



1642

GENESYS

REGIONAL MEDICAL CENTER

PHYSICAL THERAPY INITIAL ASSESSMENT (FRONT)

These are not the same

DEMOGRAPHICS: *Pt is a XX y.o. (♀ or ♂)* *shows 24 hr eval from order* **Date:** *XX/XX/12* **Time:** *XX:XX*

Patient's Preferred Name: **Room #:** **Reason for Admit:** *Mechanism of Injury*

P.T. Order/Date/Time: *XX/XX/12 @ XX:XX P.T. eval/tot* **Admit Diagnosis:** *Med Dx*

Activity Order: *XX/XX/12 Activ. order* **Tests/Precautions:** *Labs, Diagnostics → Results*
Braces, wt bearing status, vital restrictions

Any current information from consults or Nsg notes

PAST MEDICAL AND SURGICAL HISTORY: *PMH, PSxH -*

→ From H+P, Nsg notes

SOCIAL HISTORY/HOME ENVIRONMENT: ☐ Lives alone ☐ Lives with ☐ Spouse ☐ Son/Daughter ☐ Other:

Type of Home: ☐ Steps to enter - ☐ ⊕ rail OR ☐ ⊖ rail ☐ Steps in home - ☐ ⊕ rail OR ☐ ⊖ rail ☐ Ramped home entrance

☐ Caregiver Available (who): **Comments:** *ETOH, Smoking*

DURABLE MEDICAL EQUIPMENT (DME): () if owns but doesn't use

PREVIOUS ADMIT ACTIVITY:

ACTIVITY	INDEPENDENT	ASSISTED BY	ACTIVITY	INDEPENDENT	ASSISTED BY
Meal Prep			Transfer Surface to Surface		
Bathing/Dressing			Walking: <input type="checkbox"/> Household <input type="checkbox"/> Community		
Transfer Tub/Toilet			Driving		

SUBJECTIVE INFORMATION: Patient states: *Agrees to participate, c/c* *Current fxn*

Pain level: ☐ None present ☐ ___/10, Description: *Best/Worst or Rest/Activity* *Description/Location*
Last pain med - Pain addressed by RN & meds

INSPECTION: Medical Equipment Present: ☐ None ☐ IV ☐ Heplock ☐ Jugular/Central Line ☐ Foley ☐ Trach ☐ Vent ☐ O2 at ___ L ☐ PICC Line

☐ Remote telemetry ☐ Other: **Skin/Edema:** *heels, visible areas through inspection, incision*

Vitals @ rest / activity *Fig 8, circum* *Pit or Non pit*

RANGE OF MOTION/STRENGTH *Gross Assess in supine* **OTHER SCREENS:** Intact = ⊕, Impaired = ⊖, Absent = 0, Not Tested = NT

RLE Strength	RLE ROM	Reference Area	LLE Strength	LLE ROM	Upper Extremity Strength Screen:	Muscle Tone:
<i>WFL</i>	<i>WFL</i>	Hip flexion			<i>Same as ROM/strength for LE</i>	<i>⊖ quick stretch</i>
	<i>WNL</i>	Hip Abduction	<i>Always begin ⊖ AROM</i>			<i>⊖ volitional motion</i>
		Hip Adduction	<i>Then AAROM</i>			
<i>4/5</i>		Knee Extension	<i>Then PROM</i>		<i>Location</i>	<i>test UE LE</i>
		Knee Flexion		<i>~ 80°</i>	<i>Name of test</i>	<i>Speed + Accuracy or Gross motor</i>
		Ankle Dorsiflexion			<i>Lower Extremity Sensation:</i>	<i>Other:</i>
		Ankle Plantarflexion				<i>Vitals</i>

Comments: ** ⊖ pain ~ Through visual observation of motion*
Cardiopul. Incent Spirom
S, breath sounds



PHYSICAL THERAPY INITIAL ASSESSMENT (BACK)

