statements:

During STS, patient needed verbal cues to remind him to keep nose over toes and to maintain a wide BOS. Pt responded well to the gait training with increased RPE while utilizing ankle weights. Pt needed verbal cues to keep his cane in the correct position and cues for big steps to keep head up while walking. Side stepping went well and pt needed verbal cues to keep knees up while shifting laterally. Pt responded well to increased speed while ambulating. First half of treatment were all performed with the use of an assistive device. Gait training for the second half was progressed without the assistive device. Pt needs to build his confidence with gait and side stepping and benefits from verbal motivation.

Diagnoses Codes

1. M62.81 Muscle weakness (generalized)

Plan

Continue plan of care

Rehab Plan

Visit Frequency:

1 times per week for 4 month(s)

Visits Ordered: 16

Re-Evaluation to be performed in: 4 weeks

Treatment Plan

Pt will continue physical therapy 1x week for 4 months to improve LE strength and balance. Pt will work on ambulating, stair negotiation, STS and balance to help improve OM scores and ambulate at home and within the community independently. Pt will incorporate HEP into session and progress exercises.

[REDACTED] Continue use of dual tasking throughout session. Would like to see how he does using a 4WW to see how it changes his gait.

[REDACTED] patient ambulated without use of AD and would benefit from increased lateral stability training.

[REDACTED] patient ambulated without use of AD. Would like to trial use of cane during gait. Incorporate LE strengthening such as standing marches in parallel bars.

Exercises/Activities

Session Timing:

Ther ex - 3 unit

Exercises Performed Today:

- Stair Negotiation: (97110) (2 flights x2)
- Gait: (97112)

Short Term Goals

- Sit to stand independently w/o UE support to improve 5TSTS score by 10 seconds.

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Stand independently and complete 8 steps in 20 seconds to improve BBS

Stand unsupported one foot in front of the other for 15 seconds to improve BBS

Long Term Goals

- In 6 weeks, pt will be able to stand on one leg for 5 seconds with supervision get into the shower independently.
- In 6 weeks, pt will be able to walk independently 550 feet w/o AD in 6 minutes to improve gait within the community.
- In 6 weeks, pt will be able to complete an obstacle course with 5 different activities without needing VC to remember each task.

Procedures

97530 THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES

4018F THERAPEUTIC EXERCISE FOR THE INVOLVED JOINT(S) INSTRUCTED OR PHYSICAL OR OCCUPATIONAL THERAPY PRESCRIBED (OA)

Signed: [REDACTED] Fri [REDACTED] 02:05 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 04:52 EST [REDACTED]

Signed: [REDACTED] Fri [REDACTED] 03:56 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Rehab Exam

History of Present Illness

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

Physical Examination

Additional

Pre-treatment Vitals: HR: 61 bpm BP: 135/90 mmHg SPO2: 92% Pain level:0/10 2 point gait pattern with 4 point base cane Ther ex - STS: 2 sets of 5 - Obstacle course - Progressed with 5lbs weight bil RPE:9 - 33 ft 5 inch Gait training - Ambulated in hallways X2 - Set1 RPE:12 → 76 ft 5 inches X2 (down & back) - Set 2 → 170ft 9 inches X2 - Lateral stepping - Set with 5 lbs bil → 5 min RPE: 13 - Modified with Hurdle w/o weights → 10 reps w/o error PRE: 15 Post treatment vitals: - Spo2: 97% - HR: 91 bpm

Other Tests Ordered

Performed [REDACTED] 5STS: 25.72 seconds without AD or UE support Due to the mean score for stroke pts in his age range being 9.3 +/- 2.1sec, he is considered a significant fall risk. 10MWT: normal pace: .472 fast: .65m/sec with AD - Pt is considered a limited community ambulator due to cut off score for gait speed in stroke pts. 6MWT: 167.3 m(549ft)

Provider's Signature

Signed: [REDACTED] Wed [REDACTED] 06:24 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

(post stroke patient, force production deficit) No falls. Report feeling good after last weeks session. No pain reported

Objective

Vitals

Heart Rate: 68
taken seated on L UE

BP: 140 / 80

SPO2: 98

Musculoskeletal

Knee

ROM & Joint Play

ROM

Flexion (150°)

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

Extension (0°)

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

Additional:

Gait training:
- ambulated in hallways x2

Set 1 (4:15min): RPE=2/10, SPO2 98, HR 74| 264.5 ft
Set 2 (5min): RPE=2/10, SPO2 99, HR 75| 227.1 ft

Ther-ex:

- STS, 4x5 able to perform w/ minimal use of UE on thighs, slow initiation (HR: 70, SPO2: 99) NOT COMPLETED AT THIS VISIT
- Stairs; ascending/descend 2 flights. R HR

Neuro-Re-ed: NOTCOMPLETED AT THIS VISIT

- Obstacle course (3x1): 4 hurdles (set 1: forward, set 2: lateral, set 3:lateral), small cone toe taps (10ea side), lateral cross over walks (10 ft. switch direction facing 10ft.), back to the start (set 1: eyes closed set 2:eyes closed, set 3:eye closed)

Assessment

Diagnostic Statements:

Force production deficit

Assessment Statements:

Patient was in high spirits for his session. Pt ambulated 264.5 feet in hallway with min-mod assist in 4:15 minutes. Post exercise: SpO2 98%, HR 74. After 2 minute seated rest break, pt ambulated 227.1 ft in 5 min. Post exercise: SpO2 99%, HR 75. VC required for "big steps", using squares on floor for visual guide. VC required for taking higher steps (R>L). Decreased speed observed as patient navigated turn (turning to left), decreased step length and stance time observed(L>R). Decreased L arm swing also noted. Session progressed to stair training following 2 minute rest break. Pt descended 2 flights of stairs, using R HR and min A from PT posteriorly, with additional PT in front SBA. Decrease in speed noted as pt approached end of 2 flight (R>L on descent).

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Pt ascended 2 flights of stairs, using L HR and min A from PT posteriorly, with additional PT in front SBA. Post exercise SpO2 98%, HR 87.

Diagnoses Codes

1. M62.81 Muscle weakness (generalized)

Plan

Rehab Plan

Visit Frequency:

1 times per week for 4 month(s)

Visits Ordered: 16

Re-Evaluation to be performed in: 4 weeks

Treatment Plan

Pt will continue physical therapy 1x week for 4 months to improve LE strength and balance. Pt will work on ambulating, stair negotiation, STS and balance to help improve OM scores and ambulate at home and within the community independently. Pt will incorporate HEP into session and progress exercises.

[REDACTED] Continue use of dual tasking throughout session. Would like to see how he does using a 4WW to see how it changes his gait.

[REDACTED] patient ambulated without use of AD and would benefit from increased lateral stability training.

[REDACTED] patient ambulated without use of AD. Would like to trial use of cane during gait. Incorporate LE strengthening such as standing marches in parallel bars.

Exercises/Activities

Session Timing:

Ther ex - 3 unit

Exercises Performed Today:

- Stair Negotiation: (97110) (2 flights x2)
- Gait: (97112)

Short Term Goals

- Sit to stand independently w/o UE support to improve 5TSTS score by 10 seconds.
Stand independently and complete 8 steps in 20 seconds to improve BBS
Stand unsupported one foot in front of the other for 15 seconds to improve BBS

Long Term Goals

- In 6 weeks, pt will be able to stand on one leg for 5 seconds with supervision get into the shower independently.
In 6 weeks, pt will be able to walk independently 550 feet w/o AD in 6 minutes to improve gait within the community.
In 6 weeks, pt will be able to complete an obstacle course with 5 different activities without needing VC to remember each task.

Procedures

97530 THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO

IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES

4018F THERAPEUTIC EXERCISE FOR THE INVOLVED JOINT(S) INSTRUCTED OR PHYSICAL OR OCCUPATIONAL THERAPY PRESCRIBED (OA)

Signed: [REDACTED] Mon [REDACTED] 23:21 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

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

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Rehab Exam

History of Present Illness

Patient's complaint is and 4 out of 10, where 0 is not severe at all, and 10 is extremely severe.

Physical Examination

Additional

Gait training: - Treadmill training speed = .8mph (no wgt vest for this intervention as it is the first time trying it) o Set 1 (2min): RPE=2/10, SPO2 98, HR 78| Set 2 (3min): RPE=2/10, SPO2 97, HR 78| Set 3: RPE=, SPO2 98, HR 86) - Walking (5 minutes no wgt vest) Ther-ex: - STS, 4x5 able to perform w/ minimal use of UE on thighs, slow initiation (HR: 70, SPO2: 99) Neuro-Re-ed: - Obstacle course (3x1): 4 hurdles (set 1: forward, set 2: lateral, set 3:lateral), small cone toe taps (10ea side), lateral cross over walks (10 ft. switch direction facing 10ft.), back to the start (set 1: eyes closed set 2:eyes closed, set 3:eye closed)

Other Tests Ordered

Performed [REDACTED] 5STS: 25.72 seconds without AD or UE support Due to the mean score for stroke pts in his age range being 9.3 +/- 2.1sec, he is considered a significant fall risk. 10MWT: normal pace: .472 fast: .65m/sec with AD - Pt is considered a limited community ambulator due to cut off score for gait speed in stroke pts. 6MWT: 167.3 m(549ft)

Provider's Signature

Signed: [REDACTED] Wed [REDACTED] 09:59 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

(post stroke patient, force production deficit) No falls. Report feeling good after last weeks session. No pain reported

Objective

Vitals

Heart Rate: 64
taken seated on L UE

BP: 130 / 88

SPO2: 98

Musculoskeletal

Knee

ROM & Joint Play
ROM

Flexion (150°)

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

Extension (0°)

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

Additional:

Gait training:

- Treadmill training speed = .8mph (no wgt vest for this intervention as it is the first time trying it)
- o Set 1 (2min): RPE=2/10, SPO2 98, HR 78| Set 2 (3min): RPE=2/10, SPO2 97, HR 78| Set 3: RPE=, SPO2 98, HR 86)
- Walking (5 minutes no wgt vest)

Ther-ex:

- STS, 4x5 able to perform w/ minimal use of UE on thighs, slow initiation (HR: 70, SPO2: 99)

Neuro-Re-ed:

- Obstacle course (3x1): 4 hurdles (set 1: forward, set 2: lateral, set 3:lateral), small cone toe taps (10ea side), lateral cross over walks (10 ft. switch direction facing 10ft.), back to the start (set 1: eyes closed set 2:eyes closed, set 3:eye closed)

Assessment

Diagnostic Statements:

Force production deficit

Assessment Statements:

Patient was in high spirits for his session. Gait was observed to be a little slower than last session. Treadmill training was tried for the first time in a while. Patient progressed time for each set while speed remained the same. Pt reported that it wasn't too difficult. It is recommended to continue the use of treadmill training. Pt had difficulty with the obstacle course when it came to crossover stepping, required constant instruction and cueing throughout. Mod A was used throughout obstacle course. Eyes closed walking was done with Bil UE support, patient was nervous and started off slow with gradual speed progression.

Diagnoses Codes

1. M62.81 Muscle weakness (generalized)

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Plan

Rehab Plan

Visit Frequency:

1 times per week for 4 month(s)

Visits Ordered: 16

Re-Evaluation to be performed in: 4 weeks

Treatment Plan

Pt will continue physical therapy 1x week for 4 months to improve LE strength and balance. Pt will work on ambulating, stair negotiation, STS and balance to help improve OM scores and ambulate at home and within the community independently. Pt will incorporate HEP into session and progress exercises.

([REDACTED]) Continue use of dual tasking throughout session. Would like to see how he does using a 4WW to see how it changes his gait.

([REDACTED]) patient ambulated without use of AD and would benefit from increased lateral stability training.

