

## Physical Therapy Treatment Plan

**Patient Name:** Anna Williams

**Date of Birth:** 06/15/1982

**Start of Care:** 02/12/2025

**Payer:** Medicare

**Hospitalization:** None

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### Diagnosis

The patient has the following diagnoses: Med – osteoarthritis of the hip, unspecified (M16.9) with an onset date of 10/01/2019, Tx – pain in the right hip (M25.55) with an onset date of 02/01/2025, Tx – fibromyalgia contributing to generalized pain and discomfort (M79.7) with an onset date of 02/01/2025, and Tx – abnormalities of gait, unspecified (M21.9) with an onset date of 02/01/2025.

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### Treatment Approaches

- **PT Evaluation**
  - **Therapeutic Exercises** (Strengthening of hip, core, and lower extremities; stretching for flexibility)
  - **Neuromuscular Reeducation** (Focus on gait training and postural alignment)
  - **Manual Therapy** (Joint mobilizations and soft tissue techniques for pain relief)
  - **Heat Therapy** (To reduce stiffness and improve flexibility)
  - **Electrical Stimulation** (For pain modulation and muscle activation)
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### Frequency, Duration, Intensity, Certified Period

- **Frequency:** 2-3 sessions per week
  - **Duration:** 8 weeks
  - **Intensity:** Low to moderate intensity based on pain levels and tolerance
  - **Certified Period:** 02/12/2025 - 04/09/2025
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## **Plan of Treatment**

### **Short Term Goals**

1. Anna will reduce pain in the right hip by 20% using heat therapy, manual techniques, and gentle mobility exercises. (Target: 02/26/2025)
2. Anna will increase active range of motion in the right hip (flexion and extension) by 10° from baseline. (Target: 02/26/2025)
3. Anna will demonstrate improved strength in hip extensors and abductors (at least 3/5) during resistance exercises. (Target: 02/26/2025)
4. Anna will be able to ascend stairs with minimal discomfort (pain < 3/10) using proper biomechanics. (Target: 02/26/2025)

### **Long Term Goals**

1. Anna will achieve independent and pain-free stair climbing, including climbing stairs without support. (Target: 04/09/2025)
2. Anna will improve hip range of motion to within functional limits, including 110° of hip flexion and 10° of hip extension. (Target: 04/09/2025)
3. Anna will strengthen the hip abductors, extensors, and core muscles to 4/5 on both sides. (Target: 04/09/2025)
4. Anna will return to previous activity level, including walking for 30 minutes without significant pain or fatigue. (Target: 04/09/2025)

### **Patient Goals**

- “I want to be able to climb stairs without pain and sleep on my side again.”
- “I want to stop feeling stiff when I get out of bed in the morning.”

### **Potential for Achieving Goals**

- Anna has moderate to high rehab potential. She has been dealing with the condition for years but remains motivated to improve her quality of life. She has a strong understanding of her functional limitations and the necessary commitment to the rehab process. She is able to follow instructions and is motivated to engage in exercises and techniques.

### **Participation**

- Anna is willing to actively engage in physical therapy and has the necessary support from family and caregivers. She is open to home exercises and self-management techniques.
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## Initial Assessment / Current Level of Function & Underlying Impairments

### Factors Supporting Medical Necessity

- **Referral:** Referred by orthopedic specialist after a prolonged period of hip pain limiting daily activities, including stair climbing and side sleeping.
  - **Medical History:** Longstanding hip osteoarthritis and history of generalized pain from fibromyalgia.
  - **Complexities:** Anna's condition is exacerbated by muscle weakness, reduced mobility, and altered gait patterns.
  - **Prior Treatment:** Mild success with medication and occasional heat therapy, but symptoms persist with worsening limitations in mobility.
  - **Prior Living Situation:** Independent in all activities of daily living but has been restricted in leisure activities and exercise due to pain.
  - **Discharge Plan:** Return to independent mobility, including climbing stairs, walking for exercise, and sleeping on her side.
  - **Prior Level of Function (PLOF):** Prior to the worsening of symptoms, Anna was able to perform all ADLs independently and was active in walking and some light recreational activities.
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### Background Assessment

