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Date of Birth: [Redacted]

✓ Patient identity confirmed

Time In: 13:00

Time Out: 14:00

Visit Date: 06/27/2019

**Diagnosis / History**

**Medical Diagnosis:** frequent falls Exacerbation 06/06/2019

**PT Diagnosis:** abnormality in gait Exacerbation 06/27/2019

**Relevant Medical History:**

CVA L sided weakness 2017, CVA L sided weakness 2018, multiple cancers, history of prostate, suspected metastatic renal cell or separate renal and lung primary cancers, currently on immunotherapy. Pacemaker and defibrillator. Orthostatic hypotension. falling on avg 4x a day. Patient to begin palliative care along with PT for strength, balance and gait.

**Prior Level of Functioning:**

multiple falls, lives in a veteran facility with little support per patient report

**Patient's Goals:**

walk better, stop falling on a daily basis

**Precautions:** fall risk, pacemaker, defibrillator

**Homebound?** ✓ Yes  No

- ✓ Residual Weakness
- ✓ Needs assistance for all activities
- Requires max assistance / taxing effort to leave home
- Other: 1 person assist x4WW
- ✓ 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 congregate situation, e.g., assisted living

Assistance is available: No assistance available

**Current Types of Assistance Received**

Veteran housing facility; patient is looking into ALF options

**Safety / Sanitation Hazards**

- No hazards identified
- ✓ Steps / Stairs: 5
- ✓ Narrow or obstructed walkway
- Cluttered / soiled living area
- Other: Suggest bed can and FWW
- 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, Supports, and Hazards**

Patient lives on the first floor of a veteran housing facility - 4 to 5 steps to enter building.

**Vital Signs**

**Temperature:**

98.7 Taken: Temporal

BP:	Position	Side	Heart Rate:	Respirations:	O2 Sat:	Room Air / Rate	Route
Prior 120 / 70	Sitting	Left	Prior 77	Prior 20	Prior 93	Room Air	via
Post /			Post	Post	Post		via

Comments:

**Subjective Information**

Patient states he doesn't like to exercise but needs it because he's tired of falling every day.



**Physical Assessment**

	Level	Functional Impact
<b>Orientation:</b>	Impairment present but not impacting functional ability.	Ox2
<b>Speech:</b>	Impairment present but not impacting functional ability.	
<b>Vision:</b>	Within normal limits.	
<b>Hearing:</b>	Impairment present.	HOH
<b>Skin:</b>	Within normal limits.	
<b>Muscle Tone:</b>	Impairment present.	L sided weakness from previous CVA's x2
<b>Coordination:</b>	Impairment present.	L sided weakness and decreased coordination LLE
<b>Sensation:</b>	Impairment present.	Decreased sensation and proprioception input LLE
<b>Endurance:</b>	Impairment present.	ambulates short distances with quad cane
<b>Posture:</b>	Impairment present.	kyphosis
<b>Edema</b>		
<input checked="" type="checkbox"/> Absent		
<input type="checkbox"/> Present		

**Pain Assessment**

No Pain Reported

Location	Intensity (0-10)	Location	Intensity (0-10)
Primary Site: Hip	5 Medium	Secondary Site: Knee	5 Medium
Increased by: activity; pain in LLE			
Relieved by: rest			
Interferes with: ambulation			

**ROM / Strength**

Part	Action	ROM		Strength		Part	Action	ROM		Strength	
		Right	Left	Right	Left			Right	Left	Right	Left
Shoulder	Flexion	WFL	WFL	4/5	4/5	Hip	Flexion	WNL	WFL	4/5	2/5
	Extension	WFL	WFL	4/5	4/5		Extension	WNL	WFL	4/5	2/5
	Abduction	WFL	WFL	4/5	4/5		Abduction	WNL	WFL	4/5	2/5
	Adduction	WFL	WFL	4/5	4/5		Adduction	WNL	WFL	4/5	3-/5
	Int Rot	WFL	WFL	4/5	4/5		Int Rot	WNL	WFL	4/5	3/5
	Ext Rot	WFL	WFL	4/5	4/5		Ext Rot	WNL	WFL	4/5	3/5
Elbow	Flexion					Knee	Flexion	WNL	WFL	4/5	2+/5
	Extension						Extension	WNL	WFL	4/5	2+/5
Forearm	Pronation					Ankle	Plantar Flexion				
	Supination						Dorsiflexion				
Finger	Flexion						Inversion				
	Extension					Eversion					
Wrist	Flexion					Neck	Flexion				
	Extension						Extension				
Trunk	Extension						Lat Flexion				
	Rotation					Rotation					
	Flexion										