CURRENT FUNCTIONAL MOBILITY: Code: I = Independent, Mod I = Modified Indep, SBA = Stand By Assist, Min = Minimal, Mod = Moderate, Max = Maximum, TA = Total Assist, NT = Not Tested	
Bed Mobility: Rolling <i>R, L, (B) use bedrail</i>	<input type="checkbox"/> I <input type="checkbox"/> Mod Ind <input type="checkbox"/> SBA <input type="checkbox"/> Min <input type="checkbox"/> Mod <input type="checkbox"/> Max <input type="checkbox"/> TA <input type="checkbox"/> NT
Bed Mobility: Scooting Supine	<input type="checkbox"/> I <input type="checkbox"/> Mod Ind <input type="checkbox"/> SBA <input type="checkbox"/> Min <input type="checkbox"/> Mod <input type="checkbox"/> Max <input type="checkbox"/> TA <input type="checkbox"/> NT
Bed Mobility: Scooting Sitting	<input type="checkbox"/> I <input type="checkbox"/> Mod Ind <input type="checkbox"/> SBA <input type="checkbox"/> Min <input type="checkbox"/> Mod <input type="checkbox"/> Max <input type="checkbox"/> TA <input type="checkbox"/> NT
Bed Mobility: Supine to Sit <i>for trunk</i>	<input type="checkbox"/> I <input type="checkbox"/> Mod Ind <input type="checkbox"/> SBA <input type="checkbox"/> Min <input checked="" type="checkbox"/> Mod <input type="checkbox"/> Max <input type="checkbox"/> TA <input type="checkbox"/> NT
Bed Mobility: Sit to Supine <i>RLE mgmt</i>	<input type="checkbox"/> I <input type="checkbox"/> Mod Ind <input type="checkbox"/> SBA <input checked="" type="checkbox"/> Min <input type="checkbox"/> Mod <input type="checkbox"/> Max <input type="checkbox"/> TA <input type="checkbox"/> NT
Transfer: Sit to Stand <i>w/ walker</i>	<input type="checkbox"/> I <input type="checkbox"/> Mod Ind <input type="checkbox"/> SBA <input type="checkbox"/> Min <input type="checkbox"/> Mod <input type="checkbox"/> Max <input type="checkbox"/> TA <input type="checkbox"/> NT
Transfer: Surface to Surface <i>positional, pivot, slideboard</i>	<input type="checkbox"/> I <input type="checkbox"/> Mod Ind <input type="checkbox"/> SBA <input type="checkbox"/> Min <input type="checkbox"/> Mod <input type="checkbox"/> Max <input type="checkbox"/> TA <input type="checkbox"/> NT
ADL: <i>Don brace / Doff brace</i>	<input type="checkbox"/> I <input type="checkbox"/> Mod Ind <input type="checkbox"/> SBA <input type="checkbox"/> Min <input type="checkbox"/> Mod <input type="checkbox"/> Max <input type="checkbox"/> TA <input type="checkbox"/> NT
Gait: Distance: Assistive Device:	<input type="checkbox"/> I <input type="checkbox"/> Mod Ind <input type="checkbox"/> SBA <input type="checkbox"/> Min <input type="checkbox"/> Mod <input type="checkbox"/> Max <input type="checkbox"/> TA <input type="checkbox"/> NT
Gait: Quality:	
Balance: N = normal, G = good, F = fair, P = poor <i>use of w/le, asst device supported or Nonsupported</i>	
Sit:	Stand: <i>dynamic or static</i>

Fxnal Outcomes: 5 RSTS, 6 min walk, Berg, DGI

COGNITION/SAFETY:	Orientation: <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time <input type="checkbox"/> Situation
<input type="checkbox"/> Alert <input type="checkbox"/> Lethargic	Attention Span: <input type="checkbox"/> Not Tested <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Follows <input type="checkbox"/> One step <input type="checkbox"/> Two step <input type="checkbox"/> Three step commands	Safety: <input type="checkbox"/> Not Tested <input type="checkbox"/> Comments: <i>examples of good techniques or why not safe</i>

ENDURANCE THROUGHOUT P.T. ASSESSMENT: <input type="checkbox"/> Not Tested <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Comments:
<i>Vitals @ rest</i> <i>P activity</i> <i>recovery</i>

PATIENT/FAMILY EDUCATION: <i>Begin ther ex</i> <i>HEP</i> <i>Any instructions</i>
Family Present:

PHYSICAL THERAPY ASSESSMENT and PLAN: Pt. tolerated eval and treatment: <i>Well - No c/o pain, no ↑ pain</i>	
P.T. Impression/Diagnosis: <i>Impairments, Fxnal Limitations</i>	<i>P.T. Guide Pattern</i>
Long Term Goals/Short Term Goals: (To be met in _____ ^{days} sessions and <u>agreed by patient</u>) <i>cross this out if pt does not agree or not discussed.</i>	
1. <i>Measurable - use 5: or 0:</i>	3. <i>Fxnal</i>
2. <i>data</i>	4. <i>Fxnal</i>
Potential to meet above goals: <i>Px</i>	Recommendations for Discharge: <i>equipment D/C destination</i>
Initiate treatment <i>1x/5x/wk</i> times/week with treatment of: <i>general interventions - Focus on XXX Next visit</i>	
Communicated eval findings to: <input type="checkbox"/> RN verbally <input type="checkbox"/> RN in written form <input type="checkbox"/> OT <input type="checkbox"/> Other	
PHYSICAL THERAPIST SIGNATURE: <i>[Signature]</i> , SPT	