([REDACTED]) patient ambulated without use of AD. Would like to trial use of cane during gait. Incorporate LE strengthening such as standing marches in parallel bars.

Exercises/Activities

Session Timing:

Ther ex - 3 unit

Exercises Performed Today:

- Stair ambulation: (4 flights)
- Obstacle course: (20ft x 4 w/o ankle weights and 20ft x4 w 7lb ankle weights)

Short Term Goals

Sit to stand independently w/o UE support to improve 5TSTS score by 10 seconds.

Stand independently and complete 8 steps in 20 seconds to improve BBS

Stand unsupported one foot in front of the other for 15 seconds to improve BBS

Procedures

97530 THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES

4018F THERAPEUTIC EXERCISE FOR THE INVOLVED JOINT(S) INSTRUCTED OR PHYSICAL OR OCCUPATIONAL THERAPY PRESCRIBED (OA)

Signed: [REDACTED] Fri [REDACTED] 02:05 EST [REDACTED]

Signed: [REDACTED]) Sat [REDACTED] 28:25 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt is feeling good today. Pain was 0/10. Pt reports no problems and no falls. Pt stated his goal for therapy today was to walk and get his legs strong.

Objective

Vitals

Heart Rate: 60

BP: 130 / 61

SPO2: 99

Musculoskeletal

Knee

ROM & Joint Play

ROM

Flexion (150°)

Left

Strength: 4/5

Right

Strength: 4/5

Extension (0°)

Left

Strength: 5/5

Right

Strength: 5/5

Additional:

- Fast walked 12 ft with help of pacing from SPT with 5lb ankle weights bilaterally with mod 2 person assist and bilateral hand holding.
- 36 ft total of obstacle course with 4 total hurdles with an airex pad in the middle with mod A with AD.
- Pt jogged 274 ft total with bilateral ankle weights with 1 min rest halfway with Mod A bilateral hand holding.
- Pt lateral stepping with bilateral shoulder abd 3x12ft with 5lb ankle weights bilaterally in both directions with 1 person contact guard assist from the back.
- Pt lateral stepping with bilateral shoulder abd 1x12ft in both directions with 1 person contact guard assist from the back.
- Pt walked with AD 2x40ft with standby assist.

Assessment

Diagnostic Statements:

Force production deficit

Assessment Statements:

Pt tolerated tx well. Pt needed consistent VC to take longer steps during walking activities. Pt had minor difficulty clearing the hurdles when leading with R leg throughout all obstacle course activities. Pt had difficulty looking up while clearing hurdles with VC. Pt required VC and physical cueing to initiate L shoulder abd during lateral side steps. Pt HR after running was 110 bpm.

Diagnoses Codes

1. M62.81 Muscle weakness (generalized)

Plan

Rehab Plan

Visit Frequency:

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

1 times per week for 4 month(s)

Visits Ordered: 16

Re-Evaluation to be performed in: 4 weeks

Treatment Plan

Pt will continue physical therapy 1x week for 4 months to improve LE strength and balance. Pt will work on ambulating, stair negotiation, STS and balance to help improve OM scores and ambulate at home and within the community independently. Pt will incorporate HEP into session and progress exercises.

[REDACTED] Continue use of dual tasking throughout session. Would like to see how he does using a 4WW to see how it changes his gait.

[REDACTED] patient ambulated without use of AD and would benefit from increased lateral stability training.

[REDACTED] patient ambulated without use of AD. Would like to trial use of cane during gait. Incorporate LE strengthening such as standing marches in parallel bars.

Exercises/Activities

Session Timing:

Ther ex - 3 unit

Exercises Performed Today:

- Stair ambulation: (4 flights)
- Obstacle course: (20ft x 4 w/o ankle weights and 20ft x4 w 7lb ankle weights)

Short Term Goals

- Sit to stand independently w/o UE support to improve 5TSTS score by 10 seconds.
Stand independently and complete 8 steps in 20 seconds to improve BBS
Stand unsupported one foot in front of the other for 15 seconds to improve BBS

Long Term Goals

- In 6 weeks, pt will be able to stand on one leg for 5 seconds with supervision get into the shower independently.
In 6 weeks, pt will be able to walk independently 550 feet w/o AD in 6 minutes to improve gait within the community.
In 6 weeks, pt will be able to complete an obstacle course with 5 different activities without needing VC to remember each task.

Procedures

97530 THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES

4018F THERAPEUTIC EXERCISE FOR THE INVOLVED JOINT(S) INSTRUCTED OR PHYSICAL OR OCCUPATIONAL THERAPY PRESCRIBED (OA)

Signed: [REDACTED] Fri [REDACTED] 23:29 EST [REDACTED]

Signed: [REDACTED] Fri [REDACTED] 49:37 EST [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt is feeling good today. Pain was 0/10. Pt reports no changes since last visit, no falls. Pt reports he enjoys using his tripod cane rather than his walker while out in the community. Pt states that he does not use he cane within his house.

Objective

Vitals

Heart Rate: 61
SPO2: 99

Respiratory Rate: 13

BP: 125 / 75

Musculoskeletal

Knee

ROM & Joint Play

ROM

Flexion (150°)

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

Extension (0°)

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

Additional:

- Stairs, mixed step to and reciprocal pattern with hand rail use on alternating UE, 4 flights ascending and 4 flights descending, focus on eccentric.
- Yellow hurdles and blocks, down and back for a total of 80ft and with dual tasking counting backwards by 3 from 100 x 1 lap
- Yellow hurdles and blocks (20 feet), down and back with 7lb ankle weights for a total of 80 feet x 1, then with dual tasking w/ counting forwards by 2's x2

Assessment

Diagnostic Statements:

Force production deficit

Assessment Statements:

Pt tolerated tx well. Pt needed consistent VC to take bigger steps (not shuffle), and look up during stair ambulation. Pt needed cues to march his knees up. Pt had difficulty remembering cognitive tasks that were given w/ dual tasks and needed VC. Pt had varying performance throughout dual asking activities, but began to improve towards the end of the session. Pt. had minor difficulty clearing the hurdles throughout all obstacle course activities.

Diagnoses Codes

1. M62.81 Muscle weakness (generalized)

Plan

Rehab Plan

Visit Frequency:

1 times per week for 4 month(s)

Visits Ordered: 16

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Re-Evaluation to be performed in: 4 weeks

Treatment Plan

Pt will continue physical therapy 1x week for 4 months to improve LE strength and balance. Pt will work on ambulating, stair negotiation, STS and balance to help improve OM scores and ambulate at home and within the community independently. Pt will incorporate HEP into session and progress exercises.

[REDACTED] Continue use of dual tasking throughout session. Would like to see how he does using a 4WW to see how it changes his gait.

[REDACTED] patient ambulated without use of AD and would benefit from increased lateral stability training.

[REDACTED] patient ambulated without use of AD. Would like to trial use of cane during gait. Incorporate LE strengthening such as standing marches in parallel bars.

Exercises/Activities

Session Timing:

Ther ex - 3 unit

Exercises Performed Today:

- Stair ambulation: (4 flights)
- Obstacle course: (20ft x 4 w/o ankle weights and 20ft x4 w 7lb ankle weights)

Short Term Goals

Sit to stand independently w/o UE support to improve 5TSTS score by 10 seconds.

Stand independently and complete 8 steps in 20 seconds to improve BBS

Stand unsupported one foot in front of the other for 15 seconds to improve BBS

Procedures

97530 THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES

4018F THERAPEUTIC EXERCISE FOR THE INVOLVED JOINT(S) INSTRUCTED OR PHYSICAL OR OCCUPATIONAL THERAPY PRESCRIBED (OA)

Signed: [REDACTED] Fri [REDACTED] 02:05 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 48:43 EST [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt is feeling good today. Pain was 0/10. Pt reports no changes since last visit, no falls. Pt reports he enjoys using his tripod cane rather than his walker while out in the community.

Objective

Vitals

Heart Rate: 61
SPO2: 99

Respiratory Rate: 13

BP: 122 / 70

Musculoskeletal

Knee

ROM & Joint Play

ROM

Flexion (150°)

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

Extension (0°)

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

Additional:

Exercises performed today:

- Stairs, reciprocal pattern with hand rail use, 5 flights ascending and 5 flights descending
- Yellow hurdles (20 feet), down and back with no ankle weights for a total of 100 feet and with dual tasking (counting by 5's, naming sports at each obstacle).
- Yellow hurdles (20 feet), down and back with 7lb ankle weights for a total of 80 feet.
- Balance in tandem stance b/l, eyes open for 2 x 30 seconds, eyes closed for 2 x 30 seconds.
- Balance on airex with feet shoulder width apart, eyes open for 2 x 30 seconds, eyes closed 2 x 30 seconds.

Assessment

Diagnostic Statements:

Force production deficit

Assessment Statements:

Pt tolerated tx well. Pt needed consistent VC to take bigger steps (not shuffle), and look up. Pt needed cues to march his knees up. Pt had trouble remembering different cognitive tasks that were given for dual tasks and needed VC, but required less VC than last visit. Continue to work on dual tasking and gait training. Also implement more balance activities.

Patient was able to safely ambulate through hurdles in the hallway.

Vitals throughout session:

- After stairs, SpO2 was 97%, HR was 110 bpm.
- After 100ft of hurdles, SpO2 was 100%, HR was 85 bpm.
- After 80ft of hurdles with 7lb ankle weights, SpO2 was 100% and HR was 72bpm.
- After balancing, SpO2 was 100%, HR was 73 bpm.

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Diagnoses Codes

1. M62.81 Muscle weakness (generalized)

Plan

Rehab Plan

Visit Frequency:

1 times per week for 4 month(s)

Visits Ordered: 16

Re-Evaluation to be performed in: 4 weeks

Treatment Plan

Pt will continue physical therapy 1x week for 4 months to improve LE strength and balance. Pt will work on ambulating, stair negotiation, STS and balance to help improve OM scores and ambulate at home and within the community independently. Pt will incorporate HEP into session and progress exercises.

[REDACTED] Continue use of dual tasking throughout session. Would like to see how he does using a 4WW to see how it changes his gait.

[REDACTED] patient ambulated without use of AD and would benefit from increased lateral stability training.

[REDACTED] patient ambulated without use of AD. Would like to trial use of cane during gait. Incorporate LE strengthening such as standing marches in parallel bars.

Exercises/Activities

Session Timing:

Ther ex - 1 unit

Short Term Goals

- Sit to stand independently w/o UE support to improve 5TSTS score by 10 seconds.
Stand independently and complete 8 steps in 20 seconds to improve BBS
Stand unsupported one foot in front of the other for 15 seconds to improve BBS

Long Term Goals

- In 6 weeks, pt will be able to stand on one leg for 5 seconds with supervision get into the shower independently.
In 6 weeks, pt will be able to walk independently 550 feet w/o AD in 6 minutes to improve gait within the community.
In 6 weeks, pt will be able to complete an obstacle course with 5 different activities without needing VC to remember each task.

Procedures

97530 THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES
4018F THERAPEUTIC EXERCISE FOR THE INVOLVED JOINT(S) INSTRUCTED OR PHYSICAL OR OCCUPATIONAL THERAPY PRESCRIBED (OA)

Signed: [REDACTED] Sat [REDACTED] 02:10 EST [REDACTED]

Signed: [REDACTED] Fri [REDACTED] 17:28 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Rehab Exam

History of Present Illness

Patient's complaint is and 4 out of 10, where 0 is not severe at all, and 10 is extremely severe.