**Description of Functional Impact:**  
 Grip strength decreased LUE; LLE strength and ROM decreased due to previous CVA

**Functional Assessment**

Independence Scale Key	Dep	Max Assist	Mod Assist	Min Assist	CGA	SBA	Supervision	Ind with Equip	Indep
<b>Bed Mobility</b>					<b>Gait</b>				
	<b>Assist Level</b>				<b>Assist Level</b>		<b>Distance/ Amount (Ft)</b>	<b>Assistive Device</b>	
Rolling	Min A	<input type="checkbox"/> L <input type="checkbox"/> R			CONTACT GUARD ASSIST		X 25	quad cane	
Supine - Sit	Min A	<b>Assistive Device</b>			Level				
Sit - Supine	Min A				Unlevel	NT		X	
<b>Factors Contributing to Functional Impairment:</b>					Steps / Stairs	Min A		X 3	quad cane and railing
Min A for bed mobility, patient reports falling out of bed often					<b>Factors Contributing to Functional Impairment:</b>				
					decreased strength and stability LLE				



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Transfer		
	Assist Level	Assistive Device
Sit - Stand	Min A	quad cane
Stand - Sit	Min A	quad cane
Bed - Wheelchair	NT	
Wheelchair - Bed	NT	
Toilet or BSC	NT	
Tub or Shower	NT	
Car / Van		
Factors Contributing to Functional Impairment: weakness and decreased coordination LLE		

Wheelchair Mobility			
Assist Level	Assist Level	Assist Level	Assist Level
Level	Unlevel	Maneuver	
Factors Contributing to Functional Impairment:			

**Weight Bearing Status**  
FWB

**Balance**  
 Able to assume midline orientation  
 Able to maintain midline orientation  
 Sitting: Maintain position  
 Standing: Maintain position

Fall Risk and Other Testing			
	Test Used	Other	Test Results
<b>Cognition</b>	Other	mini mental	Ox2
<b>Sensation</b>	Monofilament Testing		decreased sensation LLE
<b>Endurance</b>			
<b>Balance</b>	Tinetti-POMA	Romberg, Balance Reaction	Tinetti - 5/28 , Romberg (+), Balance Reaction (+)
<b>Gait</b>			
<b>Bal</b>			
<b>Confidence</b>			

**DME Available**  
 Wheelchair     Walker     Hospital Bed     Bedside Commode     Raised Toilet Seat     Tub / Shower Bench  
 Other:  
 quad cane, scooter

**Needs**  
 FWW, bed rail

**Clinical Statement of Assessment Findings and Recommendations**  
 Evaluation: Initial evaluation completed today. Patient was involved in planning their own care, treatment and goal setting/expected outcomes. Patient was notified which disciplines will be providing care, and that their physician ordered these services for them and will be notified of the treatment plans and expected outcomes. Patient was involved in determining the frequency of patient visits during the certification period and their anticipated discharge date. Patient has been informed of the (Continued)

Treatment Goals		Time Frame
<b>1:</b>	Patient will demo improved Tinetti score to demo decreased risk of falls and increased overall safety	3 weeks
<b>2:</b>	Patient will demo safety with gait with appropriate AD to decrease risk of falls	3 weeks
<b>3:</b>	Patient will demo MI with all transfers and bed mobility safely to increase functional independence	3 weeks
<b>4:</b>	Patient will demo independence with HEP to reach max functional independence with strength training	2 weeks
<b>5:</b>	Patient will ambulate with least restrictive assistive device up to 100ft to reach max functional independence	3 weeks
<b>6:</b>		
<b>7:</b>		
<b>8:</b>		
<b>9:</b>		
<b>10:</b>		



