

PT Evaluation ADAMS, BETTY (467645802A) Order # 70663524 Visit Date 11/07/2012 HIC # 467645802A Date of Birth 10/30/1939		PROLINK HH 8500 STEMMONS FRWY DALLAS TX, 75247 2142671985 Time In: 08:44 Time Out: 09:26	
Diagnosis/History			
Medical Diagnosis:		Debility <input type="checkbox"/> Onset	
PT Diagnosis:		Abnormal Gait, Muscular Weakness, OA <input type="checkbox"/> Onset	
Medical History:			
Patient/Family reports PMH as but not limited to: R knee DJD, OA multiple joints, L knee ORIF in '92 due to a fall. carpal tunnel, asthma, legally blind			
Vital Signs			
Temp:	Pulse:	71	Resp:
Weight:		Blood Pressure:	
		123 / 78	
		Blood Sugar:	
Physical Assessment			
Speech:	WFL		
Vision:	legally blind		
Hearing:	WFL		
Skin:	fair turgor		
Edema:	BLE mild		
Muscle Tone:	WFL		
Coordination:	impaired		
Sensation:	impaired		
Endurance:	Poor+		
Mental Assessment			
Orientation:	x3		
LOC:	alert		
Home Safety Evaluation			
<input checked="" type="checkbox"/> One Level	<input type="checkbox"/> Multiple Levels		
<input type="checkbox"/> Retirement	<input type="checkbox"/> Assisted Living		
<input type="checkbox"/> Lives Alone	<input checked="" type="checkbox"/> Family <input type="checkbox"/> Friends		
<input checked="" type="checkbox"/> Stairs	<input type="checkbox"/> No Stairs		
Pain Assessment			
Pain level	3		
Location:	R knee		
Increased by:	gait		
Relieved by:	rest		
DME			
Available:			
Needs:			
Suggestion:			
Other Discipline Recommendation			
<input type="checkbox"/> OT <input type="checkbox"/> MSW <input type="checkbox"/> ST <input type="checkbox"/> Podiatrist			
Other:			
Reason:			
Assessment			
Pt is a caucasian woman who lives with supportive family. Pt states that she is having difficulty with walking including R knee pain and SOB even with short distances. Pt family states that she has been walking less because of this and now is getting much weaker. PLOF MI. Pt presented at evaluation with deficits in functional mobility, decreased balance, decreased strength, decreased coordination, decreased A/PROM, decreased endurance with functional mobility, abnormality of gait including deficits in gait mechanics, and need for patient education regarding safety with functional mobility and fall prevention education. Skilled Physical Therapy is required to appropriately address the aforementioned deficits and facilitate effective, efficient, and safe functional mobility throughout the patient's residence minimizing fall risk. Patient displayed understanding of expectations, risks, benefits, and precautions associated with receiving home health skilled Physical Therapy.			
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Physician: Dr. Ketha, Sumana

Clinician: Chidi, Josephine

Signature:  M.D.

Signature: 

Date: 12/13/2012

Date: 11/27/2012

Functional Assessment				
Bed Mobility Rolling <input type="checkbox"/> L <input type="checkbox"/> R Sit Stand Sit Sup to Sit	Assistive Device	% Assist SBA% Min% CGA%	Gait Level Unlevel Step / Stair 55% normalized gait: decreased cadence, increased medial to lateral sway, decreased hip/knee extension, decreased step length B, decreased HS B	% Assist CGA X 23Feet X Feet %
Transfer: Bed-Chair Chair-Bed Chair to W/C Toilet or BSC Car/Van Tub/Shower	Assistive Device	% Assist CGA% CGA% % % % %	WBS Assistive Device Description Posture	%
Sitting Balance <input checked="" type="checkbox"/> Supported <input type="checkbox"/> Unsupported Static Dynamic		F% F-%	W/C Mobility Level Ramp Maneuver	% % %
Stand Balance <input checked="" type="checkbox"/> Supported <input type="checkbox"/> Unsupported Static Dynamic		F% F-%	ADL Assistance ADL	%
Treatment Codes & Treatment Plan				
Treatment Codes <input checked="" type="checkbox"/> B1 Evaluation <input checked="" type="checkbox"/> B4 Home Program <input type="checkbox"/> B7 Ultrasound <input type="checkbox"/> B10 Muscle Re-ed Other:		Treatment Plan <input checked="" type="checkbox"/> B2 Thera Ex <input checked="" type="checkbox"/> B5 Gait Training <input type="checkbox"/> B8 Electrother <input checked="" type="checkbox"/> B11 Muscle Re-ed <input checked="" type="checkbox"/> B3 Transfer Training <input type="checkbox"/> B6 Chest PT <input type="checkbox"/> B9 Prosthetic Training <input checked="" type="checkbox"/> Thera Ex <input checked="" type="checkbox"/> Transfer Training <input checked="" type="checkbox"/> Gait Training <input type="checkbox"/> Electrotherapy <input type="checkbox"/> Prosthetic Training Other:		
		<input checked="" type="checkbox"/> Bed Mobility Training <input checked="" type="checkbox"/> Balance Training <input checked="" type="checkbox"/> HEP <input type="checkbox"/> Ultrasound <input checked="" type="checkbox"/> Manual Therapy		
Short Term Goals		Time Frame		
1. Joint protection, BLE strength 4+/5 MMT grade throughout major muscles 2. Joint protection, improve trunk strength to 4+/5 MMT. 3. Endurance with gait improved to grade: Fair 4. 5.		4 wks		
Long Term Goals		Time Frame		
1. Amb. MI with A.D. 75% normalized gait on even & uneven surface 250ft. 2. Demo. performance of funct. mobility with Good body mechanics. 3. Pt to negotiate obstacles MI with Good safety. 4. 5.		8 wks		
Frequency: below X wk for				
Rehab Potential: G				
Prognosis: F				
Care Coordination				
PT/PTA FREQ 1w1.2w1.1w1.2w3				
Skilled Care Provided This Visit				
Physical Therapy evaluation complete followed by therapeutic activity, neuro-muscular re-education, gait training, patient & family education, and HEP, plan of care discussed with patient and family member.				
Therapist Signature (Lewis, Michael Bram) & Date of Start of PT Treatment - Verbal		Date		
Digitally signed by: Michael Bram Lewis, DPT		11/07/2012		
Physician Name SUMANA KETHA		Phone: (214) 525-6300 Fax:		
Physician Signature		Date		
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