

HOSPITAL WITHOUT WALLS

YOUR STEPPING STONE TO WELLNESS

Physical Therapy Progress Note

(Please Print)

Branch & Team	Patient's Last Name	First Name	Medical Record Number	Visit Date
	Fernandez	Clara		5/20/05

Time In	Time Out

- RPT VISIT
 PTA VISIT

<input checked="" type="checkbox"/> Clara Fernandez Patient Signature
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My signature verifies I received service on this date

- PROBLEMS:**
- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Pain / Level _____ /10. | Location: _____ |
| <input type="checkbox"/> ROM | <input type="checkbox"/> Balance |
| <input type="checkbox"/> Strength | <input type="checkbox"/> Transfers |
| <input type="checkbox"/> Ambulation Ability | <input type="checkbox"/> Bed Mobility |
| <input type="checkbox"/> ADL Ability | <input type="checkbox"/> WC Mobility |
| <input type="checkbox"/> OTHER: _____ | |

HOMEBOUND STATUS: limited gait & assistance
PATIENT REPORTS/SUBJECTIVE: pt appears to be very happy, she sings and dance at home. very pleasant. Appears to appreciate life.

- SKILLED TREATMENT RENDERED:**
- GAIT TRAINING included: 25 ft x 9 distance, with one device, on level surfaces, with C.B.A. assistance/weight bearing.
 - TRANSFER TRAINING
 - BALANCE/COORDINATION EXERCISES
 - Skilled M/E Patient Care Plan
 - ULTRASOUND: at _____ output for _____ (time) to _____ (affected areas).
 - ELECTRO TREATMENT: EMS MEDCO FES HVGS TENS for _____ (time) to _____ (affected area).
 - CARDIOPULMONARY TREATMENT: Breathing Exercises Cardiopulmonary Conditioning
 - MUSCLE RE-EDUCATION SAFETY INSTRUCTIONS BED MOBILITY BODY MECHANICS ADL INSTRUCTION
 - PROSTHETIC TRAINING: Gait Training with/without Prosthesis Stump Conditioning Muscle Strengthening Ace/Stump Wrapping Instr.
 - INSTRUCT/USE OF ICE INSTRUCT/USE OF HEAT PARAFFIN OTHER to _____ (affected areas).
 - THERAPEUTIC EXERCISES: William's Flexion Codman's Shoulder Active Active Assist Resistive Passive PRE PNF
- Therapeutic Exercise Specifics:** 5 sets in supine spine and standing using the Fwys for balance.

SPECIFIC INSTRUCTIONS/PROCEDURES: Pt to continue with her exercises and walk as much as possible

PROGRESS TOWARD GOAL: cont. c. p.o.c.

- TOLERANCE to TREATMENT:** Good Fair Poor OTHER _____
- CONTINUE WITH CURRENT PROGRAM:** YES NO NEW ORDERS RECEIVED? YES NO NEXT MD APPT. ___/___/___
- DISCHARGE PLANNING:** YES NO ANTICIPATED DISCHARGE DATE: _____

- AIDE SUPERVISION:** Aide present? Yes No Aide name: _____
- Bath assist
 - Shampoo
 - Shave
 - Catheter Care
 - Amb/transfer assist
 - Linen change
 - Meal prep
 - Laundry
 - Cleaned area used
 - Following Aide care plan
 - Compliance with patient rights
 - Appropriate communication Evaluation: Satisfactory Unsatisfactory Plan: Continue same Other: _____

- PTA SUPERVISION:** PTA present? Yes No PTA name: _____
- Skilled Treatments
 - Patient/Caregiver Instr.
 - Following PT plan of care
 - Appropriate Communication
 - Compliance with Patient Rights
 - Patient Progressing Towards Goals w/ PTA Treatment
 - Communication of Supervisory Changes with PTA Other: _____

Evaluation: Satisfactory Unsatisfactory Comments: _____

CONFERENCE WITH PHYSICIAN/SUPERVISOR/OTHER DISCIPLINE? NEW ORDERS? STATE WHO AND WHAT WAS DISCUSSED:

RPT/PTA NAME: Line Benson PT **SIGNATURE:** [Signature]