

PT Evaluation
ADAMS, BETTY (467645802A)
Order # 69511912
Visit Date 10/26/2012
HIC # 467645802A
Date of Birth 10/30/1939

PROLINK HH
8500 STEMMONS FRWY
DALLAS TX, 75247 2142671985
Time In: 14:46
Time Out: 15:29

Diagnosis/History

Medical Diagnosis: Debility ☐ Onset
PT Diagnosis: Abnormal Gait, Muscular Weakness, OA ☐ 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	Part	Action	ROM	Strength
Vision:	legally blind			Right Left	Right Left
Hearing:	WFL	Shoulder	Flexion	25% lim	25% lim 4/5 4/5
Skin:	fair turgor		Extension	25% lim	25% lim 4/5 4/5
Edema:	BLE mild		Abduction	25% lim	25% lim 4/5 4/5
Muscle Tone:	WFL		Int Rot	25% lim	25% lim 4/5 4/5
Coordination:	impaired		Ext Rot	25% lim	25% lim 4/5 4/5
Sensation:	impaired	Elbow	Flexion	25% lim	25% lim 4/5 4/5
Endurance:	Poor		Extension	25% lim	25% lim 4/5 4/5
Mental Assessment		Finger	Flexion	25% lim	25% lim 4/5 4/5
Orientation:	x3		Extension	25% lim	25% lim 4/5 4/5
LOC:	alert	Wrist	Flexion	25% lim	25% lim 4/5 4/5
Home Safety Evaluation			Extension	25% lim	25% lim 4/5 4/5
<input checked="" type="checkbox"/> One Level	<input type="checkbox"/> Multiple Levels	Hip	Flexion	25% lim	25% lim 4/5 4/5
<input type="checkbox"/> Retirement	<input type="checkbox"/> Assisted Living		Extension	25% lim	25% lim 4/5 4/5
<input type="checkbox"/> Lives Alone	<input checked="" type="checkbox"/> Family <input type="checkbox"/> Friends		Flexion	25% lim	25% lim 4/5 4/5
<input checked="" type="checkbox"/> Stairs	<input type="checkbox"/> No Stairs		Extension	25% lim	25% lim 4/5 4/5
Pain Assessment			Flexion	25% lim	25% lim 4/5 4/5
Pain level	3		Extension	25% lim	25% lim 4/5 4/5
Location:	R knee		Abduction	25% lim	25% lim 4/5 4/5
Increased by:	gait		Int Rot	25% lim	25% lim 4/5 4/5
Relieved by:	rest		Ext Rot	25% lim	25% lim 4/5 4/5
DME		Knee	Flexion	25% lim	25% lim 4/5 4/5
Available:			Extension	25% lim	25% lim 4/5 4/5
Needs:			Plant	25% lim	25% lim 4/5 4/5
Suggestion:			Flexion	25% lim	25% lim 4/5 4/5
Other Discipline Recommendation		Trunk	Extension	50% lim	50% lim 4/5 4/5
<input type="checkbox"/> OT <input type="checkbox"/> MSW	<input type="checkbox"/> ST <input type="checkbox"/> Podiatrist		Rotation	50% lim	50% lim 4/5 4/5
Other:			Flexion	50% lim	50% lim 4/5 4/5
Reason:		Neck	Flexion	50% lim	50% lim 4/5 4/5
			Extension	50% lim	50% lim 4/5 4/5
			Lat	50% lim	50% lim 4/5 4/5
			Flexion	50% lim	50% lim 4/5 4/5
			Long	50% lim	50% lim 4/5 4/5
			Flexion	50% lim	50% lim 4/5 4/5
			Rotation	50% lim	50% lim 4/5 4/5

Assessment

Pt is a caucasian woman who lives with supportive family in a mobile home. 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.

Patient Name (Medical Record Number)
BETTY ADAMS (467645802A)

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Physician: Dr. Ketha, Sumana

Clinician: Chidi, Josephine

Signature: 

Signature: 

Date: 12/13/2012

Date: 10/26/2012

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 21Feet X Feet %
Transfer: Bed-Chair Chair-Bed Chair to W/C Toilet or BSC Car/Van Tub/Shower Sitting Balance <input checked="" type="checkbox"/> Supported <input type="checkbox"/> Unsupported Static Dynamic Stand Balance <input checked="" type="checkbox"/> Supported <input type="checkbox"/> Unsupported Static Dynamic	Assistive Device	% Assist CGA% CGA% % % % F% F-% F% F-%	WBS Assistive Device Description Posture W/C Mobility Level Ramp Maneuver 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:		<input 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		
Treatment Plan <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 1w1,3w1 with Re-Eval last visit in cert				
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		10/26/2012		
Physician Name SUMANA KETHA		Phone: (214) 525-6300 Fax:		
Physician Signature		Date		
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Physician: Dr. Ketha, Sumana

Clinician: Chidi, Josephine

Signature:  M.D.

Signature: 

Date: 12/13/2012

Date: 10/26/2012