Physical Therapy Treatment Plan

Patient Name: Rachel Johnson
Date of Birth: 07/15/1982
Start of Care: 02/12/2025
Payer: Medicare
Hospitalization: Last hospitalization due to stroke in 2024

Diagnosis

The patient has the following diagnoses: Med – cerebral infarction, unspecified (I63.9) with an onset date of 01/15/2024, Tx – generalized muscle weakness (M62.81) with an onset date of 01/15/2024, and Tx – hemiparesis on the right side (G81.94) with an onset date of 01/15/2024.

Treatment Approaches

- **PT Evaluation** (Initial evaluation of mobility, strength, balance, and function)
- **Therapeutic Exercises** (Strengthening exercises for the right arm and leg, proprioceptive training, and stretching for spasticity reduction)
- **Neuromuscular Reeducation** (Facilitating voluntary movement patterns, dynamic balance training)
- **Gait Training Therapy** (Improving walking stability, balance, and endurance)
- **Therapeutic Activities** (Functional activities for daily living (ADLs) such as standing, sitting, and transfers)
- **Electrical Stimulation** (For muscle re-education and spasticity reduction)
- **Joint Mobilization** (To improve mobility of affected joints and reduce stiffness)

Frequency, Duration, Intensity, Certified Period

- **Frequency:** 3 sessions per week
- **Duration:** 12 weeks
- **Intensity:** Moderate intensity, focusing on gradual strength and functional improvements
- **Certified Period:** 02/12/2025 - 05/12/2025

Plan of Treatment

Short Term Goals

1. Rachel will demonstrate improved right lower extremity strength, achieving at least 3/5 strength in the right leg by 02/26/2025.
2. Rachel will perform seated standing transfers independently with minimal assistance (1-2 cues) within 4 weeks. (Target: 02/26/2025)
3. Rachel will increase right upper extremity range of motion by 15 degrees in shoulder flexion and elbow extension by 02/26/2025.
4. Rachel will walk 15 feet with minimal assistance, maintaining balance and stability, without compensating by leaning to the left side. (Target: 02/26/2025)

Long Term Goals

1. Rachel will walk 100 feet independently with a steady gait and minimal deviation in foot placement by 05/12/2025.
2. Rachel will achieve right leg and arm strength of 4/5 (normal strength) with minimal fatigue or discomfort during functional tasks. (Target: 05/12/2025)
3. Rachel will perform ADLs, including dressing and personal hygiene, with minimal assistance and no pain. (Target: 05/12/2025)
4. Rachel will demonstrate balance improvements, with the ability to stand unsupported for 30 seconds without loss of balance or excessive compensations. (Target: 05/12/2025)

Patient Goals

- "I want to be able to walk better and take care of myself without help."
- "I would like to gain more strength and movement in my right arm and leg."

Potential for Achieving Goals

- Rachel has good rehabilitation potential due to her strong motivation and willingness to engage in therapy. Her insight into her deficits and determination to regain independence, combined with a supportive family environment, will contribute to her success in rehabilitation.

Participation

- Rachel is highly motivated and actively engages in therapy sessions, expressing a clear desire to improve. She follows instructions well and participates in home exercise programs, reporting progress at each session.

Initial Assessment / Current Level of Function & Underlying Impairments

Factors Supporting Medical Necessity

- **Referral:** Referred by neurologist post-stroke for rehabilitation due to right-sided hemiparesis.
- **Medical History:** Stroke affecting right side, with ongoing weakness and spasticity.
- **Complexities:** Right-sided hemiparesis with associated muscle weakness and spasticity.
- **Prior Treatment:** Some outpatient therapy post-stroke, but consistency has been affected by scheduling and symptoms.
- **Prior Living Situation:** Independent prior to stroke, currently requires assistance with ADLs.
- **Discharge Plan:** Return to independent ambulation and self-care tasks.
- **Prior Level of Function (PLOF):** Independent in all ADLs before stroke.

Background Assessment

- **Precautions:** Monitor for signs of spasticity and overexertion, especially in the right arm and leg. Careful with transfers to avoid falls.

Joint ROM / Goniometric Measurements

- **Right Hip:**
    - Flexion: 100° (Normal)
    - Extension: 10° (Decreased)
- **Right Knee:**
    - Flexion: 110° (Normal)
    - Extension: 0° (Normal)
- **Right Ankle:**
    - Dorsiflexion: 10° (Decreased)
    - Plantarflexion: 30° (Decreased)
- **Right Shoulder:**
    - Flexion: 120° (Decreased)
    - Abduction: 90° (Decreased)
- **Right Elbow:**
    - Flexion: 135° (Normal)
    - Extension: 10° (Decreased)

Strength / Manual Muscle Testing

- **Right Lower Extremity (LE) Strength:**
    - Hip Flexors: 3/5 (Weak)
    - Knee Extensors: 3/5 (Weak)
    - Ankle Dorsiflexors: 2/5 (Severely weak)
- **Right Upper Extremity (UE) Strength:**
    - Shoulder Flexors: 3/5 (Weak)
    - Elbow Flexors: 3/5 (Weak)
    - Grip Strength: 3/5 (Weak)

Balance

- **Sitting Balance:** Good, with minimal support needed.
- **Standing Balance:** Poor, requires assistive device and supervision.
- **Balance Loss:** Occasional right-sided instability when standing or transitioning from sitting to standing.
- **Reactions & Strategies:** Limited use of right leg for balance, compensates by shifting weight to left side.

Additional Abilities / Underlying Impairments

- **Cardiopulmonary Function:** Good, but fatigues easily during therapy due to weak musculature.
- **Tone and Posture:** Increased tone in right arm and leg, particularly during functional tasks.
- **Pain and Edema:** Mild discomfort in right shoulder and leg, especially after activity.
- **Coordination:** Limited right-sided coordination; decreased fine motor skills in right hand.
- **Sensory Test Findings:** Decreased sensation on right side, primarily in the arm and leg.
- **Cognition:** Intact.

Visual Assessment

- **History and Analysis:** No significant visual impairments; however, Rachel may have difficulty with spatial awareness due to weakness on the right side.

Functional Assessment

- **Bed Mobility:** Requires moderate assistance.
- **Transfers:** Requires minimal assistance for sitting to standing and vice versa.
- **Gait:** Gait is significantly impaired, requiring assistive device for support.
- **Gait Analysis:** Antalgic gait pattern, with weight shift to the left and poor right leg use.
- **Other Areas:** Difficulty with dressing, bathing, and cooking due to weakness in the right arm and leg.

Objective Tests / Measures & Additional Analysis

- **Assessments:**
  - **Fugl-Meyer Assessment of Motor Recovery:** Score of 30/100 for right arm and leg.
  - **Timed Up and Go (TUG):** 25 seconds (high fall risk).
  - **10-Meter Walk Test:** 45 seconds (indicating slow gait).
- **Other:** Home Exercise Program (HEP) focusing on strengthening, stretching, and functional tasks.

Clinical Impressions

Rachel has moderate impairments due to post-stroke hemiparesis, primarily affecting the right arm and leg. Therapy will focus on improving strength, reducing spasticity, and increasing functional mobility. She has significant potential for progress with consistent therapy and participation.

Test/Measures and Outcomes

- **Strength Testing:** Target to achieve 4/5 strength in right leg and arm by the end of treatment.
- **Balance and Mobility:** Target improvement in TUG test to under 15 seconds and improved balance without significant compensations.
- **Functional Testing:** Target to achieve independence in basic ADLs with minimal assistive devices.
- **Gait:** Target walking 100 feet without support and reducing reliance on the left side for stability.