PT Re-Evaluation : 08/19/2016 (290760745)
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: 16:27 Time Out: 17:18 Visit Date: 08/19/2016

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 assitance required with functional mobility.

Precautions:

Homebound? ✓ Yes ☐ No

- ✓ Residual Weakness
- ✓ Needs assistance for all activities
- ✓ Requires max assistance / taxing effort to leave home
- ✓ Unable to safely leave home unattended
- ✓ Severe SOB or SOB upon exertion
- ☐ Confusion, unsafe to go out of home alone

Other:

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
- ☐ 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

Other:

Evaluation of Living Situation, Supports, and Hazards

Vital Signs

BP:		Position	Side	Heart Rate:	Respirations:	O2 Sat:	Room Air / Rate	Route
Prior	118 /76			Prior 66	Prior	Prior	via	
Post	122 /78			Post 70	Post	Post	via	

Comments:

Subjective Information

Patient states she is feeling fair today.

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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:	F-	
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%	4/5	3/5
	Adduction	NT	NT	NT	NT		Adduction	50%	50%	3+/5	3+/5
	Int Rot	NT	NT	NT	NT		Int Rot	50%	50%	4-/5	3+/5
	Ext Rot	NT	NT	NT	NT		Ext Rot	50%	50%	3+/5	3+/5
Elbow	Flexion	NT	NT	NT	NT	Knee	Flexion	50%	50%	4-/5	4-/5
	Extension	NT	NT	NT	NT		Extension	50%	50%	3+/5	3+/5
Forearm	Pronation	NT	NT	NT	NT	Ankle	Plantar Flexion	50%	50%	3+/5	3/5
	Supination	NT	NT	NT	NT		Dorsiflexion	50%	50%	3/5	3+/5
Finger	Flexion	NT	NT	NT	NT		Inversion	50%	50%	3+/5	3+/5
	Extension	NT	NT	NT	NT		Eversion	50%	50%	3/5	3+/5
Wrist	Flexion	NT	NT	NT	NT	Neck	Flexion	25%	25%	4/5	4/5
	Extension	NT	NT	NT	NT		Extension	25%	25%	4/5	4/5
Trunk	Extension	50%	50%	4-/5	4/5		Lat Flexion	25%	25%	4/5	4/5
	Rotation	50%	50%	4-/5	3+/5		Rotation	25%	25%	4/5	4/5
	Flexion	50%	50%	4/5	4-/5						

Description of Functional Impact:

Functional Assessment

Independence Scale Key **Dep** **Max Assist** **Mod Assist** **Min Assist** **CGA** **SBA** **Supervision** **Ind with Equip** **Indep**

Bed Mobility

	Assist Level	Assistive Device
Rolling	CGA	✓L ✓R
Supine - Sit	Mod x 1	
Sit - Supine	Mod x 1	

Factors Contributing to Functional Impairment:

Gait

	Assist Level	Distance / Amount	Assistive Device
Level	unable	X	
Unlevel		X	
Steps / Stairs		X	

Factors Contributing to Functional Impairment:

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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 8/19/16. Patient continues to progress 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 understanding of *(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.	5 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.	5 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

- ☑ Thera Ex
- ☐ Hip Precaution Training
- ☐ Establish or Upgrade HEP
- ☐ Knee Precaution Training
- ☑ Transfer Training
- ☐ Pulmonary Physical Therapy
- ☐ Gait Training
- ☑ Range of Motion
- ☑ Balance Training
- ☑ Muscle Re-education
- ☑ Bed Mobility Training
- ☐ Ultrasound
- ☐ Prosthetic Training
- ☐ Electrotherapy
- ☐ Stairs / Steps Training
- ☐ O2 Sat Monitoring PRN
- ☑ Home Safety Training
- ☐ Assistive Device Training:
- ☑ Modalities for Pain Control: as appropriate
- ☐ CPM:

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 Direction
Other 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:	07/11/2016	09/08/2016		PT/PTA FREQ effective 8/22: 0w1,1w1,2w1 (0w1 per patient request wk of 8/22)
Next Episode:				

Discharge Plan

☑ To self care when goals met ☑ To self care when max potential achieved ☐ To outpatient therapy with MD approval
☐ 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** 08/19/2016

Physician Name SUMANA KETHA	**Physician Phone:** (972) 675-7313 **Physician FAX:** (972) 675-7310
Physician Signature Digitally Signed by: SUMANA KETHA MD	**Date** 09/12/2016

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Clinical Statement of Assessment Findings and Recommendations

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

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