

PT Re-Evaluation : 07/07/2016 (283815755)

Tyndall, Vicky (207TV091515)

Date of Birth: 04/03/1956

✓ Patient identity confirmed

Lucent Home Health, LLC

1485 Richardson Drive, Suite 135

Richardson , TX 75080

(972) 664-0945

Time In: 16:59

Time Out: 17:52

Visit Date: 07/07/2016

Diagnosis / History**Medical Diagnosis:** Debility**PT Diagnosis:** Impaired Coordination, Impaired Muscular Performance, Impaired Balance**Relevant Medical History:**

HOH, L knee and L hip DJD, OA, CPAP, Supp O2 3 liters

Prior Level of Functioning:

CGA except for gait

Patient's Goals:

To increase independence and safety with functional mobility and decrease assistance required with functional mobility.

Precautions:**Homebound?** ✓ Yes ☐ No

✓ Residual Weakness

✓ Needs assistance for all activities

✓ Requires max assistance / taxing effort to leave home

Other:

✓ Unable to safely leave home unattended

✓ Severe SOB or SOB upon exertion

☐ Confusion, unsafe to go out of home alone**Social Supports / Safety Hazards****Patient Living Situation and Availability of Assistance**

Patient lives: With other person(s) in the home

Assistance is available: Occasional / short-term assistance

Current Types of Assistance Received**Safety / Sanitation Hazards**

✓ No hazards identified

☐ Steps / Stairs:☐ Narrow or obstructed walkway☐ Cluttered / soiled living area

Other:

☐ No running water, plumbing☐ Lack of fire safety devices☐ Inadequate lighting, heating and/or cooling☐ Insect / rodent infestation☐ No gas / electric appliance☐ Pets☐ Unsecured floor coverings**Evaluation of Living Situation, Supports, and Hazards**

Vital Signs

BP:		Position	Side	Heart Rate:	Respirations:	O2 Sat:	Room Air / Rate	Route
Prior	119 / 76			Prior 67	Prior	Prior	via	
Post	123 / 78			Post 71	Post	Post	via	

Comments:

Subjective Information

Patient states she is feeling fair today and very happy with skilled PT thus far.

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Physical Assessment

	Level	Functional Impact
Orientation:		
Speech:	WFL	
Vision:	WFL	
Hearing:	WFL	
Skin:	fair turgor	
Muscle Tone:	WFL	
Coordination:	impaired	
Sensation:	impaired	
Endurance:	Poor+	
Posture:	F-	

Edema☐ Absent☐ Present**Pain Assessment**☐ No Pain Reported

Location	Intensity (0-10)	Location	Intensity (0-10)
Primary Site: L hip & L knee	2	Secondary Site:	
Increased by: act, position			

Relieved by: rest, time of the day, varies

Interferes with: functional mobility

ROM / Strength

		ROM		Strength				ROM		Strength	
Part	Action	Right	Left	Right	Left	Part	Action	Right	Left	Right	Left
Shoulder	Flexion	NT	NT	NT	NT	Hip	Flexion	50%	50%	3/5	3/5
	Extension	NT	NT	NT	NT		Extension	50%	50%	4-/5	3+/5
	Abduction	NT	NT	NT	NT		Abduction	50%	50%	3+/5	3/5
	Adduction	NT	NT	NT	NT		Adduction	50%	50%	3+/5	3/5
	Int Rot	NT	NT	NT	NT		Int Rot	50%	50%	3+/5	3+/5
Elbow	Ext Rot	NT	NT	NT	NT	Knee	Ext Rot	50%	50%	3/5	3/5
	Flexion	NT	NT	NT	NT		Flexion	50%	50%	4-/5	3+/5
Forearm	Extension	NT	NT	NT	NT	Ankle	Extension	50%	50%	3+/5	3/5
	Pronation	NT	NT	NT	NT		Plantar Flexion	50%	50%	3/5	3/5
Finger	Supination	NT	NT	NT	NT		Dorsiflexion	50%	50%	3/5	3+/5
	Flexion	NT	NT	NT	NT		Inversion	50%	50%	3+/5	3+/5
Wrist	Extension	NT	NT	NT	NT	Neck	Eversion	50%	50%	3/5	3+/5
	Flexion	NT	NT	NT	NT		Flexion	25%	25%	4/5	4/5
Trunk	Extension	NT	NT	NT	NT		Extension	25%	25%	4/5	4/5
	Rotation	50%	50%	3+/5	4-/5		Lat Flexion	25%	25%	4/5	4/5
	Flexion	50%	50%	3+/5	3+/5		Rotation	25%	25%	4/5	4/5

[illegible]

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Transfer

	Assist Level	Assistive Device
Sit - Stand	unable	
Stand - Sit	unable	
Bed - Wheelchair	Total	
Wheelchair - Bed	Total	
Toilet or BSC		
Tub or Shower		
Car / Van		

Factors Contributing to Functional Impairment:

