

PT Evaluation : 04/20/2016 (272046489)

Mathai, Thomas (DHHC 040)

Date of Birth: 03/15/1947

☐ Patient identity confirmed

Time In: 09:00

Time Out: 09:45

Visit Date: 04/20/2016

Divine Home Health Care

4230 LBJ Freeway , Suite 128

Dallas , TX 75244

(972) 242-6930

Diagnosis / History

Medical Diagnosis: HBP, DM

PT Diagnosis: Muscle weakness, difficulty in walking

Relevant Medical History:

HBP, DM

Prior Level of Functioning:

Independent with walking and ADLs

Patient's Goals:

Independent with walking and ADLs

Precautions: Teach fall prevention and safety precaution

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: Regular daytime

Current Types of Assistance Received

Pt's wife helps him for ADLs

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

Pt lives in group home

Vital Signs

BP:		Position	Side	Heart Rate:	Respirations:	O2 Sat:	Room Air / Rate	Route
Prior	134 / 86	Sitting	Left	Prior 90	Prior 18	Prior	via	
Post	/			Post	Post	Post	via	

Comments:

Subjective Information

Pt report severe SOB while walking

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Page 1 of 4
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Physician: Dr. Ketha, Sumana

Signature:  M.D.

Date: 6/7/2016

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Mathai, Thomas (DHHC 040)

Physical Assessment

	Level	Functional Impact
Orientation:	Impairment present but not impacting functional ability.	
Speech:	G	
Vision:	L eye partially blind	
Hearing:	Good	
Skin:	Intact	
Muscle Tone:	Increase	
Coordination:	F	
Sensation:	Normal	
Endurance:	P	
Posture:	Forward bending posture	

Edema

☒ Absent
☐ Present

Pain Assessment

☒ No Pain Reported

Location	Intensity (0-10)	Location	Intensity (0-10)
Primary Site:	0 None	Secondary Site:	0 None
Increased by:			
Relieved by:			
Interferes with:			

ROM / Strength

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

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									
Rolling	Assist Level Min A	<input type="checkbox"/> L <input type="checkbox"/> R	Assistive Device	Level	Mod asst	X	5-10ft	walker	
Supine - Sit	Min A			Unlevel		X			
Sit - Supine	Min A			Steps / Stairs		X			
Factors Contributing to Functional Impairment:					Factors Contributing to Functional Impairment:				
Decrease muscle strength affect patient ability to perform bed mobility					Unsteady unsafe gait with decrease step and stride length				

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Page 2 of 4
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Transfer

	Assist Level	Assistive Device
Sit - Stand	Mod A	walker
Stand - Sit	Mod A	walker
Bed - Wheelchair		
Wheelchair - Bed		
Toilet or BSC	Mod A	walker
Tub or Shower	Mod A	walker
Car / Van		

Factors Contributing to Functional Impairment:

Muscle weakness and poor endurance affect patient's functional transfer

Wheelchair Mobility

Level	Assist Level	Assist Level	Assist Level
NA	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	Tinetti-POMA		13
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

Pt is 69 year old male lives in single story house with his wife. pt has HBP, DM, CVA L side, decrease strength 3-/5 L LE, decrease bed mobility to min A, decrease transfer sit to stand from chair with toilet, tub and chair with mod A asst, decrease over all endurance to P, decrease standing static balance to P and dynamic balance to P, pt ambulate 5-10ft with walker with mod A with unsteady, unsafe gait on level surface,

Treatment Goals

	Time Frame
1: Patient will receive periodic HEP 5-20 reps for whole body strength and it will be progressed per patient's tolerance.	4wk
2: Patient will follow HSI which will be monitored as required to assist in fall prevention	5wk
3: Improve muscle strength of B LE, B UE to 4+/5	7wk
4: modind with all transfers and/or bed mobility	2-5wks
5: Patient will be able to ambulate 150 ft with appropriate AD with mod ind/ind.	7wk
6: Improve standing static and dynamic balance to good/good-.	7wk
7: Patient to be ind/mod ind with exit management to be able to leave the house for doctor appointments and social events	7wk
8: Educate the patient about the appropriate body mechanics, positioning and posture.	4wk
9: Improve over all endurance to G.	5wk
10: Decrease pain 1/10 in B feet	4wk

