



Physical Therapy Daily Note

Date of Encounter:

Subjective

Pt reports he is feeling "okay" today. He reports having 1 fall in the past week, but he got up on his own. Pt reports watching lot of movies while at home and indicating he does not walk "much" on his own where he is staying. Pt reports he has a new walking but did not bring it in today.

History of Current Complaint:

Pt presents with generalized weakness and dyskinesia secondary to Parkinson's disease.

Primary Complaint:

Patient presents with losing balance.

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

Objective

Vitals

Heart Rate: 72 **BP:** 138 / 90 **SPO2:** 94

Additional:

Walking in the hallway w/ U-step AD

- Two full laps up and down the hallway, following by half a lap up and down the hallway.
- Lots of cueing was required to have the patient take big steps and not festinate.
- Trunk flexes forward and butt sticks out, requiring lots of cueing to correct this.

Turning while walking.

- Pt let go of U-step to hold SPT's arms while turning at the end's of the hallway.
- Lots of cueing was required to encourage pt to take stepping turns.
- Requires mod to max A.
- Trunk flexes forward and butt sticks out, requiring lots of cueing to correct this.

Side-stepping

- Pt completed 5 sets of side stepping, 1 set = 5-6 steps to the right and 5-6 steps to the left.

Backward-forward stepping

- Pt completed 5 sets of forward-backward walking, 1 set = 5-6 steps forward and 5-6 steps to the right.

STS

- 3 sit to stands at the end of the session.

Assessment

Diagnostic Statements:

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

Assessment Statements:

Pt presented to clinic with in a w/c and reported being "okay." Pt presents with severe freezing and requires lots of external stimuli and cueing to perform tasks, such as transfers and gait. Pt had difficulty annunciating his words, so hearing his report and questions was exceedingly difficult. During gait, pt requires cueing to take big, slow, and controlled steps and not slide his feet on the ground (cueing: "step... step... step... stand up tall, look forward up at me, belly button forward, tuck butt in"). Pt requires mod to max A during side-stepping, forward-backward walking, turning, and STS. Based on pt performance today, it is unlikely pt could recover from a fall on his own.

Prognosis:

Poor





Reasons for Prognosis:

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

Diagnoses Codes

Plan

Rehab Plan

Treatment Plan

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

Strongly encourage caregivers to bring list of medications.

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

Gait Training

Gait Training (97116) Total Time: 30 min

Unit(s): 2

2 units of Gait training Time: 15 min(s) Time: 15 min(s)

Short Term Goals

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

Long Term Goals

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