Physical Examination

Additional

- Stairs, reciprocal pattern with hand rail use, 5 flights ascending and 5 flights descending - Yellow hurdles (20 feet), down and back with no ankle weights for a total of 100 feet and with dual tasking (counting by 5's, naming sports at each obstacle). - Yellow hurdles (20 feet), down and back with 7lb ankle weights for a total of 80 feet. - Balance in tandem stance b/l, eyes open for 2 x 30 seconds, eyes closed for 2 x 30 seconds. - Balance on airex with feet shoulder width apart, eyes open for 2 x 30 seconds, eyes closed 2 x 30 seconds.

Other Tests Ordered

Performed [REDACTED] 5TSTS: 25.72 seconds without AD or UE support Due to the mean score for stroke pts in his age range being 9.3 +/- 2.1sec, he is considered a significant fall risk. 10MWT: normal pace: .472 fast: .65m/sec with AD - Pt is considered a limited community ambulator due to cut off score for gait speed in stroke pts. 6MWT: 167.3 m(549ft)

Provider's Signature

Signed: [REDACTED] Wed [REDACTED] 12:01 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt is feeling good today. Pain was 0/10. Pt's wife stated Tom's MD thought he was doing better. Pt brought new tripod cane to PT today and stated he likes using it. Pt reports no changes since last visit, no falls.

Objective

Vitals

Heart Rate: 72
SPO2: 99

Respiratory Rate: 13

BP: 144 / 90

Musculoskeletal

Knee

ROM & Joint Play

ROM

Flexion (150°)

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

Extension (0°)

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

Additional:

High knee ambulation with AD for 80 feet.

High knee ambulation with AD and dual tasking dual tasking (naming vegetables, and animals at each obstacle) for 80 feet.

Hurdle obstacle course:

~30 feet long with 6 hurdles (airex, hurdles, step, cones)

3x down and back without ankle weights

2x down and back with 6lb ankle weights

Balance on airex tandem stance for 3x 15 seconds each.

Assessment

Diagnostic Statements:

Force production deficit

Assessment Statements:

Pt tolerated tx well. Pt needed consistent VC to take bigger steps (not shuffle), and look up. Pt needed cues to march his knees up.

Pt had trouble remembering different cognitive tasks that were given for dual tasks and needed VC. Continue to work on dual tasking and gait training. Also implement more balance activities.

Patient was able to safely ambulate through an obstacle course in the hallway. Pt became slightly distracted with others in the room during balance exercises.

Diagnoses Codes

1. M62.81 Muscle weakness (generalized)

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Plan

Rehab Plan

Visit Frequency:

1 times per week for 4 month(s)

Visits Ordered: 16

Re-Evaluation to be performed in: 4 weeks

Treatment Plan

Pt will continue physical therapy 1x week for 4 months to improve LE strength and balance. Pt will work on ambulating, stair negotiation, STS and balance to help improve OM scores and ambulate at home and within the community independently. Pt will incorporate HEP into session and progress exercises.

[REDACTED] Continue use of dual tasking throughout session. Would like to see how he does using a 4WW to see how it changes his gait.

[REDACTED] patient ambulated without use of AD and would benefit from increased lateral stability training.

[REDACTED] patient ambulated without use of AD. Would like to trial use of cane during gait. Incorporate LE strengthening such as standing marches in parallel bars.

Exercises/Activities

Session Timing:

Ther ex - 1 unit

Short Term Goals

- Sit to stand independently w/o UE support to improve 5TSTS score by 10 seconds.
Stand independently and complete 8 steps in 20 seconds to improve BBS
Stand unsupported one foot in front of the other for 15 seconds to improve BBS

Long Term Goals

- In 6 weeks, pt will be able to stand on one leg for 5 seconds with supervision get into the shower independently.
In 6 weeks, pt will be able to walk independently 550 feet w/o AD in 6 minutes to improve gait within the community.
In 6 weeks, pt will be able to complete an obstacle course with 5 different activities without needing VC to remember each task.

Procedures

97530 THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES

4018F THERAPEUTIC EXERCISE FOR THE INVOLVED JOINT(S) INSTRUCTED OR PHYSICAL OR OCCUPATIONAL THERAPY PRESCRIBED (OA)

Signed: [REDACTED] Fri [REDACTED] 02:05 EST [REDACTED]

Signed: MADISON FERRY (ferrym) Fri [REDACTED] 01:40 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt is feeling good today. Pain was 0/10. Pt's wife stated Tom's MD thought he was doing better. Pt brought new tripod cane to PT today and stated he likes using it. Pt reports no changes since last visit, no falls.

Objective

Vitals

Heart Rate: 72
SPO2: 99

Respiratory Rate: 13

BP: 144 / 90

Musculoskeletal

Knee

ROM & Joint Play

ROM

Flexion (150°)

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

Extension (0°)

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

Additional:

High knee ambulation with AD for 80 feet.

High knee ambulation with AD and dual tasking dual tasking (naming vegetables, and animals at each obstacle) for 80 feet.

Hurdle obstacle course:

~30 feet long with 6 hurdles (airex, hurdles, step, cones)

3x down and back without ankle weights

2x down and back with 6lb ankle weights

Balance on airex tandem stance for 3x 15 seconds each.

Assessment

Diagnostic Statements:

Force production deficit

Assessment Statements:

Pt tolerated tx well. Pt needed consistent VC to take bigger steps (not shuffle), and look up. Pt needed cues to march his knees up.

Pt had trouble remembering different cognitive tasks that were given for dual tasks and needed VC. Continue to work on dual tasking and gait training. Also implement more balance activities.

Patient was able to safely ambulate through an obstacle course in the hallway. Pt became slightly distracted with others in the room during balance exercises.

Diagnoses Codes

1. M62.81 Muscle weakness (generalized)

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Plan

Rehab Plan

Visit Frequency:

1 times per week for 4 month(s)

Visits Ordered: 16

Re-Evaluation to be performed in: 4 weeks

Treatment Plan

Pt will continue physical therapy 1x week for 4 months to improve LE strength and balance. Pt will work on ambulating, stair negotiation, STS and balance to help improve OM scores and ambulate at home and within the community independently. Pt will incorporate HEP into session and progress exercises.

[REDACTED] Continue use of dual tasking throughout session. Would like to see how he does using a 4WW to see how it changes his gait.

[REDACTED] patient ambulated without use of AD and would benefit from increased lateral stability training.

[REDACTED] patient ambulated without use of AD. Would like to trial use of cane during gait. Incorporate LE strengthening such as standing marches in parallel bars.

Exercises/Activities

Session Timing:

Ther ex - 1 unit

Short Term Goals

- Sit to stand independently w/o UE support to improve 5TSTS score by 10 seconds.
Stand independently and complete 8 steps in 20 seconds to improve BBS
Stand unsupported one foot in front of the other for 15 seconds to improve BBS

Long Term Goals

- In 6 weeks, pt will be able to stand on one leg for 5 seconds with supervision get into the shower independently.
In 6 weeks, pt will be able to walk independently 550 feet w/o AD in 6 minutes to improve gait within the community.
In 6 weeks, pt will be able to complete an obstacle course with 5 different activities without needing VC to remember each task.

Procedures

97530 THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES

4018F THERAPEUTIC EXERCISE FOR THE INVOLVED JOINT(S) INSTRUCTED OR PHYSICAL OR OCCUPATIONAL THERAPY PRESCRIBED (OA)

Signed: [REDACTED] Tue [REDACTED] 17:12 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt is feeling good today. Pain was indicated 0/10. Pt's wife stated Tom's MD wants him to start using a SBC for community ambulation so they brought it to PT today to practice utilizing it. Pt reports no changes since last visit.

Objective

Vitals

Heart Rate: 62
SPO2: 98

Respiratory Rate: 13

BP: 140 / 82

Musculoskeletal

Knee

ROM & Joint Play

ROM

Flexion (150°)

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

Extension (0°)

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

Additional:

Pt did not use his RW on any activities today and began practicing with his cane.

Pt ambulated 4 flights of stairs with use of R handrail. PT HR remained around 80bpm during this task. Pt descended 2 flights of stairs with standard cane for education.

High knee ambulation without AD for 200 feet.

Hurdle obstacle course:

~30 feet long with 6 hurdles

2x down and back without ankle weights

4x down and back with 6lb ankle weights

Pt occasionally caught L foot while trying to clear hurdles (~4-5 times). Pt steps over hurdle with R foot first.

Pt performed 2 laps down and back with dual tasking (naming vegetables, and animals at each obstacle).

In the parallel bars:

Step up and over with 6in step, 15 reps. Lateral step up and overs with 4in step for 8 reps.

Balance on airex tandem stance and SLS for 3x 15 seconds each.

Pt was educated on use of AD with ambulation and stairs.

Assessment

Diagnostic Statements:
Force production deficit

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Assessment Statements:

Pt tolerated tx well. Pt needed consistent VC to take bigger steps (not shuffle), and look up. Pt needed cues to march his knees up. Pt had trouble remembering different cognitive tasks that were given for dual tasks and needed VC. Continue to work on dual tasking and gait training. Also implement more balance activities.

Patient was able to safely ambulate through an obstacle course in the hallway. Pt became slightly distracted with others in the room during balance exercises. Incorporate hip flexor strength exercises next week.

Diagnoses Codes

1. M62.81 Muscle weakness (generalized)

Plan

Rehab Plan

Visit Frequency:

1 times per week for 4 month(s)

Visits Ordered: 16

Re-Evaluation to be performed in: 4 weeks

Treatment Plan

Pt will continue physical therapy 1x week for 4 months to improve LE strength and balance. Pt will work on ambulating, stair negotiation, STS and balance to help improve OM scores and ambulate at home and within the community independently. Pt will incorporate HEP into session and progress exercises.

[REDACTED] Continue use of dual tasking throughout session. Would like to see how he does using a 4WW to see how it changes his gait.

[REDACTED] patient ambulated without use of AD and would benefit from increased lateral stability training.

[REDACTED] patient ambulated without use of AD. Would like to trial use of cane during gait. Incorporate LE strengthening such as standing marches in parallel bars.

Exercises/Activities

Session Timing:

Ther ex - 1 unit

Short Term Goals

- Sit to stand independently w/o UE support to improve 5TSTS score by 10 seconds.
Stand independently and complete 8 steps in 20 seconds to improve BBS
Stand unsupported one foot in front of the other for 15 seconds to improve BBS

Long Term Goals

- In 6 weeks, pt will be able to stand on one leg for 5 seconds with supervision get into the shower independently.
In 6 weeks, pt will be able to walk independently 550 feet w/o AD in 6 minutes to improve gait within the community.
In 6 weeks, pt will be able to complete an obstacle course with 5 different activities without needing VC to remember each task.

Procedures

97530 THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES

4018F THERAPEUTIC EXERCISE FOR THE INVOLVED JOINT(S) INSTRUCTED OR PHYSICAL OR OCCUPATIONAL THERAPY PRESCRIBED (OA)

Signed: [REDACTED] Fri [REDACTED] 08:50 EST [REDACTED]

[REDACTED]
Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 21:26 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt is feeling good today. Stated he has a kidney stone still and has an appointment next week to get a scan, but it is not causing him any pain. Pain was indicated 0/10. Him and wife were asked about previous medical history for clarification and she stated he has a history of R sided CVA [REDACTED] PE and a brain bleed with a shunt. This pt also had COVID recently. All of these conditions have caused overall generalized weakness due to immobility.

Objective

Vitals

Heart Rate: 57

SPO2: 100

Respiratory Rate: 14

BP: 144 / 84

Musculoskeletal

Knee

ROM & Joint Play

ROM

Flexion (150°)

Left

Strength: 4/5

Right

Strength: 4/5

Extension (0°)

Left

Strength: 5/5

Right

Strength: 5/5

Additional:

Pt did not use his RW on any activities today.

