

Phone: [REDACTED] Fax ID: [REDACTED]

BURTON, MI 48509

DOB: [REDACTED]

Date of Service: [REDACTED]

## Physical Therapy Daily Note

Date of Encounter: [REDACTED]

### Subjective

Pt has been away from PT since November [REDACTED] due to his assisted living facility being on lockdown. Pt's friend reports that [REDACTED] fell asleep on the way to PT and has been very lethargic today. Pt reported a 0/10 on pain level, but discomfort in his neck. States that he has not fallen since the last visit. SPT's had difficulty understanding pt 2° quiet voice. Pt continues to use U-Step rollator walker for ambulation.

Pt was supposed to take his PD medication at 12:30, but he did not have his medication with him so he missed his dose. Alan's friend said he will make sure he takes it when they get back.

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

Respiratory Rate: NT

BP: 158 / 78

SPO2: NT

SPO2 not taken 2° resting tremor and cold fingers. BP taken on R arm seated in WC.

HR taken after 6MWT and gait speed test and noted HR 86 bpm and irregular in rhythm and intermittent pounding.

#### Additional:

\*\*VC-ing required throughout all gait activities and transfers to initiate rising and forward stepping

6MWT: ambulated 721 feet on level surfaces with a rollator walker and contact guard of 2 SPT's throughout amb. Required one seated rest break after completing 6MWT 2° to fatigue.

Gait speed assessed with 10MWT: .61 m/s with contact guard x2 by SPT.

Max assist x2 for sitting on mat table.

BBS: 3/56; able to sit on mat table with only R UE on table for support for 2 minutes. No other items assessed at this time.

Bed mobility performed in supine on mat table (2 pillows under head) and included: rolling L<>R 3x with max assist 2x plus constant verbal cuing for reaching and continuing movement. Pt attempted to perform large arm movements in "T" but was unable to complete 2° to frequently closing his eyes/falling asleep. Constant cuing was needed to open his eyes and stay awake.

Bed mobility stopped due pt falling asleep, so pt was sat up at EOB with max assist x3 followed by amb 60 ft with walker and then backward stepping 10 feet using a shuffling gait, contact guard x2 and constant verbal cuing for initiating steps and encouraging continued backward walking. Pt required sitting rest break afterwards 2° to fatigue in WC for ~5 minutes.

Pt taken to the bathroom for 15 minutes and required max assist x2 for WC <> toilet. Constant cuing for hand placement and foot placement.

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## Assessment

### Diagnostic Statements:

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

### Assessment Statements:

Pt required max assist for backward stepping with assistance on maintaining upright posture and swing phase. Pt was able to initiate stepping with SPT verbal encouragement and movement of walker from SPT. Pt required occasional rest periods throughout session 2° fatigue. Pt walked 721 feet during 6MWT with one seated rest period afterwards. Backwards walking was difficult to patient 2° flexed posture and lack of glute activation and shuffling gait plus pt fear of falling. Standing targeting not assessed today due to lethargy.

### Prognosis:

Poor

### Reasons for Prognosis:

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

## Diagnoses Codes

## Plan

### Rehab Plan

#### Visit Frequency:

1 times per week for 4 week(s)

#### 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.

Encourage stretching of LE flexors to encourage more upright posture. Work on glute strengthening and core strengthening. Incorporate sit to stands to encourage less UE use during transfers.

Continue to incorporate side stepping, perhaps implement backwards walking when patient is able to assume more of an upright posture.

### 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)

### Modalities

#### Supportive Care

15 minutes to assist with bathroom

Pt would benefit from thoracic mobility specifically in extension. Also strengthening and continued gait training.

### Short Term Goals

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

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### 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.
- Goal 1 met today.

Signed: [REDACTED] ) Fri [REDACTED] 36:06 EST [REDACTED]

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Signed: [REDACTED] ) Sun [REDACTED] 00:27 EST [REDACTED]