



OUR SAVIOUR HEALTHCARE SERVICES INC.

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Confidential

Fax

TO: Dr Sumana Ketha

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Pages: 5 PAGES

Date/Time 11/5/2014

Subject: Physical therapy Evaluation for Adams Dorothy

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PT Evaluation : 10/29/2014 (161799654)

Adams, Dorothy ()

Date of Birth: 09/04/1929

☒ Patient identity confirmed

Time In: 15:30

Time Out: 16:15

Visit Date: 10/29/2014

Diagnosis / History

Medical Diagnosis: DMII, HTN**PT Diagnosis:** Impaired Muscle Performance**Relevant Medical History**

Pt with Jordan (CO), went to hospital due to UTI, and was released and was c/o abdomen pain, and found to still have had infection but also has a hernia. PMHx: HTN, DM, Dementia,

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Prior Level of Functioning

Last 5 years been in ALF. Pt did not want to use AD but needed.

Patient's Goals

Get stronger

Precautions: Cognition, fall risk**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: In congestate situation, e.g., assisted living

Assistance is available: Around the clock

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, Support, and Hazards**

Pt lives in single family home, AL?

Vital Signs**BP:**

Prior 132 / 78

Position Sitting

Side Left

Heart Rate:

Prior 97

Post

Respirations:

Prior

Post

O2 Sat:

Prior

Post

Room Air / Rate

via

via

Route

Comments:

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Physical Assessment

Speech:	Intact	Muscle Tone:	abn
Vision:	intact	Coordination:	impaired
Hearing:	HOH	Sensation:	intact
Skin:	intact	Endurance:	fair
Edema:	none	Posture:	fair

Oriented: ☒ Person ☒ Place ☐ Time**Evaluation of Cognitive and/or Emotional Functioning**

intact

Pain Assessment☐ No Pain Reported

Primary Site:	<i>Location</i> back	<i>Intensity (0-10)</i> 3	Secondary Site:	<i>Location</i>	<i>Intensity (0-10)</i>
Increased by:	movement				
Relieved by:	rest				
Interferes with:	mobility				

ROM / Strength

Part	Action	ROM		Strength		Part	Action	ROM		Strength	
		Right	Left	Right	Left			Right	Left	Right	Left
Shoulder	Flexion	See	Below			Hip	Flexion	WFL	WFL	4/5	4
	Extension	See	Below				Extension	WFL	WFL	4	4
	Abduction	See	Below				Abduction	WFL	WFL	4	4
	Adduction	See	Below				Adduction	WFL	WFL	4	4
	Int Rot	See	Below				Int Rot	WFL	WFL	4	4
	Ext Rot	See	Below				Ext Rot	WFL	WFL	4	4
Elbow	Flexion					Knee	Flexion	WFL	WFL	4+	4+
	Extension						Extension	WFL	WFL	4+	4+
Forearm	Pronation					Ankle	Plantar Flexion	WFL	WFL	4	4
	Supination						Dorsiflexion	WFL	WFL	4	4
Finger	Flexion					Neck	Inversion	WFL	WFL	4	4
	Extension						Eversion	WFL	WFL	4	4
Wrist	Flexion					Neck	Flexion	WFL	WFL	WFL	WFL
	Extension						Extension	WFL	WFL	WFL	WFL
Trunk	Extension	LOM	LOM	impai	impai		Lat Flexion	WFL	WFL	WFL	WFL
	Rotation	WFL	WFL	intac	intac		Rotation	WFL	WFL	WFL	WFL
	Flexion	WFL	WFL	intac	intac						

Comments:

UE grossly WFL and Strength at >3.5 bsl.

Functional Assessment

Independence Scale Key	Dep	Max Assist	Mod Assist	Min Assist	CGA	SBA	Supervision	Mod Indep	Indep
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Bed Mobility	Assist Level	Assistive Device	Gait	Assist Level	Distance / Amount	Assistive Device
Rolling	IN	WFL	Level	MIN	X home	RW
Supine - Sit	SBA	WFL	Unevel		X	
Sit - Supine	SBA	WFL	Steps /	min	X 1 step	

Deficits Due To / Comments:

Deficits Due To / Deviations / Comments:
 Pt this date, using cane too big with decreased step length and width.

