ULTRA Health Care Inc.

# PHYSICAL THERAPY CARE PLAN

SOC DATE ___/___/___

DIAGNOSIS _____ ONSET ___/___/___

PROBLEM(S) _____

| PATIENT/CLIENT DESIRED OUTCOMES | SHORT TERM OUTCOMES Time Frame | LONG TERM OUTCOMES Time Frame |
|---|---|---|
| | | |

**PLAN OF CARE (Mark all applicable with an "X".)**

| | | | | | |
|---|---|---|---|---|---|
| | Evaluation (B1) | | Pulmonary Physical Therapy (B6) | | CPM (specify) |
| | Establish rehab. program | | Ultrasound (B7) | | Functional mobility training |
| | Establish home exercise program | | Electrotherapy (B8) | | Teach bed mobility skills |
| | ❑ Copy given to patient/client | | Prosthetic training (B9) | | Teach hip safety precautions |
| | ❑ Copy attached to chart | | Preprosthetic training | | Teach safe/effective use of adaptive/assist device (specify) |
| | Patient/Client/Family education | | Fabrication of orthotic device (B10) | | |
| | Therapeutic exercise (B2) | | Muscle re-education (B11) | | Teach safe stair climbing skills |
| | Transfer training (B3) | | Management and evaluation of care plan (B12) | | Other: |
| | Home program (B4) Establish / Upgrade | | TENS | | |
| | Gait training (B5) | | Cardiopulmonary PT | | |
| | Balance training/activities | | Pain Management | | |

MODALITIES _____ REHAB POTENTIAL ❑ Good ❑ Fair ❑ Poor

FREQUENCY AND DURATION _____

EQUIPMENT RECOMMENDATIONS _____

SAFETY ISSUES/INSTRUCTION/EDUCATION _____

COMMENTS/ADDITIONAL INFORMATION _____

PATIENT/CLIENT/CAREGIVER RESPONSE TO PLAN OF CARE _____

DISCHARGE DISCUSSED WITH: ❑ Patient/Client/Family ❑ Care Manager ❑ Physician ❑ Other (specify) _____

CARE COORDINATION: ❑ Physician ❑ PT ❑ OT ❑ ST ❑ SS ❑ SN ❑ Other (specify) _____

APPROXIMATE NEXT VISIT DATE ___/___/___

PLAN FOR NEXT VISIT _____

PLAN DEVELOPED BY (signature/title/date) _____ ___/___/___

**CARE PLAN REVIEW**

| DATE | REVIEWED/REVISED BY (signature/title) | COMMENTS |
|---|---|---|
| | | |
| | | |
| | | |

**PART 1 - Clinical Record** **PART 2 - Therapist**

| PATIENT/CLIENT NAME - Last, First, Middle Initial | ID# |
|---|---|
| | |