

Phone: [REDACTED] Fax ID: [REDACTED]

BURTON, MI 48509

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

History of Current Complaint:

Pt reports falling in the past week with scratches on face.

Received additional therapy this morning and seemed lethargic, demonstrating delayed response time and difficulty keeping eyes open.

Pt stated he took his PD medication around 11am.

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: 66

Respiratory Rate: 14

BP: 122 / 70

Additional:

Seated forward trunk lean into B UE elevation large amplitude movement 15x. Pt demonstrated difficulties initiating movements, but movements improved in amplitude and speed with increased practice and verbal/visual cueing. Pt counted with therapists 50% of the time demonstrating hypophonia.

Seated alternating forward trunk rotations with B UE abduction large amplitude movement 20x. Frequent verbal and visual cueing to initiate movements. Pt was unable to demonstrate trunk rotation and movement of both arms at the same time. Pt was unable to count repetitions with therapist

Seated B UE horizontal abduction with alternating trunk rotation large amplitude movement 10x. Frequent verbal and visual cueing to attain starting position. Pt was unable to bring arms outstretched to side. Performed movement with arms in front of body and no trunk rotation. Pt was able to count repetitions 50% of the time demonstrating hypophonia.

Seated marching AAROM 20x. Pt demonstrated difficulty initiating movement's and required 2-person assist to move through LE through ROM. Pt was unable to count repetitions.

Standing balance 2'x2 with B UE assist on ataxic (U step) walker. Pt demonstrated forward trunk lean with weight shifted over R LE. Verbal cueing to remain stand up straight and push hips forward, and was unable to achieve upright posture. Therapist assisted patients hands onto handles of walker.

3'x2 gait training using rolling ataxic walker and max 2 person assist A to weight shift during stance and advance B LE. R LE required > assistance than L LE.

Assessment

Diagnostic Statements:

Parkinsons, hypokinesia

Assessment Statements:

Patient presents with hypokinesia and demonstrated difficulty engaging in today's session, requiring frequent cueing and physical assistance. Pt required 2-person max A for standing balance with ataxic walker, ambulation with ataxic walker, and transfers, but was motivated to continue walking when asked. Pt had difficulty initiating movements for PWR moves and required verbal cueing and visual cueing. Required frequent verbal and visual cueing to perform exercises. Pt was able to verbally respond to questions but demonstrated hypophonia. Despite cueing patient was unable fix posture and look forward. Pt seemed tired during session and was frequently closing eyes.

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BURTON, MI 48509

DOB: [REDACTED]

Date of Service: [REDACTED]

Plan

Rehab Plan

Treatment Plan

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, balance, and endurance in gait. Therapist should continue to inquire about medication regimen and care.

Short Term Goals

Improve Gait

Improve / Restore Posture

Increase Activities of Daily Living

Increase General Fitness

Increase Strength

Long Term Goals

Patient would like to walk for 15 min / miles without pain in 30 days.

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

Signed: [REDACTED]) Fri [REDACTED] 26:59 EST [REDACTED]

Signed: [REDACTED]) Fri [REDACTED] 10:19 EST [REDACTED]

Phone: [REDACTED] Fax ID: [REDACTED]

BURTON, MI 48509

DOB: [REDACTED]

Date of Service: [REDACTED]

Physical Therapy Daily Note

Date of Encounter: [REDACTED]

Subjective

History of Current Complaint:

Patient reports walking "a little bit" recently. Patient states they would like to get back to walking. Came wearing glasses. Patient arrived in W/C with foot plates. Patient has not been receiving physical therapy since the beginning of COVID pandemic. Took "10 or 11 pills" & levodopa Prior to session. Caretaker explained pt is a disabled vet who is seeing a "new neurologist who runs a private practice" who is directing patient's care. Care is coordinated through the VA. Next week, David will not be with pt, but Dan Rittman, attorney, conservator, and official guardian of patient will be present [REDACTED]

Primary Complaint:

Patient presents with losing balance.

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

Objective

Vitals

Heart Rate: 72

Respiratory Rate: 15

BP: 118 / 78

SPO2: N/A

Additional:

Circuit:

3'x4 gait training using rolling ataxic walker and mod A.

Standing balance 1', 30", X, X (2 sets only)

3xLateral stepping x 20ft (only stepped L), mod A (holding hands), min A (on gait belt)

Also:

Transfers from W/C to ataxic walker x 10

Assessment

Diagnostic Statements:

Parkinsons, hypokinesia

Assessment Statements:

Patient presents with hypokinesia. Ambulation was less labored and more easily initiated than last week. Balance insecure after transfer from the W/C. Reluctant/hesitant to stand upright and grab ataxic walker. Therapist assisted left hand to walker, then made patient place R hand to walker of their own volition. Required only mod A from one therapist for entire session except for lateral stepping. Cognition intact, responded verbally to with affirmatives to questions such as "Can you see that on the wall?" Balance impaired from kyphotic posture, COM is displaced too posteriorly. Gait speed more in control. Tight turns made pt with festinating and freezing gait. Wide turns required mod A but no festinating or freezing. Patient reported that balance was "tiring."

Diagnoses Codes

Plan

Rehab Plan

Treatment Plan

Recommend continued gait training. Lateral stepping should improve with more practice. Implement and practice elements of the NOM-CPG, especially balance and turning (FGA, Berg). Improve leg strength, coordination, and gait. Practice transfers, balance, and endurance in gait. Therapist should continue to inquire about medication regimen and care.

Short Term Goals

Improve Gait

Improve / Restore Posture

Increase Activities of Daily Living