



OUR SAVIOUR HEALTHCARE SERVICES INC.

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Confidential

Fax

TO: Dr Sumana Ketha

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FROM: Gertrude Akanna RN, DON.

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Pages: 5 PAGES

Date/Time 11/5/2014.

Subject: Physical therapy Evaluation for Adams Dorothy

* NOT a patient of
Dr. Kethas. Please
send referral

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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 (CGO), 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 congregata 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, ALF

Vital Signs

BP:

Prior 152 / 78
Rest /

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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PT Evaluation : 10/28/2014

Adams, Dorothy ()

Physical Assessment

Speech:	Intact	Muscle Tone:	abn
Vision:	intact	Coordination:	impaired
Hearing:	HQR	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						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 bil.

Functional Assessment

Independence Scale Key	Dep	Max Assist	Mod Assist	Min Assist	CGA	SBA	Supervision	Mod Indep	Indep
Bed Mobility									
Rolling									
	Assist Level				Assist Level	Distance / Amount		Assistive Device	
Supine - Sit	SBA			Level	MIN	X home		RW	
Sit - Supine	SBA			Unlevel		X			
Deficits Due To / Comments:				Steps /	min	X 1 step			
				Stairs					
				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	Assist Level	Assist Level
Level	Unlevel	Maneuver
Deficits Due To / Comments:		

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

☒ Able to assume/maintain midline orientation

Sitting ☐

Standing ☐

Test 1

Test 2

Test 3

Evaluation and Testing Description:

The Timed 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))

DWIE**Available**

☐ Wheelchair ☒ Walker ☐ Hospital Bed ☐ Bedside Commode ☐ Raised Toilet Seat ☐ 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

☒ Decreased ROM / Strength ☒ Impaired Balance / Gait ☒ Increased Pain ☐ Decreased Wheelchair Mobility

☒ Poor Safety Awareness ☒ Decreased Transfer Ability ☐ 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 IE 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 MI 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

- | | | |
|--|---|---|
| <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 checked="" type="checkbox"/> Assistive Device Training: |
| <input checked="" type="checkbox"/> Establish or Upgrade HEP | <input checked="" type="checkbox"/> Bed Mobility Training | appropriate AD |
| <input type="checkbox"/> Knee Precaution Training | <input checked="" type="checkbox"/> Ultrasound | <input checked="" type="checkbox"/> Modalities for Pain Control: |
| <input checked="" type="checkbox"/> Transfer Training | <input type="checkbox"/> Prosthetic Training | TENS unit to back prn. Ultrasound at 1Mhz for pain relief to back |
| <input type="checkbox"/> Pulmonary Physical Therapy | <input checked="" type="checkbox"/> Electrotherapy | <input type="checkbox"/> CPM: |
| <input checked="" type="checkbox"/> Gait Training | <input type="checkbox"/> Stairs / Steps Training | |
| <input type="checkbox"/> Range of Motion | <input type="checkbox"/> C2 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	2wd 1wl
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

Date

Digitally signed by: Chester Rhines , PT

10/29/2014

Physician Name

Sumana Ketha

Physician Phone: (972) 675-7313

Physician FAX: (972) 675-7310

Physician Signature

Date

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Adams, Dorothy ()

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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