

Reassessment Date:

Patient Name:

Record #:

11-13th - Visit 17-19th - Visit 30 - Day

PT Therapy Visit # (optional per agency policy)

Combined Therapy Visit # (optional per agency policy)

ASSESSMENT

RANGE OF MOTION / MOBILITY

Table with columns: Joint/Segment, Movement, Range, PROM (Right/Left), AROM (Right/Left), Joint/Segment, Movement, Range, PROM (Right/Left), AROM (Right/Left), PROGRESS TOWARDS GOALS. Rows include Elbow, Forearm, Wrist, Shoulder, Hip, Knee, Ankle, and Cervical Spine.

MUSCLE STRENGTH AGAINST GRAVITY

Strength Scale: 4 = WNT, 3 = Fair, 2 = Poor, 1 = Trace, 0 = Absent. Includes sections for LUE, RUE, LLE, RLE, Left Hand, and Right Hand.

TRANSFERS

KEY: 5 = Maximum Assist, 4 = Moderate Assist, 3 = Minimum Assist, 2 = Standby Assist, 1 = Independent, AD = With Assistive Device, W/O AD = Without Assistive Device. Includes sections for Bed Mobility, Chair, In/Out of Bed, Commode/Toilet, Sit to Stand, and Tub/Shower.

PROGRESS TOWARDS GOALS

BALANCE/GAIT

SITTING: No Deficit, Altered Describe. STANDING: No Deficit, Altered Describe. GAIT: Shuffling, Unsteady, Tremors. Gait Surfaces (4-0) and Gait Surface Score (Distance/Speed).

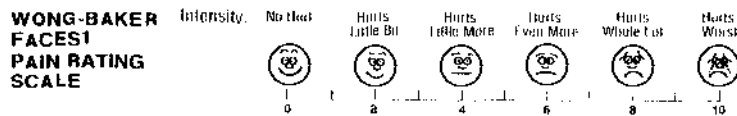
PROGRESS TOWARDS GOALS

ENDURANCE

With assistive device, Without assistive device. 0 - Not troubled with breathlessness except with strenuous exercise. 1 - Troubled by shortness of breath when hurrying on level surface or walking up a slight hill. 2 - Walks slower than people of the same age on level surface because of breathlessness or has to stop for a breath when walking at own pace on level surface. 3 - Usually too breathless to leave the house or breathless when dressing or undressing.

PROGRESS TOWARDS GOALS

PAIN



Onset Date: Pain precipitated by: Pain relieved by: Current pain management & effectiveness: Pain site assessment:

From Hockenberry MJ, Wilson D. Wong's essentials of pediatric nursing, ed. 8. St. Louis, 2009 Mosby Used with permission. Copyright Mosby.

Pain Description: Sharp Dull Other:

VARIABLE FACTORS/CONDITIONS AFFECTING PATIENT'S RESPONSE

- Unexpected Temporary Illness, Unexpected Family/Personal Event, New Diagnosis, Other (specify):

EXPECTATIONS PATIENT'S CONDITION WILL IMPROVE

Is Patient Progressing towards goals? Yes No. Is Goal attainable in a reasonable and generally predictable period of time? Yes No. Provide Clinically Supportable statement to explain: Continue with current Plan of Care? Yes No. If No, notify MD if update to POC is needed.

SKILLED SERVICES PROVIDED THIS VISIT

Patient's Signature (optional per agency policy):

Physical Therapist's Signature:

Date:

Time In:

Time Out:

AM

PM

AM

PM

CHECK ONE: G0151-PT G0159-PT Maintenance