

Patient Information:

- **Patient Name:** John Doe
 - **Date of Birth:** 02/15/1975
 - **Start of Care:** 02/01/2025
 - **Payer:** Medicare
 - **Hospitalization:** None
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Diagnosis:

The patient has the following diagnoses: Med – low back pain (M54.5) with an onset date of 01/20/2025, Med – pain in the right knee (M25.561) with an onset date of 01/10/2025, Tx – difficulty in walking, not elsewhere classified (R26.2) with an onset date of 01/15/2025, Tx – generalized muscle weakness (M62.81) with an onset date of 01/15/2025, and Tx – repeated falls (R29.6) with an onset date of 01/10/2025.

Treatment Approaches:

- PT Evaluation
 - Therapeutic Exercises
 - Neuromuscular Reeducation
 - Gait Training Therapy
 - Therapeutic Activities
 - Electric Stim other than wound
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Frequency:

- 3 sessions per week
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Duration:

- 6 weeks
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Intensity:

- Moderate to High, progressing as tolerated

Certified Period:

- 02/01/2025 – 03/15/2025
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Plan of Treatment:**Short Term Goals:**

1. Patient will perform sit-to-stand transfers with Min (A) and 4-/5 quadriceps strength to improve independence in transfers. (Target: 02/28/2025)
2. Patient will ambulate 50 feet with a front-wheeled walker and CGA, maintaining balance and proper gait mechanics. (Target: 02/28/2025)
3. Patient will demonstrate improved static standing balance for 1 minute without LOB to reduce fall risk. (Target: 02/28/2025)
4. Patient will perform therapeutic exercises to increase right knee ROM to 120 degrees to improve functional mobility. (Target: 02/28/2025)

Long Term Goals:

1. Patient will perform sit-to-stand transfers independently without use of upper extremity support. (Target: 03/15/2025)
2. Patient will ambulate 200 feet with a cane and supervision, demonstrating proper gait mechanics. (Target: 03/15/2025)
3. Patient will maintain dynamic standing balance for 3 minutes while performing functional tasks. (Target: 03/15/2025)
4. Patient will report pain level $\leq 2/10$ during ambulation and daily activities to enhance participation. (Target: 03/15/2025)

Patient Goals:

- “I want to be able to walk around my house without feeling like I’m going to fall.”

Potential for Achieving Goals:

- Patient demonstrates good rehab potential due to high motivation, supportive family, ability to follow directions, and good cognitive status.

Participation:

- Patient actively participates in therapy sessions and is motivated to improve mobility and independence.

Initial Assessment/Current Level of Function & Underlying Impairments:

Factors Supporting Medical Necessity:

- **Referral:** Referred by primary care physician for PT following repeated falls and difficulty walking.
 - **Medical Hx:** History of osteoarthritis and generalized muscle weakness.
 - **Complexities:** Chronic pain impacting mobility and balance.
 - **Prior Tx:** No prior physical therapy for current condition.
 - **Prior Living:** Independent in ADLs and IADLs prior to onset.
 - **D/C Plan:** Return to independent living with improved mobility and safety.
 - **Prior Level:** Ambulated independently without an assistive device.
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Background Assessment:

- **Precautions:** Fall precautions, pain management during exercises.
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Joint ROM/Goniometric Measurements:

- **AROM- Right Hip:** 0-110 degrees
 - **AROM- Right Knee:** 0-100 degrees
 - **AROM- Left Hip:** 0-120 degrees
 - **AROM- Left Knee:** 0-130 degrees
 - **LE ROM:** Decreased in right knee affecting mobility.
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Strength/Manual Muscle Testing:

- **Strength-Right Hip:** 4-/5
 - **Strength-Right Knee:** 3+/5
 - **Strength-Left Hip:** 4/5
 - **Strength-Left Knee:** 4/5
 - **LE Strength:** Generalized weakness, more pronounced on the right side.
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Balance:

- **Sitting Balance:** Good
 - **Standing Balance:** Fair with occasional LOB
 - **Balance Loss:** Increased with dynamic activities
 - **Reactions & Strategies:** Delayed protective reactions observed
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Additional Abilities/Underlying Impairments:

- **CardioPulmonary Function:** Within functional limits
 - **Tone and Posture:** Mild postural instability
 - **Pain and Edema:** Pain reported 5/10 in right knee; mild edema present
 - **Coordination:** Slightly impaired during dynamic tasks
 - **Sensory Test Findings:** Intact
 - **Cognition:** Intact
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Visual Assessment:

- **History and Analysis:** No visual impairments reported
 - **Testing:** Within normal limits
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Functional Assessment:

- **Bed Mobility:** Moderate assistance required
 - **Transfers:** Min (A) with decreased balance
 - **Gait:** Ambulates 20 feet with front-wheeled walker and CGA
 - **Gait Analysis:** Decreased right knee flexion, altered gait mechanics
 - **Other Area:** Reduced functional mobility due to pain and weakness
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Objective Tests/Measures & Additional Analysis:

- **Timed Up and Go (TUG):** 22 seconds (Moderate fall risk)
 - **Home Exercise Program:** Patient requires skilled PT to establish and train an appropriate program.
 - **Additional Analysis:** Trunk strength: Abdominals/Flexors - 4/5; Extensors - 4-/5
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Clinical Impressions:

- Expect progress towards goals to be moderate due to chronic pain and decreased strength.
 - Patient demonstrates good rehab potential to return to prior level of function with skilled PT intervention.
 - Skilled PT required for gait training, strengthening exercises, neuromuscular reeducation, and balance training to improve mobility and reduce fall risk.
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Test/Measures and Outcomes:

- **Outcome Measure:** Improvement in TUG score to <15 seconds.
- **Expected Outcome:** Increased independence in transfers, ambulation, and ADLs.