

## **Physiotherapy And Occupational Therapy Form** 784-5969-9872125-7 Patient Name Zeref Dragneel Emirates ID DOB 1996-06-20 File No 18 Nationality Japanese 2024-02-12 Gender Male Doctor's Name Shilpa Sandhya Date

| Referring Physician:         |    |                       |            |             |            |            |                      |   |            |            |            |            |     |
|------------------------------|----|-----------------------|------------|-------------|------------|------------|----------------------|---|------------|------------|------------|------------|-----|
| Specialty:                   |    | ENT                   |            |             |            |            |                      |   |            |            |            |            |     |
| Date:                        |    | 2/12/2024 12:00:00 AM |            |             |            |            |                      |   |            |            |            |            |     |
| Diagnosis:                   |    | NA NA                 |            |             |            |            |                      |   |            |            |            |            |     |
| Onset/Duration:              |    | 1/1/1900 12:00:00 AM  |            |             |            |            |                      |   |            |            |            |            |     |
| Associated Problems:         |    |                       |            |             |            |            |                      |   |            |            |            |            |     |
| Current Functional Status:   |    |                       |            |             |            |            |                      |   |            |            |            |            |     |
| Mental Status:               | OI |                       |            | Disoriented |            |            | C Impaired Cognition |   |            | Other      | COthers    |            |     |
| Pain Assessment Site of Pain |    |                       |            |             |            |            |                      |   |            |            |            |            |     |
| Score                        |    | O1                    | <b>C</b> 2 |             | <b>C</b> 3 | <b>C</b> 4 | 0                    | 5 | <b>C</b> 6 | <b>C</b> 7 | <b>C</b> 8 | <b>C</b> 9 | C10 |
| Pain Medication              |    |                       |            |             |            |            |                      |   |            |            |            |            |     |
| Pain Management Plan:        |    |                       |            |             |            |            |                      |   |            |            |            |            |     |
|                              |    |                       |            |             |            |            |                      |   |            |            |            |            |     |

| PART ACTION | ACTION           | STRENGTH<br>0-5/5 |   | R.O.M |   | PART | ACTION        | STRENGTH<br>0-5/5 |   | R.O.M |   |
|-------------|------------------|-------------------|---|-------|---|------|---------------|-------------------|---|-------|---|
|             |                  | R                 | L | R     | L |      |               | R                 | L | R     | L |
|             | Abduction        |                   |   |       |   | НІР  | Abduction     |                   |   |       |   |
| Shoulder    | Abduction        |                   |   |       |   |      | Abduction     |                   |   |       |   |
|             | Flexion          |                   |   |       |   |      | Flexion       |                   |   |       |   |
|             | Extension        |                   |   |       |   |      | Extension     |                   |   |       |   |
|             | Int.<br>Rotation |                   |   |       |   |      | Int. Rotation |                   |   |       |   |
|             |                  | 1                 | 1 | '     | 1 |      |               |                   | 1 | '     |   |

|                  | Ext.<br>Rotation |  |  |  |                  | Ext. Rotation |             |   |       |
|------------------|------------------|--|--|--|------------------|---------------|-------------|---|-------|
|                  | Flexion          |  |  |  |                  | Flexion       |             |   |       |
| Elbow            |                  | Abduction  |  |  | Knee             |               | Abduction   |   | I     |
|                  | Flexion          |  |  |  |                  | Flexion       |             |   | •     |
|                  | Extension        |  |  |  |                  | Extension     |             |   |       |
|                  | Int.<br>Rotation |  |  |  |                  | Int. Rotation |             |   |       |
|                  | Ext.<br>Rotation |  |  |  |                  | Ext. Rotation |             |   |       |
| Elbow            | Flexion          |  |  |  | Knee             | Flexion       |             |   |       |
| LIDOW            |                  | Extension  |  |  | Kiree            |               | Extension   |   |       |
| Forearm          | Supination       |  |  |  | Wrist            | Flexion       |             |   |       |
| rorearm          |                  | Pronation  |  |  | WIISC            |               | Extension   |   |       |
| (Fingers -       | Grip             |  |  |  | Trunk            | Flexion       |             |   |       |
|                  |                  | Extension  |  |  | Balance          |               | Extension   |   |       |
|                  | Dorsiflexion     |  |  |  |                  | Flexion       |             |   |       |
| Ankle            |                  | Plantar<br>Flexion   |  |  | Neck<br>Movement |               | Extension   |   |       |
|                  |                  | Eversion   |  |  | movement         |               | Lat Flexion |   |       |
|                  |                  | Inversion  |  |  |                  |               | Rotation    |   |       |
|                  |                  |  |  |  |                  |               |             |   | <br>_ |
| Foot/Toe         | S                |  |  |  |                  |               |             |   | -     |
| Fine Moto        | ors              |  |  |  |                  |               |             |   |       |
| Hand Do          | minance          |  |  |  |                  |               |             |   |       |
| Spasticity Score |                  |  |  |  |                  |               |             |   |       |
| Spasticity       | / Medications    | Plantar Flexion  Eversion  Lat Flexion  Inversion  Rotation  Ons&Doses |  |  |                  |               |             |   |       |
| Orthotic/        | Equipment        |  |  |  |                  |               |             |   |       |
| 1.               |                  |  |  |  |                  |               |             |   | •     |
| 2.               |                  |  |  |  |                  |               |             |   | -     |
| 3.               |                  |  |  |  |                  |               |             |   |       |
| 4                |                  |  |  |  |                  |               |             | _ |       |

| Goals      |                            |  |
|------------|----------------------------|--|
| Short Term | Time Frame & Frequency/wk: |  |
| Long Term  | Time Frame & Frequency/wk: |  |

| Sign here, only if all of your questions have been answered to your satisfaction |   |  |  |  |  |
|--|---|--|--|--|--|
| PATIENT  | DOCTOR  |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
| Patient Name<br>Zeref Dragneel   | Doctor Name<br>Shilpa Sandhya - Occupational Therapy (FDY56YGDFG) |  |  |  |  |
| Date<br>2024-02-12 11:00   | Date<br>2024-02-12 11:00  |  |  |  |  |

