

Physiotherapy And Occupational Therapy Form									
Patient Name		sandhya rar	ni			Emirates ID	:	784-1996-9294842-7	
File No		7	DOB	:	2023-10-09	Nationality	:	Other	
Gender	••	Female	Doctor's Name	:	Shilpa Sandhya	Date	:	2024-02-12	

Referring Physician:																		
Specialty:			ENT															
Date:			2/12/2024 12:00:00 AM															
Diagnosis	5:			NA														
Onset/Duration:			1/1/1900 12:00:00 AM															
Associated Problems:																		
Current F	unctional St	atus:																
Mental St	tatus:	○ Orio	ented	C Disoriented					C Impaired Cog			Cogr	nition C Othe		Other	rs		
Pain Asse	essment Site	of Pain																
Score				C 1	C 2		C 3	C 4	C5 C6		C 6	O7		C	38	C 9	0	10
Pain Med	Pain Medication						•											
Pain Management Plan:																		
PART	STRENGTH 0-5/5					R.O.M		PART	ACTION			STRENG 0-5/				R.O.M		
		R	L	R		L						R L		-		R		L
	Abduction								Ab	duction								
		Abduction			_								Α	Abdu	ıction			
		Flexion											F	lexi	on			
Shoulder		Extension						HIP					E	xte	nsion			
		Int. Rotation											I	nt. F	Rotation			
		Ext. Rotation											E	xt.	Rotation			

Ebow Flexion Knee Flexion Extension Extension Forearm Supination Wrist Pexion Function Extension Fingers Grip Francisco Extension Extension Extension Fingers Grip Extension Extension Extension Fingers Grip Extension Extension Extension Fingers Grip Extension Extension Extension Extension Fingers Flexion Fine Movement Flexion Extension Fine Motors Fine		1		1	1	I	T	 		1	Г	, ,
Forearm Supination Wrist Flexion Pronation Extension Fingers Grip Flexion Extension Ankle Dorsifiexion Ankle Dorsifiexion Plantar Flexion Eversion Eversion Lat Flexion Inversion Foot/Toes Fine Motors Spasticity Score Spasticity Medications&Doses Orthotic/Equipment 1. 2. 3. 4. Goals Short Term Time Frame & Frequency/wk:	Elbow	Flexion					Knee	Flexion				
Pronation Pronation Propers Grip Extension Extension Extension Ankle Dorsifiexion Ankle Dorsifiexion Plantar Piexion Extension Extension Extension Poot/Toes Fine Motors Hand Dominance Spasticity Score Spasticity Medications&Doses Orthotic/Equipment 1. 2. 3. 4. Goals Short Term Time Frame & Frequency/wk:		Extension						Extension				
Fingers Grip Trunk balance Stexion Sextension Stexion Sextension S	Forearm	Supination					Wrist	Flexion				
Extension Ankle Dorsiflexion Ankle Dorsiflexion Plantar Flexion Eversion Lat Flexion Inversion Foot/Toes Fine Motors Hand Dominance Spasticity Score Spasticity Medications&Doses Orthotic/Equipment 1. 2. 3. 4. Goals Short Term Time Frame & Frequency/wk:		Pronation						Extension				
Ankle Dorsiflexion Neck Movement Flexion Extension Extension Extension Extension Extension Extension Extension Ratation Foot/Toes Fine Motors Hand Dominance Spasticity Score Spasticity Medications&Doses Orthotic/Equipment 1. 2. 3. 4. Goals Short Term Time Frame & Frequency/wk:	Fingers	Grip					Trunk Balance	Flexion				
Plantar Flexion		Extension						Extension				
Flexion Eversion Inversion Foot/Toes Fine Motors Hand Dominance Spasticity Score Spasticity Medications&Doses Orthotic/Equipment 1. 2. 3. 4. Goals Short Term Time Frame & Frequency/wk:	Ankle	Dorsiflexion					Neck Movement	Flexion				
Inversion Rotation Foot/Toes Fine Motors Hand Dominance Spasticity Score Spasticity Medications&Doses Orthotic/Equipment 1. 2. 3. 4. Goals Short Term Time Frame & Frequency/wk:								Extension				
Fine Motors Hand Dominance Spasticity Score Spasticity Medications&Doses Orthotic/Equipment 1. 2. 3. 4. Goals Short Term Time Frame & Frequency/wk:		Eversion						Lat Flexion				
Fine Motors Hand Dominance Spasticity Score Spasticity Medications&Doses Orthotic/Equipment 1. 2. 3. 4. Goals Short Term Time Frame & Frequency/wk:		Inversion						Rotation				
Hand Dominance Spasticity Score Spasticity Medications&Doses Orthotic/Equipment 1. 2. 3. 4. Goals Short Term Time Frame & Frequency/wk:	Foot/Toe	Foot/Toes										
Spasticity Score Spasticity Medications&Doses Orthotic/Equipment 1. 2. 3. 4. Goals Short Term Time Frame & Frequency/wk:	Fine Moto	ors										
Spasticity Medications&Doses Orthotic/Equipment 1. 2. 3. 4. Goals Short Term Time Frame & Frequency/wk:	Hand Do	minance										
Orthotic/Equipment 1. 2. 3. 4. Goals Short Term Time Frame & Frequency/wk:	Spasticity	y Score										
1. 2. 3. 4. Goals Short Term Time Frame & Frequency/wk:	Spasticity	y Medications	s&Doses									
2. 3. 4. Goals Short Term Time Frame & Frequency/wk:	Orthotic/	Equipment										
3. 4. Goals Short Term Time Frame & Frequency/wk:	1.											
4. Goals Short Term Time Frame & Frequency/wk:	2.											
Goals Short Term Time Frame & Frequency/wk:	3.	3.										
Short Term Time Frame & Frequency/wk:	4.	4.										
	Goals	Goals										
Long Term Time Frame & Frequency/wk:	Short Ter	rm				Time Frame & Frequency/wk:						
<u> </u>	Long Term Time Frame & Frequency								wk:			
									·			
	Long Ter	Time Frame & Frequency/wk:										

Sign here, only if all of your questions h	ave been answered to your satisfaction
PATIENT	DOCTOR

Patient Name	Doctor Name
sandhya rani	Shilpa Sandhya - Occupational Therapy (FDY56YGDFG)
Date	Date
2024-02-12 16:45	2024-02-12 16:45