Obstacle course:

~40 feet long

3xSTS, 3 multi height steps, 4 hurdles, 4 big steps on dots.

Pt led with L foot onto steps and needed hand held assist on tallest step. Pt slightly caught R foot on big step while dual tasking.

Pt performed 2x (2:01min, 1:11min) and 1x dual tasking counting backwards from 100 (1:27min)

Gait Training: 1 lap ~200ft

1 lap regular walking, RPE: 1/10

1 lap with bil. 6lb ankle weights, RPE: 2/10

1 lap with bil. 6lb ankle weights with dual tasking (counting back from 100) RPE: 3/10

Stairs (~8 steps)

with 6lb bil. ankle weight

-x2 up and down with use of hand rail on R.

trial 1 descending 44.56 seconds

trial 1 ascending 34.55 seconds

trial 2 descending 44.43 seconds

trial 2 ascending 31.80 seconds

-1x with no weights with use of hand rail on R.

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

trial 1 descending 53.53 seconds
trial 2 ascending 23.83 seconds

Assessment

Diagnostic Statements:

Force production deficit

Assessment Statements:

Pt tolerated tx well. Pt needed consistent VC to take bigger steps (not shuffle), and look up. Pt needed cues to march his knees up. Pt had trouble remembering different cognitive tasks that were given for dual tasks. Would lose track of what number he was on when counting backwards. Pt also needed additional physical support when cognitive task was added for obstacle course. Continue to work on dual tasking and gait training. Also implement more balance activities. Patient was able to safely ambulate through an obstacle course in the hallway. Patient became easily distracted while doing exercise which slowed their gait, shortened their step length and widened their gait. Incorporate hip flexor strength exercises next week. Wife stated that she will bring his cane next appointment to work on gait.

Diagnoses Codes

1. M62.81 Muscle weakness (generalized)

Plan

Rehab Plan

Visit Frequency:

1 times per week for 4 month(s)

Visits Ordered: 16

Re-Evaluation to be performed in: 4 weeks

Treatment Plan

Pt will continue physical therapy 1x week for 4 months to improve LE strength and balance. Pt will work on ambulating, stair negotiation, STS and balance to help improve OM scores and ambulate at home and within the community independently. Pt will incorporate HEP into session and progress exercises.

[REDACTED] Continue use of dual tasking throughout session. Would like to see how he does using a 4WW to see how it changes his gait.

[REDACTED] patient ambulated without use of AD and would benefit from increased lateral stability training.

[REDACTED] patient ambulated without use of AD. Would like to trial use of cane during gait. Incorporate LE strengthening such as standing marches in parallel bars.

Exercises/Activities

Session Timing:

Re-eval - 1 unit
Ther ex - 1 unit

Short Term Goals

- Sit to stand independently w/o UE support to improve 5TSTS score by 10 seconds.
Stand independently and complete 8 steps in 20 seconds to improve BBS
Stand unsupported one foot in front of the other for 15 seconds to improve BBS

Long Term Goals

- In 6 weeks, pt will be able to stand on one leg for 5 seconds with supervision get into the shower independently.
In 6 weeks, pt will be able to walk independently 550 feet w/o AD in 6 minutes to improve gait within the community.
In 6 weeks, pt will be able to complete an obstacle course with 5 different activities without needing VC to remember each task.

Procedures

97530 THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES

4018F THERAPEUTIC EXERCISE FOR THE INVOLVED JOINT(S) INSTRUCTED OR PHYSICAL OR OCCUPATIONAL
THERAPY PRESCRIBED (OA)

Signed: [REDACTED] Fri [REDACTED] 02:05 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 57:11 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt is feeling good today. Stated he has a kidney stone still and has an appointment next week to get a scan, but it is not causing him any pain. Pain was indicated 0/10. Him and wife were asked about previous medical history for clarification and she stated he has a history of R sided CVA [REDACTED] PE and a brain bleed with a shunt. This pt also had COVID recently. All of these conditions have caused overall generalized weakness due to immobility.

Objective

Vitals

Heart Rate: 57

SPO2: 100

Respiratory Rate: 14

BP: 144 / 84

Musculoskeletal

Knee

ROM & Joint Play

ROM

Flexion (150°)

Left

Strength: 4/5

Right

Strength: 4/5

Extension (0°)

Left

Strength: 5/5

Right

Strength: 5/5

Additional:

Pt did not use his RW on any activities today.

Obstacle course:

~40 feet long

3xSTS, 3 multi height steps, 4 hurdles, 4 big steps on dots.

Pt led with L foot onto steps and needed hand held assist on tallest step. Pt slightly caught R foot on big step while dual tasking.

Pt performed 2x (2:01min, 1:11min) and 1x dual tasking counting backwards from 100 (1:27min)

Gait Training: 1 lap ~200ft

1 lap regular walking, RPE: 1/10

1 lap with bil. 6lb ankle weights, RPE: 2/10

1 lap with bil. 6lb ankle weights with dual tasking (counting back from 100) RPE: 3/10

Stairs (~8 steps)

with 6lb bil. ankle weight

-x2 up and down with use of hand rail on R.

trial 1 descending 44.56 seconds

trial 1 ascending 34.55 seconds

trial 2 descending 44.43 seconds

trial 2 ascending 31.80 seconds

-1x with no weights with use of hand rail on R.

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

trial 1 descending 53.53 seconds
trial 2 ascending 23.83 seconds

Assessment

Diagnostic Statements:

Force production deficit

Assessment Statements:

Pt tolerated tx well. Pt needed consistent VC to take bigger steps (not shuffle), and look up. Pt needed cues to march his knees up. Pt had trouble remembering different cognitive tasks that were given for dual tasks. Would lose track of what number he was on when counting backwards. Pt also needed additional physical support when cognitive task was added for obstacle course. Continue to work on dual tasking and gait training. Also implement more balance activities. Patient was able to safely ambulate through an obstacle course in the hallway. Patient became easily distracted while doing exercise which slowed their gait, shortened their step length and widened their gait. Incorporate hip flexor strength exercises next week. Wife stated that she will bring his cane next appointment to work on gait.

Diagnoses Codes

1. M62.81 Muscle weakness (generalized)

Plan

Rehab Plan

Visit Frequency:

1 times per week for 4 month(s)

Visits Ordered: 16

Re-Evaluation to be performed in: 4 weeks

Treatment Plan

Pt will continue physical therapy 1x week for 4 months to improve LE strength and balance. Pt will work on ambulating, stair negotiation, STS and balance to help improve OM scores and ambulate at home and within the community independently. Pt will incorporate HEP into session and progress exercises.

[REDACTED] Continue use of dual tasking throughout session. Would like to see how he does using a 4WW to see how it changes his gait.

[REDACTED] patient ambulated without use of AD and would benefit from increased lateral stability training.

[REDACTED] patient ambulated without use of AD. Would like to trial use of cane during gait. Incorporate LE strengthening such as standing marches in parallel bars.

Exercises/Activities

Session Timing:

Re-eval - 1 unit

Ther ex - 1 unit

Short Term Goals

- Sit to stand independently w/o UE support to improve 5STS score by 10 seconds.
Stand independently and complete 8 steps in 20 seconds to improve BBS
Stand unsupported one foot in front of the other for 15 seconds to improve BBS

Long Term Goals

- In 6 weeks, pt will be able to stand on one leg for 5 seconds with supervision get into the shower independently.
In 6 weeks, pt will be able to walk independently 550 feet w/o AD in 6 minutes to improve gait within the community.
In 6 weeks, pt will be able to complete an obstacle course with 5 different activities without needing VC to remember each task.

Procedures

97530 THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES
4018F THERAPEUTIC EXERCISE FOR THE INVOLVED JOINT(S) INSTRUCTED OR PHYSICAL OR OCCUPATIONAL
THERAPY PRESCRIBED (OA)

Signed: [REDACTED] Tue [REDACTED] 57:07 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt is feeling good today. His wife is present with his at the treatment session. He has still not passed the kidney stone but denies any pain. Pt is in a good mood and ready for therapy today.

Objective

Vitals

Heart Rate: 71
SPO2: 98

Respiratory Rate: 16

BP: 126 / 82

Musculoskeletal

Hip / Thigh / Leg

ROM & Joint Play
ROM

Flexion (120°) bent knee

Left
Strength: 4/5
Right
Strength: 3/5

Knee

ROM & Joint Play
ROM

Flexion (150°)

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

Extension (0°)

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

Additional:

Re-evaluation

5TSTS: 20.72 seconds without UE

BBS: 39/56

6MWT: 480 ft supervision, no AD

10MWT: comfortable: 0.42 m/s 0.49m/s fast: 0.62 m/s 0.55m/s

Mini cog: 0/5 - was not able to recall any words, was not able to draw a clock or the hands correctly

Obstacle course:

40 feet long

2 3-inch steps and 2 1-inch steps (3-1-3-1)

Patient was instructed to count backwards from 100 when starting exercise

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Exercise was timed to determine the effects of dual-tasking
no cog task: 56 sec
with cog task (counting): 65 sec

i lap normal walking: 1 min 8 sec

Assessment

Diagnostic Statements:

Force production deficit

Assessment Statements:

Pt tolerated tx well. Pt needed consistent VC to take bigger steps (not shuffle), and look up. Pt had trouble remembering different cognitive tasks that were given for dual tasks. Pt also needed additional physical support when cognitive task was added for obstacle course. Continue to work on dual tasking and gait training. Also implement more balance activities.

Diagnoses Codes

1. M62.81 Muscle weakness (generalized)

Plan

Rehab Plan

Visit Frequency:

1 times per week for 4 month(s)

Visits Ordered: 16

Re-Evaluation to be performed in: 4 weeks

Treatment Plan

Pt will continue physical therapy 1x week for 4 months to improve LE strength and balance. Pt will work on ambulating, stair negotiation, STS and balance to help improve OM scores and ambulate at home and within the community independently. Pt will incorporate HEP into session and progress exercises.

[REDACTED] Continue use of dual tasking throughout session. Would like to see how he does using a 4WW to see how it changes his gait.

[REDACTED] patient ambulated without use of AD and would benefit from increased lateral stability training.

Exercises/Activities

Session Timing:

Re-eval - 1 unit
Ther ex - 1 unit

Short Term Goals

Sit to stand independently w/o UE support to improve 5TSTS score by 10 seconds.

Stand independently and complete 8 steps in 20 seconds to improve BBS

Stand unsupported one foot in front of the other for 15 seconds to improve BBS

Procedures

97530 THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES

4018F THERAPEUTIC EXERCISE FOR THE INVOLVED JOINT(S) INSTRUCTED OR PHYSICAL OR OCCUPATIONAL THERAPY PRESCRIBED (OA)

Signed: [REDACTED] Fri [REDACTED] 02:05 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 52:06 EST [REDACTED]

[REDACTED]
Phone: [REDACTED] Tax ID: [REDACTED]

[REDACTED]
9343 WHITE LAKE RD

[REDACTED]
DOB: [REDACTED]

[REDACTED]
Date of Service: [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt is feeling good today. His wife is present with his at the treatment session. He has still not passed the kidney stone but denies any pain. Pt is in a good mood and ready for therapy today.