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Transfer

	Assist Level	Assistive Device
Sit - Stand	MIN	none
Stand - Sit	MIN	none
Bed - Wheelchair		
Wheelchair - Bed		
Toilet or BSC	MIN	stick
Tub or Shower		
Car / Van		
Deficits Due To / Comments:		

NONE

Wheelchair Mobility

Assist Level	Unlevel	Assist Level	Assist Level
Level			Maneuver
Deficits Due To / Comments:			

Weight Bearing Status**Fall Risk and Other Testing****Result****Balance**

✓ Able to assume/maintain midline orientation

Sitting	F
Standing	F

Test 1
Test 2
Test 3

Evaluation and Testing Description:

The Time! Up and Go test (TUG) is a simple test used to assess a person's mobility and requires both static and dynamic balance. A score of fourteen seconds or more suggests that the person may be prone to falls. The 30 second chair stand test provides a measurement of a person's lower body (particularly) (Continued)

DWE**Available**

<input type="checkbox"/> Wheelchair	<input checked="" type="checkbox"/> Walker	<input type="checkbox"/> Hospital Bed	<input type="checkbox"/> Bedside Commode	<input type="checkbox"/> Raised Toilet Seat	<input type="checkbox"/> Tub / Shower Bench
Other: cane					

Needs**Evaluation Assessment****Evaluation Assessment Summary**

Pt is an 85 y/o female who presents to therapy with recent hospitalization that has impaired her gait distance and mobility. Pt would benefit from PT services to work toward improving posture and pain tolerance to increase her QOL. Pt would benefit from the pain management techniques from therapy but also the strengthening of core to improve her gait and QOL. Pt has dementia therefore pt will be hindered by her cognition. Pt would improve with skilled therapy.

Functional Limitations

<input checked="" type="checkbox"/> Decreased ROM / Strength	<input checked="" type="checkbox"/> Impaired Balance / Gait	<input checked="" type="checkbox"/> Increased Pain	<input type="checkbox"/> Decreased Wheelchair Mobility
<input checked="" type="checkbox"/> Poor Safety Awareness	<input checked="" type="checkbox"/> Decreased Transfer Ability	<input type="checkbox"/> Decreased Bed Mobility	

Comments:

Treatment Goals**Time Frame**

- | | |
|---|---------|
| 1: Pt will be able to perform transfers at SUP safely without risk of falling or LOB | 5 weeks |
| 2: Pt will be ind with HEP with help from aide to promote LB and postural strength to promote normal strength in the absence of normal mobility | 2 weeks |
| 3: Pt will be able to perform therex 20-25 times to help with strengthening and ROM to allow pt to be able to improve transfers and gait safety | 3 weeks |
| 4: Pt will be able to amb community distance with AD at ML safely to be able to start outing with aide and family | 5 weeks |
| 5: Pt will be able to report lower pain levels with gait training with use of Pain management techniques from therapy | 4 weeks |
| 6: | |
| 7: | |
| 8: | |
| 9: | |
| 10: | |

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Treatment Plan

- ☒ Thera Ex ☒ Balance Training ☒ Home Safety Training
☐ Hip Precaution Training ☒ Muscle Re-education ☒ Assistive Device Training:
☒ Establish or Upgrade HEP ☒ Bed Mobility Training appropriate AD
☐ Knee Precaution Training ☒ Ultrasound ☒ Modalities for Pain Control:
☒ Transfer Training ☐ Prosthetic Training TENS unit to back prn. Ultrasound at 1Mhz for pain relief to back
☐ Pulmonary Physical Therapy ☒ Electrotherapy ☐ CPM:
☒ Gait Training ☐ Stairs / Steps Training
☐ Range of Motion ☐ O2 Sat Monitoring PRN

Other:

Comments:

Care Coordination

Conference with:

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

Name(s): Natarsha

Regarding: POC

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

Reason:

Statement of Rehab Potential

Fair

Treatment / Skilled Intervention This Visit

Eval and est POC with CG present. (Jordan 972 302 8702)

Frequency and Duration

	Start Date	End Date	Effective Date	Frequency
Current Episode:	10/21/2014	12/19/2014	10/29/2014	2w4 1w1
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 (Rhines , Chester) & Date of Verbal Order for Start of PT Treatment

Digitally signed by: Chester Rhines , PT

Date

10/29/2014

Physician Name

Sumana Ketha

Physician Phone: (972) 675-7313**Physician FAX:** (972) 675-7310**Physician Signature**

Date

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PT Evaluation Addendum Page 5 : 10/29/2014

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Evaluation and Testing Description

legs) strength. This is associated with the ability to perform lifestyle tasks such as climbing stairs, getting in and out of a vehicle or bath.

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