Physical Therapy Progress Note

(Please Print)
Branch & Team

Patient's Last Name
Fernandez

First Name
Clara

Medical Record Number

Visit Date
5/20/05

Time In
Time Out

RPT VISIT

PTA VISIT

PROBLEMS:
□ Pain / Level /10.

Location:
□ Balance
□ Transfers
□ Bed Mobility
□ Strength
□ Ambulation Ability
□ ADL Ability
□ WC Mobility
□ OTHER:

HOMEBOUND STATUS:

PATIENT REPORTS/SUBJECTIVE:

SKILLED TREATMENT RENDERED:
□ GAIT TRAINING included: distance, with gait device, on level surfaces, with 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

□ 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:

□ HOME EXERCISE PROGRAM: (Specifies):

SPECIFIC INSTRUCTIONS/PROCEDURES:

Pt to continue with hip exercises and walk as much as possible

PROGRESS TOWARD GOAL:

TOLERANCE to TREATMENT: □ Good □ Fair □ Poor □ OTHER

CONTINUE WITH CURRENT PROGRAM: □ YES □ NO NEW ORDERS RECEIVED? □ YES □ NO NEXT MD APPT. 1/

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 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: Linda Benson PT SIGNATURE: ____________________________

Sup Assist. Initials and Date: 1__/1
Revised 12/2004