Objective

Vitals

Heart Rate: 71
SPO2: 98

Respiratory Rate: 16

BP: 126 / 82

Musculoskeletal

Hip / Thigh / Leg

ROM & Joint Play

ROM

Flexion (120°) bent knee

Left
Strength: 4/5
Right
Strength: 3/5

Knee

ROM & Joint Play

ROM

Flexion (150°)

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

Extension (0°)

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

Additional:

Re-evaluation

5TSTS: 20.72 seconds without UE

BBS: 39/56

6MWT: 480 ft supervision, no AD

10MWT: comfortable: 0.42 m/s 0.49m/s fast: 0.62 m/s 0.55m/s

Mini cog: 0/5 - was not able to recall any words, was not able to draw a clock or the hands correctly

Obstacle course:

40 feet long

2 3-inch steps and 2 1-inch steps (3-1-3-1)

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Patient was instructed to count backwards from 100 when starting exercise
Exercise was timed to determine the effects of dual-tasking

no cog task: 56 sec

with cog task (counting): 65 sec

i lap normal walking: 1 min 8 sec

Assessment

Diagnostic Statements:

Force production deficit

Assessment Statements:

Pt tolerated tx well. Pt needed consistent VC to take bigger steps (not shuffle), and look up. Pt had trouble remembering different cognitive tasks that were given for dual tasks. Pt also needed additional physical support when cognitive task was added for obstacle course. Continue to work on dual tasking and gait training. Also implement more balance activities.

Patient was able to safely ambulate through an obstacle course in the hallway. Patient was able to clear 2 3-inch obstacles and 2 1-inch obstacles in a 40 foot space. Patient completed two laps of this exercise. Dual-tasking component of counting backwards was added to exercise on the second lap and patient showed a decrease in completion time as they counted backwards while ambulating. Patient became distracted while doing exercise which slowed their gait, shortened their step length and widened their gait.

Diagnoses Codes

1. M62.81 Muscle weakness (generalized)

Plan

Rehab Plan

Visit Frequency:

1 times per week for 4 month(s)

Visits Ordered: 16

Re-Evaluation to be performed in: 4 weeks

Treatment Plan

Pt will continue physical therapy 1x week for 4 months to improve LE strength and balance. Pt will work on ambulating, stair negotiation, STS and balance to help improve OM scores and ambulate at home and within the community independently. Pt will incorporate HEP into session and progress exercises.

[REDACTED] Continue use of dual tasking throughout session. Would like to see how he does using a 4WW to see how it changes his gait.

[REDACTED] patient ambulated without use of AD and would benefit from increased lateral stability training.

Exercises/Activities

Session Timing:

Re-eval - 1 unit

Ther ex - 1 unit

Short Term Goals

- Sit to stand independently w/o UE support to improve 5TSTS score by 10 seconds.
Stand independently and complete 8 steps in 20 seconds to improve BBS
Stand unsupported one foot in front of the other for 15 seconds to improve BBS

Long Term Goals

- In 6 weeks, pt will be able to stand on one leg for 5 seconds with supervision get into the shower independently.
In 6 weeks, pt will be able to walk independently 550 feet w/o AD in 6 minutes to improve gait within the community.
In 6 weeks, pt will be able to complete an obstacle course with 5 different activities without needing VC to remember each task.

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Procedures

97530 THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES

4018F THERAPEUTIC EXERCISE FOR THE INVOLVED JOINT(S) INSTRUCTED OR PHYSICAL OR OCCUPATIONAL THERAPY PRESCRIBED (OA)

Signed: [REDACTED] Fri [REDACTED] 02:05 EST [REDACTED]

Signed: [REDACTED] Fri [REDACTED] 52:56 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt is feeling good today. His wife is present with his at the treatment session. He has still not passed the kidney stone but denies any pain. Pt is in a good mood and ready for therapy today.

Objective

Vitals

Heart Rate: 71
SPO2: 98

Respiratory Rate: 16

BP: 126 / 82

Musculoskeletal

Hip / Thigh / Leg

ROM & Joint Play

ROM

Flexion (120°) bent knee

Left
Strength: 4/5
Right
Strength: 3/5

Knee

ROM & Joint Play

ROM

Flexion (150°)

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

Extension (0°)

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

Additional:

Re-evaluation

5TSTS: 20.72 seconds without UE

BBS: 39/56

6MWT: 480 ft supervision, no AD

10MWT: comfortable: 0.42 m/s 0.49m/s fast: 0.62 m/s 0.55m/s

Mini cog: 0/5 - was not able to recall any words, was not able to draw a clock or the hands correctly

Obstacle course:

40 feet long

2 3-inch steps and 2 1-inch steps (3-1-3-1)

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Patient was instructed to count backwards from 100 when starting exercise
Exercise was timed to determine the effects of dual-tasking

no cog task: 56 sec

with cog task (counting): 65 sec

i lap normal walking: 1 min 8 sec

Assessment

Diagnostic Statements:

Force production deficit

Assessment Statements:

Pt tolerated tx well. Pt needed consistent VC to take bigger steps (not shuffle), and look up. Pt had trouble remembering different cognitive tasks that were given for dual tasks. Pt also needed additional physical support when cognitive task was added for obstacle course. Continue to work on dual tasking and gait training. Also implement more balance activities.

Patient was able to safely ambulate through an obstacle course in the hallway. Patient was able to clear 2 3-inch obstacles and 2 1-inch obstacles in a 40 foot space. Patient completed two laps of this exercise. Dual-tasking component of counting backwards was added to exercise on the second lap and patient showed a decrease in completion time as they counted backwards while ambulating. Patient became distracted while doing exercise which slowed their gait, shortened their step length and widened their gait.

Diagnoses Codes

1. M62.81 Muscle weakness (generalized)

Plan

Rehab Plan

Visit Frequency:

1 times per week for 4 month(s)

Visits Ordered: 16

Re-Evaluation to be performed in: 4 weeks

Treatment Plan

Pt will continue physical therapy 1x week for 4 months to improve LE strength and balance. Pt will work on ambulating, stair negotiation, STS and balance to help improve OM scores and ambulate at home and within the community independently. Pt will incorporate HEP into session and progress exercises.

[REDACTED] Continue use of dual tasking throughout session. Would like to see how he does using a 4WW to see how it changes his gait.

[REDACTED] patient ambulated without use of AD and would benefit from increased lateral stability training.

Exercises/Activities

Session Timing:

Re-eval - 1 unit

Ther ex - 1 unit

Short Term Goals

- Sit to stand independently w/o UE support to improve 5TSTS score by 10 seconds.
Stand independently and complete 8 steps in 20 seconds to improve BBS
Stand unsupported one foot in front of the other for 15 seconds to improve BBS

Long Term Goals

- In 6 weeks, pt will be able to stand on one leg for 5 seconds with supervision get into the shower independently.
In 6 weeks, pt will be able to walk independently 550 feet w/o AD in 6 minutes to improve gait within the community.
In 6 weeks, pt will be able to complete an obstacle course with 5 different activities without needing VC to remember each task.

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Procedures

97530 THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES

4018F THERAPEUTIC EXERCISE FOR THE INVOLVED JOINT(S) INSTRUCTED OR PHYSICAL OR OCCUPATIONAL THERAPY PRESCRIBED (OA)

Signed: [REDACTED] Fri [REDACTED] 19:02 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reports having Kidney stones 2 sundays ago. Went to the Er on Owen Rd. Passed 1 2 weeks ago on Wednesday. Still has one left to pass . Had abdomen and LBP with kidney stone, but no new pain or pain now. No COVID signs and has access to necessities.

Objective

Vitals

Heart Rate: 64
SPO2: 99

Respiratory Rate: 16

BP: 132 / 82

Musculoskeletal

Hip / Thigh / Leg

ROM & Joint Play

ROM

Flexion (120°) bent knee

Left
Strength: 4/5
Right
Strength: 3/5

Knee

ROM & Joint Play

ROM

Flexion (150°)

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

Extension (0°)

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

Additional:

Gait Training CGA
1 lap 110 ft
2 laps reg walking
1 lap reg wlk with 6lb wts bil-1.05 min
1 lap walk with 6lb wts bil, dual task 1.23 min

Stairs one flight 13 steps CGA
6 lb wts bil
1x up and down no time
2nd: down 58 sec, up 24 sec
3rd with cog: down 1 min, up 34 sec

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Obstacle Course

3x STS, mini stair up/down, 3 hurdles, 4 big steps on dots
1 trial- 3.34 min CGA
2nd trial: 3.27 min CGA
3rd trial: 3.28 with cognitive CGA x 2 SPT

Assessment

Diagnostic Statements:

Force production deficit

Assessment Statements:

Pt tolerated tx well. Pt needed consistent VC to take bigger steps (not shuffle), and look up. Pt had trouble remembering different cognitive tasks that were given for dual tasks. Pt also needed additional physical support when cognitive task was added for obstacle course. Continue to work on dual tasking and gait training. Also implement more balance activities.

Diagnoses Codes

1. M62.81 Muscle weakness (generalized)

Plan

Rehab Plan

Visit Frequency:

1 times per week for 4 month(s)

Visits Ordered: 16

Re-Evaluation to be performed in: 4 weeks

Treatment Plan

Pt will continue physical therapy 1x week for 4 months to improve LE strength and balance. Pt will work on ambulating, stair negotiation, STS and balance to help improve OM scores and ambulate at home and within the community independently. Pt will incorporate HEP into session and progress exercises.

[REDACTED] Continue use of dual tasking throughout session. Would like to see how he does using a 4WW to see how it changes his gait.

[REDACTED] patient ambulated without use of AD and would benefit from increased lateral stability training.

Exercises/Activities

Session Timing:

Ther Act- 2 unit, Gait- 2 unit,

Short Term Goals

- Sit to stand independently w/o UE support to improve 5TSTS score by 10 seconds.
Stand independently and complete 8 steps in 20 seconds to improve BBS
Stand unsupported one foot in front of the other for 15 seconds to improve BBS

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Long Term Goals

- Pt will be able to stand on one leg for 5 seconds get into the shower independently.
- Pt will be able to walk independently 300 feet w/o AD to improve gait within the community.
- Pt will be able to complete 8 steps independently in 20 seconds to improve stair function.

Procedures

97530 THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES

4018F THERAPEUTIC EXERCISE FOR THE INVOLVED JOINT(S) INSTRUCTED OR PHYSICAL OR OCCUPATIONAL THERAPY PRESCRIBED (OA)

Signed: [REDACTED]) Fri [REDACTED] 28:54 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reports having Kidney stones 2 sundays ago. Went to the Er on Owen Rd. Passed 1 2 weeks ago on Wednesday. Still has one left to pass . Had abdomen and LBP with kidney stone, but no new pain or pain now. No COVID signs and has access to necessities.

Objective

Vitals

Heart Rate: 64
SPO2: 99

Respiratory Rate: 16

BP: 132 / 82

Musculoskeletal

Hip / Thigh / Leg

ROM & Joint Play

ROM

Flexion (120°) bent knee

Left
Strength: 4/5
Right
Strength: 3/5

Knee

ROM & Joint Play

ROM

Flexion (150°)

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

Extension (0°)

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

Additional:

Gait Training CGA
1 lap 110 ft
2 laps reg walking
1 lap reg wlk with 6lb wts bil-1.05 min
1 lap walk with 6lb wts bil, dual task 1.23 min

Stairs one flight 13 steps CGA

6 lb wts bil

1x up and down no time

2nd: down 58 sec, up 24 sec

3rd with cog: down 1 min, up 34 sec

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Obstacle Course

3x STS, mini stair up/down, 3 hurdles, 4 big steps on dots
1 trial- 3.34 min CGA
2nd trial: 3.27 min CGA
3rd trial: 3.28 with cognitive CGA x 2 SPT

Assessment

Diagnostic Statements:

Force production deficit

Assessment Statements:

Pt tolerated tx well. Pt needed consistent VC to take bigger steps (not shuffle), and look up. Pt had trouble remembering different cognitive tasks that were given for dual tasks. Pt also needed additional physical support when cognitive task was added for obstacle course. Continue to work on dual tasking and gait training. Also implement more balance activities.

