

Ann Arbor PT Clinic  
540 Thompson St, Ann Arbor, MI 48104  
Phone: 734-100-1001 Tax ID: 1923845621

Jane Doe  
YPSILANTI, MI 48197  
DOB: 03/27/1982  
**Date of Service:** 11/18/2024

## Physical Therapy Daily Note

**Date of Encounter:** 11/18/2024

### Subjective

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

Pt was supposed to take her PD medication at 12:30, but she did not have her medication with her so she missed her dose. Jane's friend said she will make sure she 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:** 159/79

**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 rhythm and intermittent pounding.

#### Additional:

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

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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 ×2 by SPT.

Max assist ×2 for sitting on mat table

BBS: 3/56; able to sit on mat table with only RUE 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 the 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 her eyes/falling asleep. Constant cuing was needed to open her eyes and stay awake.

Bed mobility stopped due pt falling asleep, so pt was sat up at EOB with max assist ×3 followed by amb 60 ft with walker and then backward stepping 10 feet using a shuffling gait, contact guard ×2 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 ×2 for WC <> toilet. Constant cuing for hand placement and foot placement

## 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 ot patient \*2 flexed posture and lack of glute activation and shuffling gait plus pt fear of falling. Standing targeting not assesed today due to lethargy.

Prognosis:

Poor

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**Reasons for Prognosis:**

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

## **Plan**

### **Rehab Plan**

**Visit frequency:**

1 Time per week for 4 weeks

**Treatment Plan**

Continue walking before the ex to "warm her up", she does really well with walking when she 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 the 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)

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## **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.

## **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: Jane Doe (e-signed) Sun, November 18 00:27 EST