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Page 3 of 4
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Treatment Plan			
<input checked="" type="checkbox"/> Thera Ex <input type="checkbox"/> Hip Precaution Training <input checked="" type="checkbox"/> Establish or Upgrade HEP <input type="checkbox"/> Knee Precaution Training <input checked="" type="checkbox"/> Transfer Training <input checked="" type="checkbox"/> Pulmonary Physical Therapy <input checked="" type="checkbox"/> Gait Training <input type="checkbox"/> Range of Motion	<input checked="" type="checkbox"/> Balance Training <input type="checkbox"/> Muscle Re-education <input checked="" type="checkbox"/> Bed Mobility Training <input type="checkbox"/> Ultrasound <input type="checkbox"/> Prosthetic Training <input type="checkbox"/> Electrotherapy <input type="checkbox"/> Stairs / Steps Training <input type="checkbox"/> O2 Sat Monitoring PRN	<input checked="" type="checkbox"/> Home Safety Training <input checked="" type="checkbox"/> Assistive Device Training: walker <input type="checkbox"/> Modalities for Pain Control: <input type="checkbox"/> CPM:	
Other:			
Comments: ARROM on UES/LES reps 10-20 X 1-3 MIN./MOD MRES, YELLOW/RED/GREEN THERABAND; 0-5 LBS WT. (resistance); STABILIZATION EXERCISES; PEDAL EXERCISES PRN . Stretching on LES MS. GROUP. 30-60 SECS. X1-6 REPS (Continued)			
Care Coordination			
Conference with: <input type="checkbox"/> PT <input type="checkbox"/> PTA <input type="checkbox"/> OT <input type="checkbox"/> COTA <input type="checkbox"/> ST <input type="checkbox"/> SN <input type="checkbox"/> Aide <input checked="" type="checkbox"/> Supervisor Other:			
Name(s):			
Regarding: POC			
<input checked="" type="checkbox"/> Physician Notified Re: Plan of Care, Goals, Frequency, Duration and Direction			
Other Discipline Recommendations: <input type="checkbox"/> OT <input type="checkbox"/> ST <input type="checkbox"/> MSW <input type="checkbox"/> Aide Other:			
Reason:			
Statement of Rehab Potential			
This patient has the potential to benefit from interventions provided by physical therapy <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Treatment / Skilled Intervention This Visit			
<input checked="" type="checkbox"/> Completion of the evaluation and development of the plan of care <input type="checkbox"/> Other			
Frequency and Duration			
Current Episode:	Start Date 04/15/2016	End Date 06/13/2016	Effective Date 04/20/2016
Next Episode:	Frequency 2wk7		
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 (Mehta , Maharashi) & Date of Verbal Order for Start of PT Treatment Digitally Signed by: Maharashi Mehta , PT			Date 04/20/2016
Physician Name Sumana Ketha		Physician Phone: (972) 675-7313 Physician FAX: (972) 675-7310	
Physician Signature		Date	

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Treatment Plan - Comments

Transfer Training: Sit<->Stand, Toilet, OTHER: FLOOR PRN WITH PROPER BODY MECHANICS PRN Home Program: ROM exercises, Joint Protection techniques, Home Safety: INSTRUCT, MODIFY AND UPGRADE Progressive Gait Training (device/distance/assist): ON LEVEL/UNEVEN SURFACES Evaluation of PT Careplan: Bed Mobility Training (ROLLING, SUPINE/SIT, SCOOT/BRIDGE) with proper body mechanics, Postural Training with standing/sitting Balance Training: STANDING STATIC/DYNAMIC WITH/WITHOUT CHALLENGE SINGLE/BILATERAL Patient education: SAFETY AWARENESS AS TO FALL PRECAUTIONS, ENERGY CONSERVATION AND JOINT CONSERVATION TECHNIQUE

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