Diagnoses Codes

1. M62.81 Muscle weakness (generalized)

Plan

Rehab Plan

Visit Frequency:

1 times per week for 4 month(s)

Visits Ordered: 16

Re-Evaluation to be performed in: 4 weeks

Treatment Plan

Pt will continue physical therapy 1x week for 4 months to improve LE strength and balance. Pt will work on ambulating, stair negotiation, STS and balance to help improve OM scores and ambulate at home and within the community independently. Pt will incorporate HEP into session and progress exercises.

[REDACTED] Continue use of dual tasking throughout session. Would like to see how he does using a 4WW to see how it changes his gait.

[REDACTED] patient ambulated without use of AD and would benefit from increased lateral stability training.

Exercises/Activities

Session Timing:

Ther Act- 2 unit, Gait- 2 unit,

Short Term Goals

- Sit to stand independently w/o UE support to improve 5TSTS score by 10 seconds.
Stand independently and complete 8 steps in 20 seconds to improve BBS
Stand unsupported one foot in front of the other for 15 seconds to improve BBS

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Long Term Goals

- Pt will be able to stand on one leg for 5 seconds get into the shower independently.
- Pt will be able to walk independently 300 feet w/o AD to improve gait within the community.
- Pt will be able to complete 8 steps independently in 20 seconds to improve stair function.

Procedures

97530 THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES

4018F THERAPEUTIC EXERCISE FOR THE INVOLVED JOINT(S) INSTRUCTED OR PHYSICAL OR OCCUPATIONAL THERAPY PRESCRIBED (OA)

Signed: [REDACTED] Wed [REDACTED] 47:23 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt presents to PT without any c/o of pain and with determination to complete today's interventions. Per last note, pts. wife has some concern in cognitive decline with his dementia but reported that it had not progressed since his last visit.

Objective

Vitals

Heart Rate: 62
SPO2: 98

Respiratory Rate: 16

BP: 132 / 80

Musculoskeletal

Hip / Thigh / Leg

ROM & Joint Play
ROM

Flexion (120°) bent knee

Left
Strength: 4/5
Right
Strength: 3/5

Knee

ROM & Joint Play
ROM

Flexion (150°)

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

Extension (0°)

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

Additional:

Activities:

- Gait training CGA

Gait in forward direction; Dual tasking – 430ft, Ankle weights – 6lb 289ft

- total of 600ft with ankle weights, total of 50 feet for cognitive testing

Lat steps w/ 6 hurdles , Distance: 4 lengths (2 Leading w/ L, 2 leading w/ R), R UE support from SPT

**add in forward/backward steps next visit

Stairs w/ ankle weights #6 up & down 3 flights CGA

- Ther Act

"Jumping jacks" 1-2 sets LE jumping only then last set attempt to add UE

- Patient & Caregiver education

Reviewed HEP that pt was given a while back from another clinic. Made some changes to some exercises to progress and

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

addressed the importance of continuing use of HEP everyday. Wife was instructed on some techniques to help him continue safe ambulation in the home, using simple cue words to help him process.

Assessment

Diagnostic Statements:

Force production deficit

Assessment Statements:

Pt tolerated PT well today. Continued to progress through ambulating with use of 6# ankle weights and cueing for "large" steps. Patient tolerated pacing with PT in front of them to act as a target for increased gait speed. Lateral stepping utilized to work on lateral stability in posture and cues for increased width of step to clear other LE without stutter step. Patient would benefit from improving on hurdles in a forward and backward step and may need to use weight shifting through functional stance to work on posterior chain strength and gain proprioception of stepping backwards.

Diagnoses Codes

1. M62.81 Muscle weakness (generalized)

Plan

Rehab Plan

Visit Frequency:

1 times per week for 4 month(s)

Visits Ordered: 16

Re-Evaluation to be performed in: 4 weeks

Treatment Plan

Pt will continue physical therapy 1x week for 4 months to improve LE strength and balance. Pt will work on ambulating, stair negotiation, STS and balance to help improve OM scores and ambulate at home and within the community independently. Pt will incorporate HEP into session and progress exercises.

[REDACTED] Continue use of dual tasking throughout session. Would like to see how he does using a 4WW to see how it changes his gait.

[REDACTED] patient ambulated without use of AD and would benefit from increased lateral stability training.

Exercises/Activities

Session Timing:

Ther. Act- 1 unit, Gait- 3 unit, Pt. Edu-1 unit

Short Term Goals

Sit to stand independently w/o UE support to improve 5TSTS score by 10 seconds.

Stand independently and complete 8 steps in 20 seconds to improve BBS

Stand unsupported one foot in front of the other for 15 seconds to improve BBS

Procedures

97530 THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES

4018F THERAPEUTIC EXERCISE FOR THE INVOLVED JOINT(S) INSTRUCTED OR PHYSICAL OR OCCUPATIONAL

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

THERAPY PRESCRIBED (OA)

Signed: [REDACTED]) Fri [REDACTED] 47:08 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 25:26 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt arrived to PT today in a positive mood with no c/o pain. Pt denies symptoms since his last visit and reports feeling overall good. Appointment with Physiatrist was cancelled & rescheduled to dec. 2nd (?). Wife reported having concerns about increased symptoms of pt's dementia and difficulty initiating movement. No pain or changes in the past week and reports feeling good.

Objective

Vitals

Heart Rate: 59
SPO2: 96

Respiratory Rate: 18

BP: 144 / 90

Musculoskeletal

Hip / Thigh / Leg

ROM & Joint Play

ROM

Flexion (120°) bent knee

Left
Strength: 4/5
Right
Strength: 3/5

Knee

ROM & Joint Play

ROM

Flexion (150°)

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

Extension (0°)

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

Additional:

Activities:

- Gait training CGA
Gait in forward direction; High knees – 286ft , Dual tasking – 430ft, Ankle weights – 6lb 289ft
Lateral steps CGA, Distance - .5 court 2 lengths (down and back once)
Lat steps w/ 6 hurdles , Distance: 4 lengths (2 Leading w/ L, 2 leading w/ R), R UE support from SPT
Stairs w/ ankle weights #6 up & down 3 flights CGA
Stairs up & down 3 flights CGA

- Ther Act
"Jumping jacks" 1-2 sets LE jumping only then last set attempt to add UE

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

- Patient & Caregiver education

Reviewed HEP that pt was given a while back from another clinic. Made some changes to some exercises to progress and addressed the importance of continuing use of HEP everyday. Wife was instructed on some techniques to help him continue safe ambulation in the home, using simple cue words to help him process.

Assessment

Assessment Statements:

Pt tolerated treatment well with standing rest breaks and a max of 6/10 on RPE scale. CGA used for forward direction ambulation. Patient required consistent VC and occasional TC with high knees, later steps w & w/o hurdles. R UE support (Mod A) for lateral steps with the hurdles. Slow negotiation of stairs until VC to step through to each step. Occasional difficulty clearing step height but caught self. Difficulty with dual tasking; slower gait and smaller step length, and difficulty with completing the cognitive task as well. Attempted modified "jumping jacks" at end of session, patient seemed very fatigued and had difficulty understanding and performing task. Was able to perform a couple reps with observed jump and movement of his feet.

Diagnoses Codes

Plan

Rehab Plan

Visit Frequency:

1 times per week for 4 month(s)

Visits Ordered: 16

Re-Evaluation to be performed in: 4 weeks

Treatment Plan

Pt will continue physical therapy 1x week for 4 months to improve LE strength and balance. Pt will work on ambulating, stair negotiation, STS and balance to help improve OM scores and ambulate at home and within the community independently. Pt will incorporate HEP into session and progress exercises.

[REDACTED] Continue use of dual tasking throughout session. Would like to see how he does using a 4WW to see how it changes his gait.

Exercises/Activities

Session Timing:

Ther. Act- 1 unit, Gait- 3 unit, Pt. Edu-1 unit

Short Term Goals

- Sit to stand independently w/o UE support to improve 5TSTS score by 10 seconds.
Stand independently and complete 8 steps in 20 seconds to improve BBS
Stand unsupported one foot in front of the other for 15 seconds to improve BBS

Long Term Goals

- Pt will be able to stand on one leg for 5 seconds get into the shower independently.
Pt will be able to walk independently 300 feet w/o AD to improve gait within the community.
Pt will be able to complete 8 steps independently in 20 seconds to improve stair function.

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 58:23 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt arrived to PT today in a positive mood with no c/o pain. Pt denies symptoms since his last visit and reports feeling overall good. Wife reports he is going to PCP next week.

Objective

Vitals

Heart Rate: 64
SPO2: 99

Respiratory Rate: 12

BP: 124 / 78

Musculoskeletal

Hip / Thigh / Leg

ROM & Joint Play
ROM

Flexion (120°) bent knee

Left
Strength: 4/5
Right
Strength: 3/5

Knee

ROM & Joint Play
ROM

Flexion (150°)

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

Extension (0°)

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

Additional:

Outcome Measures:

5TSTS: 25:72 sec - Due to the mean score for stroke pts in his age range being 9.3 +/- 2.1sec, he is considered a significant fall risk.

Gait speed: normal pace: .472m/sec fast pace: .65m/sec - Pt is considered a limited community ambulator due to cut off score for gait speed in stroke pts.

6 min walk: 167.3 m(549ft) - RPE at the end of test was 13/20.

Activities:

Gait training: (RPE 16)

- 15 minute walk in hallway: no use of AD, CGA - R foot turned out more; increased step length w/ VC. Pt required VC to increase gait speed and min assist to maintain balance when changing speeds or directions.

- lateral walks (1 x 40ft each side)

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DOB: [REDACTED]

Date of Service: [REDACTED]

- cross over walks (R more unsteady than L) (2x40ft. each side)
 - Vitals after gait training: SpO2: 99% HR: 68bpm
- Stairs: 2x descending, 1x ascending using reciprocal gait pattern w/ 6lbs ankle weights, CGA, and alt. UE support of HR (pref. for R> L UE, better speed on R). Pt required VC to increase gait speed on stairs and to redirect when distracted from external stimuli.
 - Vitals after 1x descending and 1x ascending stairs: HR: 96bpm SpO2: 93% but increased to 95% w/ standing break.

Assessment

Assessment Statements:

Pt tolerated treatment well with standing rest breaks and a max of 13/20 on RPE scale. SBA used for forward direction ambulation. Mod A for cross over stepping and lateral walking w/ occasional LOB requiring mod A from SPT to maintain balance. Pt required constant VC to complete crossover stepping and increased step length. Pt experienced LOB in forward direction with no balance strategy used when coming to an immediate stop after activity requiring mod SPT assistance to right balance. Stairs performed w/ reciprocal step pattern and use of unilateral UE support using HR and CGA, pt shows better speed when using R UE over L UE for support. Pt exhibits increased gait speed and stair ambulation when constant VC and an example is present.

Plan

Rehab Plan

Visit Frequency:

1 times per week for 4 month(s)

Visits Ordered: 16

Re-Evaluation to be performed in: 4 weeks

Treatment Plan

Pt will continue physical therapy 1x week for 4 months to improve LE strength and balance. Pt will work on ambulating, stair negotiation, STS and balance to help improve OM scores and ambulate at home and within the community independently. Pt will incorporate HEP into session and progress exercises.

(10/8/21): Incorporate dual-task training with gait training. Increase speed during stair training, and continue use of metronome to increase speed.

Exercises/Activities

Session Timing:

Ther. Act- 1 unit, Gait- 3 unit,

Short Term Goals

Sit to stand independently w/o UE support to improve 5TSTS score by 10 seconds.

