

Phone: [REDACTED] Fax ID: [REDACTED]

BURTON, MI 48509

DOB: [REDACTED]

Date of Service: [REDACTED]

## Physical Therapy Daily Note

Date of Encounter: [REDACTED]

### Subjective

Pt reports feeling "fine" today and he slept "okay" last night. Pt reported an 8/10 on pain level. States that he has not fallen since the last visit. SPT's had difficulty understanding pt 2\* quiet voice. Pt mentioned something about an instruction manual, however we were not able to understand the meaning of it. Pt mentioned that he prefers U-Step rollator walker for ambulation.

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: 80

Respiratory Rate: NT

BP: 160 / 84

SPO2: NT

SPO2 not taken 2\* resting tremor and cold fingers. BP taken on L arm in seated position.

#### Additional:

Ambulated 600 feet on level surfaces with a rollator walker. Required one seated rest break of 5 minutes 2\* to fatigue. Pt had mod assist during ambulation. Required manual assistance to swing LE.

Pt performed side stepping to the R for 5 steps with max assist. Pt immediately side stepped to the L for 5 steps with max assist. Pt took a stand rest break for 2 minutes. Pt then side stepped to the R for 5 steps and L for 5 steps with max assist. Pt struggles with standing straight due to tight hip flexors. A sitting break was required in wheelchair for 2 minutes.

Pt performed backward stepping with max assist for 5 minutes with a total of 8 steps backwards. Pt took a sitting break for 1 minute after walking backward.

Pt ambulated 60 feet down the hallway with the rollator walker to the table. SPTs stretched pt hip flexors and hamstrings for 5 minutes.

Manual Stretching of Hip Flexors and Hamstrings for about 5 minutes on BL LE.

### Assessment

Diagnostic Statements:

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

Assessment Statements:

Pt required max assist for side and backward stepping with assistance on maintaining upright posture and swing phase. Pt needed verbal cueing to take bigger steps and manual assistance to facilitate LE. Pt was freezing and required tactile cueing to take bigger steps. Pt required additional time to begin walking at the beginning of the session. Pt required several rest periods throughout session 2\* fatigue. Pt walked 600 feet with one seated rest period that lasted for about 5 minutes. Backwards walking was difficult to patient 2\* flexed posture and lack of glute activation. Pt benefited from hip flexor and hamstring stretching in supine position at end of session and reported some relief.

Prognosis:

Poor

Reasons for Prognosis:

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

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## 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.

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)

### Short Term Goals

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

### Long Term Goals

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

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

Signed: [REDACTED] ) Fri [REDACTED] 16:48 EST [REDACTED]