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**Treatment Plan**

- Thera Ex
- Hip Precaution Training
- Establish or Upgrade HEP
- Knee Precaution Training
- Transfer Training
- Pulmonary Physical Therapy
- Gait Training
- Range of Motion
- Balance Training
- Muscle Re-education
- Bed Mobility Training
- Ultrasound
- Prosthetic Training
- Electrotherapy
- Stairs / Steps Training
- O2 Sat Monitoring PRN
- Home Safety Training
- Assistive Device Training:  
quad cane, scooter
- Modalities for Pain Control:  
ice, heat, MT and MTT
- CPM:

Other:

Comments:  
Suggest FWW

**Care Coordination**

Conference with:  
 PT  PTA  OT  COTA  ST  SN  Aide  Supervisor Other:

Name(s): Heather Granzella, PTA; Monica Hardwick, OTR

Regarding: POC

Physician Notified Re: Plan of Care, Goals, Frequency, Duration and Direction

Other Discipline Recommendations:  OT  ST  MSW  Aide Other:

Reason:

**Statement of Rehab Potential**

This patient has the potential to benefit from interventions provided by physical therapy

Yes  No

**Treatment / Skilled Intervention This Visit**

Completion of the evaluation and development of the plan of care

Other

**Frequency and Duration**

	Start Date	End Date	Effective Date	Frequency
Current Episode:	05/14/2019	07/12/2019	06/27/2019	1w1, 2w2
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 ( Holcombe , Jayme ) & Date of Verbal Order for Start of PT Treatment** **Date**  
06/27/2019

Digitally Signed by: Jayme Holcombe ,

**Physician Name**  
Rima Berchane

**Physician Phone:**  
**Physician FAX:**

**Physician Signature** **Date**

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**Clinical Statement of Assessment Findings and Recommendations**

benefits and risks of rehab services and acknowledges non-compliance of stated treatment plan that may result in decline. Patient was involved in developing POC and goals. Objective: Patient is a 87yo male who presents with generalized weakness, multiple falls per day, decreased balance and strength specifically on LUE and LLE. Patient has a significant PMH to include CVA L sided weakness 2017, CVA L sided weakness 2018, multiple cancers, history of prostate, suspected metastatic renal cell or separate renal and lung primary cancers, currently on immunotherapy. Pacemaker and defibrillator. Orthostatic hypotension. falling on avg 4x a day. Patient to begin palliative care along with PT for strength, balance and gait. Evaluation today revealed the following: Transfers MI to Min A with quad cane. Bed mobility MI to Min A; Multiple falls off of his bed per his report. Balance testing Tinetti - 5/28; Romberg (+); Balance Reaction (+) = high fall risk. Ambulates short distances with quad cane, longer distances with scooter. Somatosensory decreased for sensation to light touch LLE and decreased proprioceptive input LLE, otherwise WNL. Oculomotor function WNL. Vestibular system WNL. PT performed and observed the following: -Therapeutic Exercise for strength - sit to stands 10x -Functional mobility training (bed mobility and transfer training with edu to prevent falls) -Balance Training (weight shifts (lateral, diagonal, ant/post eyes open/closed), standing balance (horizontal and vertical head motions, eyes open/closed), and dynamic balance ex) -Gait Training with quad cane, stair training 4 steps with quad cane and railing -Modalities (MT, MTT, ice, heat as needed 10mins) -ROM assessment LUE and LLE -HEP -Teaching (energy conservation, Safety/fall precaution, Balance training) -Response to teaching - good Functional Deficits: balance, deconditioning, difficulty walking, difficulty with transfers, decreased ROM LLE LUE Functional ADLs: bed mobility, sit to stand Assessment: Pt demonstrates global functional and physical deficits, most notably inability to ambulate safely and independently, as well as having poor balance, activity tolerance, DOE, and fatigue. Pt will benefit from HH PT services to promote independence within the home and improve overall physical function. Plan: PT to provide skilled intervention to address functional deficits and improve overall condition with a progressive POC and HEP. Interdisciplinary communication occurred with (MD, PTA, Patient, Caregiver). Continue to work on ther ex, monitor nutrition, gait training, balance program, transfer training, Modalities (MT, MTT, AROM, PROM, ice, heat as needed), monitor depression, neurological re-education, HEP.