- **Precautions:** Avoid high-impact activities or excessive hip flexion/extending beyond comfortable range of motion.
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### Joint ROM / Goniometric Measurements

- **Right Hip:**
    - Flexion: 95° (Limited)
    - Extension: 5° (Limited)
    - Abduction: 35° (Limited)
    - Adduction: 20° (Normal)
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## Strength / Manual Muscle Testing

- **Right Hip Strength:**
    - Hip Flexors: 3/5 (Weak)
    - Hip Extensors: 3/5 (Weak)
    - Hip Abductors: 3/5 (Weak)
    - Hip Adductors: 4/5 (Normal)
  - **Left Hip Strength:**
    - Hip Flexors: 4/5 (Normal)
    - Hip Extensors: 4/5 (Normal)
    - Hip Abductors: 4/5 (Normal)
    - Hip Adductors: 4/5 (Normal)
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## Balance

- **Single-leg Balance (Right Leg):** 5 seconds (Instability and pain present)
  - **Standing Balance:** Mild difficulty with maintaining balance on the right side due to pain and weakness.
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## Additional Abilities / Underlying Impairments

- **Cardiopulmonary Function:** Normal.
  - **Tone and Posture:** Slightly altered posture due to protective movement patterns, particularly in the right hip.
  - **Pain and Edema:** Hip pain 5/10 during activity, worsens after prolonged sitting or standing. No significant swelling.
  - **Coordination:** Slightly impaired due to pain.
  - **Sensory Test Findings:** No significant sensory deficits.
  - **Cognition:** Intact.
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## Visual Assessment

- **History and Analysis:** Limited hip mobility and poor gait patterns observed, especially when walking or changing direction.
  - **Testing:** Gait analysis shows decreased stride length and altered loading on the right hip.
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## Functional Assessment

- **Bed Mobility:** Independent, but with pain when turning to the right side.
  - **Transfers:** Independent with difficulty due to hip pain and stiffness.
  - **Gait:** Antalgic gait with decreased step length on the right side.
  - **Gait Analysis:** Limited hip flexion during the swing phase of walking and pain when pushing off the right leg.
  - **Other Areas:** Difficulty ascending and descending stairs due to pain in the hip, particularly with loading and weight shift.
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## Objective Tests / Measures & Additional Analysis

- **Assessments:**
    - **Timed Up and Go Test:** 12 seconds (Normal)
    - **Hip Strength Testing:** Target to improve hip extensors, abductors, and flexors to 4/5 strength within 4 weeks.
  - **Other:** Home Exercise Program (HEP) focusing on hip strengthening, range of motion exercises, and stretching.
  - **Additional Analysis:** Posture analysis shows forward flexed posture to avoid hip extension, causing increased stress on the hip joint.
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## Clinical Impressions

Anna is presenting with moderate to severe hip osteoarthritis that is significantly limiting her functional mobility, including daily activities like stair climbing and sleeping. Her pain, stiffness, and weakness in the hip joint are affecting her quality of life. The rehabilitation focus will be on pain reduction, strengthening the hip muscles, improving joint mobility, and gait retraining to restore functional movement patterns and independence in daily activities.

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## Test/Measures and Outcomes

- **Hip Function Scale (HFS):** Target to improve functional scores by 30% by the end of treatment.
- **Strength Testing:** Target to achieve 4/5 strength in hip extensors, abductors, and flexors.
- **ROM:** Target to achieve 110° of hip flexion and 10° of hip extension.
- **Pain Management:** Target pain level reduction to < 3/10 during functional movements.
- **Functional Mobility:** Target to return to pain-free stair climbing and walking for exercise.