Wheelchair Mobility

Assist Level	Assist Level	Assist Level
Level Max	Unlevel	Maneuver
Factors Contributing to Functional Impairment:		

Weight Bearing Status

Balance

☐ Able to assume midline orientation
☐ Able to maintain midline orientation
Sitting:
Standing:

Fall Risk and Other Testing

	Test Used	Other	Test Results
Cognition			
Sensation			
Endurance			
Balance			
Gait			
Bal			
Confidence			
DME			

Available

☐ Wheelchair ☐ Walker ☐ Hospital Bed ☐ Bedside Commode ☐ Raised Toilet Seat ☐ Tub / Shower Bench
Other:

Needs

Clinical Statement of Assessment Findings and Recommendations

Mrs. Tyndall re-assessed 7/7/16. Patient has been cooperative and progressing with therapy treatments thus far and demonstrates functional gains towards goals. Patient continues to progress towards Goal #1-8. Continued skilled Physical Therapy is required to appropriately address continued deficits and facilitate return to prior level of function and effective, efficient, and safe functional mobility throughout the patient's residence and local community. Patient re-educated and displayed (Continued)

Treatment Goals

	Time Frame
1: Improve BLE strength by 1 MMT grade throughout major muscles.	4 weeks
2: Improve trunk strength by 1 grade MMT all directions.	4 weeks
3: Endurance with functional mobility improved to grade: Fair.	4 weeks
4: Improve posture with functional mobility to grade: Fair.	4 weeks
5: Patient to demonstrate pressure relief with positional changes w/ CGA.	6 weeks

- | | | |
|----|--|---------|
| 6: | Patient to sit EOB with Max A x 1 for 1 minute w/ posture grade: Fair. | 6 weeks |
| 7: | Patient to demonstrate bed mobility: rolling L<>R and supine<>sit CGA. | 6 weeks |
| 8: | Patient to demonstrate bed<>w/c transfer CGA with effective & safe strategy. | 6 weeks |

9:

10:

☐ **No Change to Plan of Care:** physician signature is not required if no change to Plan of Care for therapy reassessment visit

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Treatment Plan

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Thera Ex | <input checked="" type="checkbox"/> Balance Training | <input checked="" type="checkbox"/> Home Safety Training |
| <input type="checkbox"/> Hip Precaution Training | <input checked="" type="checkbox"/> Muscle Re-education | <input type="checkbox"/> Assistive Device Training: |
| <input type="checkbox"/> Establish or Upgrade HEP | <input checked="" type="checkbox"/> Bed Mobility Training | <input checked="" type="checkbox"/> Modalities for Pain Control: |
| <input type="checkbox"/> Knee Precaution Training | <input type="checkbox"/> Ultrasound | <input type="checkbox"/> CPM: ^{as appropriate} |
| <input checked="" type="checkbox"/> Transfer Training | <input type="checkbox"/> Prosthetic Training | |
| <input type="checkbox"/> Pulmonary Physical Therapy | <input type="checkbox"/> Electrotherapy | |
| <input type="checkbox"/> Gait Training | <input type="checkbox"/> Stairs / Steps Training | |
| <input checked="" type="checkbox"/> Range of Motion | <input type="checkbox"/> O2 Sat Monitoring PRN | |

Other:

Comments:

Care Coordination

Conference with:

☐ PT ☒ PTA ☐ OT ☐ COTA ☐ ST ☐ SN ☐ Aide ☐ Supervisor Other:

Name(s): David Carrera

Regarding: progress

☐ Physician Notified Re: Plan of Care, Goals, Frequency, Duration and DirectionOther Discipline Recommendations: ☐ OT ☐ ST ☐ MSW ☐ Aide Other:

Reason:

Statement of Rehab Potential

This patient has the potential to benefit from interventions provided by physical therapy

☒ Yes ☐ No**Treatment / Skilled Intervention This Visit**☒ Completion of the evaluation and development of the plan of care☐ Other**Frequency and Duration**

	Start Date	End Date	Effective Date	Frequency
Current Episode:	05/12/2016	07/10/2016		
Next Episode:	07/11/2016			

PT/PTA FREQ effective 7/11: 2w6

Discharge Plan

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> To self care when goals met | <input checked="" type="checkbox"/> To self care when max potential achieved | <input type="checkbox"/> To outpatient therapy with MD approval |
| <input type="checkbox"/> Other: | | |

Therapist Signature (Lewis ,Michael Bram) & Date of Verbal Order for Start of PT Treatment Digitally Signed by: Michael Bram Lewis , DPT[Home Care Rehab Svc.]		Date 07/07/2016
Physician Name SUMANA KETHA		Physician Phone: (972) 675-7313 Physician FAX: (972) 675-7310
Physician Signature Digitally Signed by: SUMANA KETHA MD		Date 07/13/2016

Clinical Statement of Assessment Findings and Recommendations

understanding of expectations, risks, benefits, and precautions associated with receiving home health skilled Physical Therapy.