Stand independently and complete 8 steps in 20 seconds to improve BBS

Stand unsupported one foot in front of the other for 15 seconds to improve BBS

Signed: [REDACTED] Mon [REDACTED] 05:41 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 56:44 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt arrived to PT today in a positive mood with no c/o pain. Pt denies symptoms since his last visit. Wife reports improvement in increased step length out in community, less practice able to happen in the home because it's a tri-level.

Objective

Vitals

Heart Rate: 69
SPO2: 96

Respiratory Rate: 19

BP: 130 / 84

Musculoskeletal

Hip / Thigh / Leg

ROM & Joint Play

ROM

Flexion (120°) bent knee

Left
Strength: 4/5
Right
Strength: 3/5

Knee

ROM & Joint Play

ROM

Flexion (150°)

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

Extension (0°)

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

Additional:

Test & Meas. (Dist. B LE)

L: Proprioception- impaired ankle and great toe; Lt. Touch.- impaired med./lat., top of foot intact, bottom of foot impaired

R: Proprioception- intact at ankle, impaired at great toe; Lt. Touch.- impaired med., top of foot intact, bottom of foot intact

Activities

Total time in standing - 45:23

Gait training: (RPE 4)

- 8 minute walk around gym: no use of AD, CGA - R foot turned out more; nice big steps with VC; shuffle gait; longer t on R LE; slight stumble caught it. walk with high knees – a few and then lower

- lateral walks (2 x 20ft each side)

- cross over walks (R more unsteady than L) (1x20ft. each side)

- backward walking (2x20ft.)

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

- -walk w/ weight (6#) RPE 4
- Stairs: (RPE range [REDACTED])
- reciprocal gait pattern, Alt. UE support of HR (pref. for R> L UE, better speed on R) & SBA

Assessment

Assessment Statements:

Pt tolerated treatment well with 2 standing rest breaks and a max of 9/10 on modified RPE scale. Sensation was tested and reported in additional information above; Bil impairments with L>R in both proprioception and lt. touch. SBA used for forward direction ambulation. CGA for cross over stepping w/ decreased steadiness on R requiring min A from SPT to maintain balance. During gait training while standing for instruction patient had posterior sway with no ankle strategy utilized to catch balance, mod A required from SPT. When asked to perform high knee marches pt struggled to perform task with consistency. Stairs performed w/ reciprocal step pattern and use of U UE support using HR and SBA, pt shows better speed when using R UE over L UE for support.

Diagnoses Codes

Plan

Rehab Plan

Visit Frequency:

1 times per week for 4 month(s)

Visits Ordered: 16

Re-Evaluation to be performed in: 4 weeks

Treatment Plan

Pt will continue physical therapy 1x week for 4 months to improve LE strength and balance. Pt will work on ambulating, stair negotiation, STS and balance to help improve OM scores and ambulate at home and within the community independently.

(10/8/21): Incorporate dual-task training with gait training. Increase speed during stair training, and continue use of metronome to increase speed.

Exercises/Activities

Session Timing:

Ther. Act- 1 unit, Gait- 3 unit,

Short Term Goals

Sit to stand independently w/o UE support to improve 5TSTS score by 10 seconds.

Stand independently and complete 8 steps in 20 seconds to improve BBS

Stand unsupported one foot in front of the other for 15 seconds to improve BBS

Long Term Goals

Pt will be able to stand on one leg for 5 seconds get into the shower independently.

Pt will be able to walk independently 300 feet w/o AD to improve gait within the community.

Pt will be able to complete 8 steps independently in 20 seconds to improve stair function.

Signed: [REDACTED]) Wed [REDACTED] 28:59 EST [REDACTED]

[REDACTED]
Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt arrived to PT today in a positive mood with no c/o pain. Pt denies symptoms since his last visit. Wife reports improvement in increased step length out in community, less practice able to happen in the home b/c it's a tri-level.

Objective

Vitals

Heart Rate: 69
SPO2: 96

Respiratory Rate: 19

BP: 130 / 84

Musculoskeletal

Hip / Thigh / Leg

ROM & Joint Play

ROM

Flexion (120°) bent knee

Left
Strength: 4/5
Right
Strength: 3/5

Knee

ROM & Joint Play

ROM

Flexion (150°)

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

Extension (0°)

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

Additional:

Test & Meas. (Dist. B LE)

L: Proprioception- impaired ankle and great toe; Lt. Touch.- impaired med./lat., top of foot intact, bottom of foot impaired

R: Proprioception- intact at ankle, impaired at great toe; Lt. Touch.- impaired med., top of foot intact, bottom of foot intact

Activities

Total time in standing - 45:23

Gait training: (RPE 4)

- 8 minute walk around gym: no use of AD, CGA - R foot turned out more; nice big steps with VC; shuffle gait; longer t on R LE; slight stumble caught it. walk with high knees – a few and then lower

- lateral walks (2 x 20ft each side)

- cross over walks (R more unsteady than L) (1x20ft. each side)

- backward walking (2x20ft.)

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

- -walk w/ weight (6#) RPE 4
- Stairs: (RPE range [REDACTED])
- reciprocal gait pattern, Alt. UE support of HR (pref. for R> L UE, better speed on R) & SBA

Assessment

Assessment Statements:

Pt tolerated treatment well with 2 standing rest breaks and a max of 9/10 on modified RPE scale. Sensation was tested and reported in additional information above; Bil impairments with L>R in both proprioception and lt. touch. SBA used for forward direction ambulation. CGA for cross over stepping w/ decreased steadiness on R requiring min A from SPT to maintain balance. During gait training while standing for instruction patient had posterior sway with no ankle strategy utilized to catch balance, mod A required from SPT. When asked to perform high knee marches pt struggled to perform task with consistency. Stairs performed w/ reciprocal step pattern and use of U UE support using HR and SBA, pt shows better speed when using R UE over L UE for support.

Diagnoses Codes

Plan

Rehab Plan

Visit Frequency:

1 times per week for 4 month(s)

Visits Ordered: 16

Re-Evaluation to be performed in: 4 weeks

Treatment Plan

Pt will continue physical therapy 1x week for 4 months to improve LE strength and balance. Pt will work on ambulating, stair negotiation, STS and balance to help improve OM scores and ambulate at home and within the community independently.

(10/8/21): Incorporate dual-task training with gait training. Increase speed during stair training, and continue use of metronome to increase speed.

Exercises/Activities

Session Timing:

Ther. Act- 1 unit, Gait- 3 unit,

Short Term Goals

Sit to stand independently w/o UE support to improve 5TSTS score by 10 seconds.

Stand independently and complete 8 steps in 20 seconds to improve BBS

Stand unsupported one foot in front of the other for 15 seconds to improve BBS

Long Term Goals

Pt will be able to stand on one leg for 5 seconds get into the shower independently.

Pt will be able to walk independently 300 feet w/o AD to improve gait within the community.

Pt will be able to complete 8 steps independently in 20 seconds to improve stair function.

Signed: [REDACTED] Mon [REDACTED] 06:07 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 55:37 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt arrived to PT today in a positive mood with no c/o pain. Pt denies symptoms since his last visit.

Objective

Vitals

Heart Rate: 69
SPO2: NR

Respiratory Rate: NR

BP: 139 / 88

Musculoskeletal

Hip / Thigh / Leg

ROM & Joint Play

ROM

Flexion (120°) bent knee

Left
Strength: 4/5
Right
Strength: 3/5

Knee

ROM & Joint Play

ROM

Flexion (150°)

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

Extension (0°)

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

Additional:

Gait Training (CGA) (30 minutes):

Pt ambulated hallway at comfortable speed for 1 lap. Pt performed 1 lap of BIL sidestepping each, 3 laps of forward walking with blue tband resistance applied to waist (2 laps with 6# weight applied to L ankle), and 1 lap cool down. Pt ambulated 2 laps with metronome set to 95 beats/min with 1/2 lap efficiency before tiring and slowing speed. Pt required VC during sidestepping to remain facing the wall, and had difficulty dual-tasking with conversation.

Therapeutic Activity (with CGA for safety) (25 minutes)

-Pt ambulated 4 flights of stairs ascending, and 5 flights of stairs descending. Pt required VC for minimizing UE support with L HR, and altered a step-to and step-through pattern pending amount of UE support utilized.

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Assessment

Assessment Statements:

Pt tolerated treatment well with 2 standing rest breaks and a max of 8/10 on modified RPE scale. Pt demonstrated difficulty dual-task ambulation with conversation as well as inadequate L ankle DF with fatigue during gait. Pt's form decreased if he became distracted while walking. Pt performed well with stair ambulation, requiring 1 rest break following 4 flights of descending stairs.

Diagnoses Codes

Plan

Rehab Plan

Visit Frequency:

1 times per week for 4 month(s)

Visits Ordered: 16

Re-Evaluation to be performed in: 4 weeks

Treatment Plan

Pt will continue physical therapy 1x week for 4 months to improve LE strength and balance. Pt will work on ambulating, stair negotiation, STS and balance to help improve OM scores and ambulate at home and within the community independently.

(10/8/21): Incorporate dual-task training with gait training. Increase speed during stair training, and continue use of metronome to increase speed.

Exercises/Activities

Session Timing:

Ther. Act- 1 unit, Gait- 3 unit,

Short Term Goals

Sit to stand independently w/o UE support to improve 5TSTS score by 10 seconds.

Stand independently and complete 8 steps in 20 seconds to improve BBS

Stand unsupported one foot in front of the other for 15 seconds to improve BBS

Long Term Goals

Pt will be able to stand on one leg for 5 seconds get into the shower independently.

Pt will be able to walk independently 300 feet w/o AD to improve gait within the community.

Pt will be able to complete 8 steps independently in 20 seconds to improve stair function.

Signed: [REDACTED]) Fri [REDACTED] 05:24 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reports to physical therapy this morning in a positive mood and is ready to start with PT. Pt denies any pain or change in symptoms since his last visit. Utilized RPE throughout session, note in assessment.

Objective

Vitals

Heart Rate: 64
SPO2: 100

Respiratory Rate: 19

BP: 140 / 86

Musculoskeletal

Hip / Thigh / Leg

ROM & Joint Play
ROM

Flexion (120°) bent knee

Left
Strength: 4/5
Right
Strength: 3/5

Knee

ROM & Joint Play
ROM

Flexion (150°)

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

Extension (0°)

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

Ankle / Foot

ROM & Joint Play
ROM

Dorsiflexion (20°)

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

Additional:

Gait Training (with use of 2WW, CGA for safety) (5 minutes):

- 1 repetition of 140 feet of forward gait. VC and TC used to encourage increased step length and head up for posture. PT paced speed to encourage him to increase pace.

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Gait Training (with use of 2WW, CGA for safety) (40 minutes)): VC and TC used to encourage increased step length and head up for posture. PT paced speed to encourage him to increase pace.

- 4 repetitions of 140 ft of forward gait
- 1 rep of side stepping across gym, switching sides half-way
- 1 rep of cross stepping across gym, switching sides half-way
- 1 rep of backwards gait for 75ft.
- 1 rep of forward gait with 6# ankle weights
- 2 reps of uneven surface and hurdles for 30ft.

Therapeutic Activity (with CGA for safety) (15 minutes)

- 2x10 jumping jacks PT provided VC and UE support to encourage initiation of movement task and pushing through bil LE
- 3 flights of Stairs both ascending and descending with reciprocal step pattern and use of HR on R side.
- 1 flight of stairs with 6# ankle weights both ascending and descending VC to increase step height for foot clearance.

Assessment

Assessment Statements:

Pt tolerated all treatment well at this session and improved his form in activities with repetition and verbal cueing. Pt demonstrates decreased step length bilaterally and requires consistent verbal and visual cues to increase his step length throughout session. Pt reported following RPEs for the corresponding interventions; forward gait-12, side stepping - 12, cross stepping - 12, jumping jacks-14, gait with ankle weights-16, stairs with ankle weights-16.Pt demonstrates difficulty maintaining corrections following more than 2 correct repetitions. Pt remained standing for full duration of treatment session for a total time of 55min.

Plan

Rehab Plan

Visit Frequency:

1 times per week for 4 month(s)

Visits Ordered: 16

Re-Evaluation to be performed in: 4 weeks

Treatment Plan

Pt will continue physical therapy 1x week for 4 months to improve LE strength and balance. Pt will work on ambulating, stair negotiation, STS and balance to help improve OM scores and ambulate at home and within the community independently.

[REDACTED] Continue progressing patient with gait training focusing on increasing bilateral step length and gait speed. Begin session off with gait immediately to work on patience endurance for length of session. Use 2WW for "warm-up" then cease use of AD during gait training. Increase speed, distance & intensity of gait training.

Exercises/Activities

Session Timing:

Total session time: 65 min

Ther. Act- 1 unit, Gait- 3 unit,

Short Term Goals

Sit to stand independently w/o UE support to improve 5TSTS score by 10 seconds.

Stand independently and complete 8 steps in 20 seconds to improve BBS

Stand unsupported one foot in front of the other for 15 seconds to improve BBS

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DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

Pt reports to physical therapy this morning in a positive mood and is ready to start with PT. Pt denies any pain or change in symptoms since his last visit. Utilized RPE throughout session, note in assessment.

Objective

Vitals

Heart Rate: 64
SPO2: 100

Respiratory Rate: 19

BP: 140 / 86

Musculoskeletal

Hip / Thigh / Leg

ROM & Joint Play

ROM

Flexion (120°) bent knee

Left
Strength: 4/5
Right
Strength: 3/5

Knee

ROM & Joint Play

ROM

Flexion (150°)

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

Extension (0°)

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

Ankle / Foot

ROM & Joint Play

ROM

Dorsiflexion (20°)

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

Additional:

Gait Training (with use of 2WW, CGA for safety) (5 minutes):

- 1 repetition of 140 feet of forward gait. VC and TC used to encourage increased step length and head up for posture. PT paced

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speed to encourage him to increase pace.

Gait Training (with use of 2WW, CGA for safety) (40 minutes)): VC and TC used to encourage increased step length and head up for posture. PT paced speed to encourage him to increase pace.

- 4 repetitions of 140 ft of forward gait
- 1 rep of side stepping across gym, switching sides half-way
- 1 rep of cross stepping across gym, switching sides half-way
- 1 rep of backwards gait for 75ft.
- 1 rep of forward gait with 6# ankle weights
- 2 reps of uneven surface and hurdles for 30ft.

Therapeutic Activity (with CGA for safety) (15 minutes)

- 2x10 jumping jacks PT provided VC and UE support to encourage initiation of movement task and pushing through bil LE
- 3 flights of Stairs both ascending and descending with reciprocal step pattern and use of HR on R side.
- 1 flight of stairs with 6# ankle weights both ascending and descending VC to increase step height for foot clearance.

Assessment

Assessment Statements:

Pt tolerated all treatment well at this session and improved his form in activities with repetition and verbal cueing. Pt demonstrates decreased step length bilaterally and requires consistent verbal and visual cues to increase his step length throughout session. Pt reported following RPEs for the corresponding interventions; forward gait-12, side stepping - 12, cross stepping - 12, jumping jacks-14, gait with ankle weights-16, stairs with ankle weights-16.Pt demonstrates difficulty maintaining corrections following more than 2 correct repetitions. Pt remained standing for full duration of treatment session for a total time of 55min.

Diagnoses Codes

Plan

Rehab Plan

Visit Frequency:

1 times per week for 4 month(s)

Visits Ordered: 16

Re-Evaluation to be performed in: 4 weeks

Treatment Plan

Pt will continue physical therapy 1x week for 4 months to improve LE strength and balance. Pt will work on ambulating, stair negotiation, STS and balance to help improve OM scores and ambulate at home and within the community independently.

[REDACTED] Continue progressing patient with gait training focusing on increasing bilateral step length and gait speed. Begin session off with gait immediately to work on patience endurance for length of session. Use 2WW for "warm-up" then cease use of AD during gait training. Increase speed, distance & intensity of gait training.

Exercises/Activities

Session Timing:

Total session time: 65 min

Ther. Act- 1 unit, Gait- 3 unit,

Short Term Goals

Sit to stand independently w/o UE support to improve 5TSTS score by 10 seconds.

Stand independently and complete 8 steps in 20 seconds to improve BBS

Stand unsupported one foot in front of the other for 15 seconds to improve BBS

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DOB: [REDACTED]

Date of Service: [REDACTED]

Long Term Goals

Pt will be able to stand on one leg for 5 seconds get into the shower independently.
Pt will be able to walk independently 300 feet w/o AD to improve gait within the community.
Pt will be able to complete 8 steps independently in 20 seconds to improve stair function.

Signed: [REDACTED] Fri [REDACTED] 35:02 EST [REDACTED]

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

Signed: [REDACTED] Fri [REDACTED] 29:52 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

[REDACTED]
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DOB: [REDACTED]

Date of Service: [REDACTED]

Rehab Daily Note

Date of Service: [REDACTED]

Provider's Signature

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Initial Exam

Date of Encounter: [REDACTED]

History of Present Illness

Pt reports to physical therapy this morning in a positive mood and is ready to start with PT. Pt denies any pain or change in symptoms since his last visit. Pt reports having stairs in his home he uses regularly. Pt was unable to report how many stairs are in his home. Pt reports having no difficulty using the stairs to ascend or descend them at home.

Medical History

Patient medications and dosages:

eliquis 5mg
carvedilol
pirovastatin 40mg
pontepragole 40mg
bupropion 2x/day 150mg
centrum silver
somsulosin 0.4mg
loxelon 0.2mg
lisinopril 30mg
asa 81mg

Physical Examination

Vitals

Heart Rate: 64
SPO2: 98

Respiratory Rate: 17

BP: 135 / 70

Musculoskeletal

Hip / Thigh / Leg

ROM & Joint Play
ROM

Flexion (120°) bent knee
Left
Strength: 4/5
Right
Strength: 3/5

Knee

ROM & Joint Play
ROM

Flexion (150°)
Left
Strength: 4/5
Right
Strength: 4/5

Extension (0°)

Left
Strength: 5/5
Right

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DOB: [REDACTED]

Date of Service: [REDACTED]

Strength: 5/5

Ankle / Foot

ROM & Joint Play

ROM

Dorsiflexion (20°)

Left

Strength: 4/5

Right

Strength: 4/5

Additional:

Gait Training (with use of 2WW, CGA for safety) (20 minutes):

- 1 repetition of 141 feet of forward gait
- 3 repetitions of 40 feet of gait training with 6 colored dots to promote taking larger step, verbal cueing for increased step length bilaterally and for upright head posture
- 3 repetitions of 40 feet of gait training over 6 hurdles, verbal cueing for increased hip and knee flexion bilaterally

Therapeutic Activity (with CGA for safety) (15 minutes)

- Sit to stand training progressing from 26 inch high mat table to 24 inch high mat table to 20 inch mat table (1 set of 5 repetitions at each height), verbal cueing for form to reduce use of BUE, verbal cueing for nose over toes, verbal cueing for increased speed and power in transition from sit to stand

Neuromuscular Reeducation (8 minutes)

- Stand with narrow base of support, 1 repetition for 30 seconds
- Standing with narrow base of support with reaching ipsilateral and cross body (1 set of 5 cones each of ipsilateral reaches and contralateral reaches at various heights bilaterally)

Assessment

Assessment Statements:

Pt tolerated all treatment well at this session and improved his form in activities with repetition and verbal cueing. Pt demonstrates decreased step length bilaterally and requires consistent verbal and visual cues to increase his step length. Pt demonstrated improvement in sit to stands with verbal cueing to increase power and speed of stands. Pt demonstrates difficulty remembering directions and benefits from repeating and reviewing directions that have been given to him.

Diagnoses Codes

Other Tests Ordered

5TSTS: 23.84 seconds w/ UE support

10MWT: Comfortable avg- .59 m/s

Fast avg: .565 m/s

6MWT: pt made it 2:50 and had to sit, test ended

BBS: 40/56 FALL RISK

Plan

Rehab Plan

Visit Frequency:

1 times per week for 4 month(s)

Visits Ordered: 16

Re-Evaluation to be performed in: 4 weeks

Phone: [REDACTED] Tax ID: [REDACTED]

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DOB: [REDACTED]

Date of Service: [REDACTED]

Treatment Plan

Pt will continue physical therapy 1x week for 4 months to improve LE strength and balance. Pt will work on ambulating, STS and balance to help improve OM scores and ambulate at home and within the community independently.

[REDACTED] Continue progressing patient with gait training focusing on increasing bilateral step length and gait speed. Trial gait with a rollator walker if it is appropriate. Continue to progress pt with sit to stand and BLE strength training. Progress pt with balance training as well specifically focusing on dynamic balance activities.

Exercises/Activities

Session Timing:

Total session time: 43 min

Ther. Act- 1 unit, Gait- 1 unit, Neuro Reed- 1 unit

Short Term Goals

Sit to stand independently w/o UE support to improve 5TSTS score by 10 seconds.

Stand independently and complete 8 steps in 20 seconds to improve BBS

Stand unsupported one foot in front of the other for 15 seconds to improve BBS

Long Term Goals

Pt will be able to stand on one leg for 5 seconds get into the shower independently.

Pt will be able to walk independently 300 feet w/o AD to improve gait within the community.

Pt will be able to complete 8 steps independently in 20 seconds to improve stair function.

Signed: [REDACTED] | 58:40 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

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DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Initial Exam

Date of Encounter: [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

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DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Initial Exam

Date of Encounter: [REDACTED]

Medical History

Patient medications and dosages:

eliquis 5mg
carvedilol
pirovastatin 40mg
pontepragole 40mg
bupropion 2x/day 150mg
centrum silver
somsulosin 0.4mg
loxelon 0.2mg
lisinopril 30mg
asa 81mg

Physical Examination

Vitals

Heart Rate: 84
SPO2: 98

Respiratory Rate: 14

BP: 132 / 82

Musculoskeletal

Hip / Thigh / Leg

ROM & Joint Play

ROM

Flexion (120°) bent knee

Left
Strength: 4/5
Right
Strength: 3/5

Knee

ROM & Joint Play

ROM

Flexion (150°)

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

Extension (0°)

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

Ankle / Foot

ROM & Joint Play

ROM

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DOB: [REDACTED]

Date of Service: [REDACTED]

Dorsiflexion (20°)

Left

Strength: 4/5

Right

Strength: 4/5

Other Tests Ordered

5TSTS: 23.84 seconds w/ UE support

10MWT: Comfortable avg- .59 m/s

Fast avg: .565 m/s

6MWT: pt made it 2:50 and had to sit, test ended

BBS: 40/56 FALL RISK

Plan

Rehab Plan

Visit Frequency:

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Re-Evaluation to be performed in: 4 weeks

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Stand unsupported one foot in front of the other for 15 seconds to improve BBS

Long Term Goals

Pt will be able to stand on one leg for 5 seconds get into the shower independently.

Pt will be able to walk independently 300 feet w/o AD to improve gait within the community.

Pt will be able to complete 8 steps independently in 20 seconds to improve stair function.

Signed: [REDACTED] Tue [REDACTED] 35:24 EST [REDACTED]

Signed: [REDACTED] Fri [REDACTED] 15:19 EST [REDACTED]

Phone: [REDACTED] Tax ID: [REDACTED]

9343 WHITE LAKE RD

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Initial Exam

Date of Encounter: [REDACTED]