Physical Therapy
PT Evaluation & Plan of Treatment

Provider: Advanced Clinical [Sandbox]

Certification Period: 7/18/2013 - 9/11/2013
Physical Therapy

Identification Information

Patient: Evalsample, C.H.F. **DOB:** 1/1/1925 **Start of Care:** 7/18/2013
Payer: Medicare Part A **Hospitalization:** 7/14/2013 - 7/17/2013
MRN:

Diagnoses

Type	Code	Description	Onset
Med	428.0	CONGESTIVE HEART FAILURE (CHF), UNSPECIFIED, EXCLUDES: FLUID OVERLOAD NOS (276.6)	7/14/2013
Med	486.	PNEUMONIA, ORGANISM UNSPECIFIED	7/14/2013
Med	786.09	OTHER DYSPNEA AND RESPIRATORY ABNORMALITIES	7/14/2013
Med	V15.88	PERSONAL HX OF FALL	7/14/2013
Tx	719.7	DIFFICULTY IN WALKING	7/14/2013
Tx	728.87	MUSCLE WEAKNESS (GENERALIZED)	7/14/2013
Tx	786.05	SHORTNESS OF BREATH (SOB)	7/14/2013
Tx	V15.88	PERSONAL HX OF FALL	7/14/2013

Treatment Approaches May Include

- ☒ PT evaluation (97001)
- ☒ Therapeutic exercises (97110)
- ☒ Neuromuscular reeducation (97112)
- ☒ Gait training therapy (97116)
- ☒ Therapeutic activities (97530)
- ☒ Electric stim other than wound (G0283)
- ☒ Diathermy treatment and/or microwave therapy (97024)

Frequency: 5 time(s)/week

Duration: 8 week(s)

Intensity: Daily

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CONSONUS HEALTHCARE

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Plan of Treatment

Short-Term Goals

#1.0 Patient will safely perform bed mobility with Min (A) with 4-/5 BLE Strength and 10% tactile cues and 10% verbal cues while maintaining oxygen saturation >90% in order to safely maneuver in/out of bed. (Target: 7/31/2013)

#2.0 Patient will increase bilateral hip extension range of motion to 15 degrees to complete sit to stand transfers with 4WW with full standing posture with CGA and 10% verbal cues and 10% tactile cues for proper sequencing and for safety awareness. (Target: 7/31/2013)

#3.0 Patient will decrease risk for falls/injury as evidenced by an increase in score to 20 seconds (moderate fall risk) on the Timed Up and Go Assessment. (Target: 7/31/2013)

#4.0 Patient will increase bilateral ankle dorsiflexion to 15-20 degrees to exhibit normalized gait pattern, including heel first contact during initial contact and weight acceptance, while safely ambulating 250 feet with CGA using 4WW on level surfaces while maintaining RPE levels at 13 ("somewhat hard") and oxygen saturation >90% and w/o abnormal change in vital signs post activity. (Target: 7/31/2013)

Long-Term Goals

#1.0 Patient will safely perform bed mobility tasks with Independence without use of siderails due to improvements in trunk and bilateral LE strength, and 0% verbal cues and 0% tactile cues for proper sequencing and for proper positioning in order to get in/out of bed. (Target: 9/11/2013)

#2.0 Patient will safely perform all transfers with 4WW with Modified Independence using AD due to improvements in hip extension range of motion and 0% verbal cues and 0% tactile cues for safety awareness and for proper sequencing in order to facilitate functional independence maintaining RPE levels between 11-13 ("light" to "somewhat hard") and oxygen saturations above 90%.. (Target: 9/11/2013)

#3.0 Patient will decrease risk for falls/injury as evidenced by an increase in score to 12 seconds (low fall risk) on the Timed Up and Go Assessment. (Target: 9/11/2013)

#4.0 Patient will demonstrate improved cardiovascular tolerance and response to exercise, mobility, and self-care, as evidenced by completion of and increase of Six Minute Walk (6MWT) test results with 4WW to 650 feet in 6 minutes with RPE levels maintained at 11-13 ("light" to "somewhat hard") and vital signs returning to resting levels after 2-3 minutes following test. (Target: 9/11/2013)

#5.0 Patient will safely ambulate on level surfaces Unlimited Distances using 4WW with Modified Independence with adequate toe clearance, normalized gait pattern, functional dynamic balance and functional speed and amplitude 100% of the time due to increased ankle dorsiflexion, while maintaining oxygen saturation >90% and w/o abnormal change in vital signs post activity to increase independence within home, to increase independence within community and to return to prior living setting and supervision level maintaining RPE levels at 11-13 ("light" to "somewhat hard"). (Target: 9/11/2013)

Patient Goals: "To not get so tired when I move around". "To be able to go out into my garden and take care of my granddaughter".

Potential for Achieving Goals: Patient demonstrates good rehab potential as evidenced by high PLOF, motivated to participate, motivation to return to PLOF, insight regarding functional deficits, ability to follow 2-step directions, strong family support and ability to retain new information over time.

Participation = Patient/Caregiver participated in establishing POT

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Original Signature: Electronically signed by Sarah Shearer-Smith, PT 7/24/2013 11:09:13 AM PDT
Date

I certify the need for these medically necessary services furnished under this plan of treatment while under my care from 7/18/2013 through 9/11/2013.

Physician Signature Not Required

Physician Signature: _____ Date: _____
Dr Soos

Initial Assessment / Current Level of Function & Underlying Impairments

Factors Supporting Medical Necessity

Referral	Reason for Referral: Patient referred to PT due to new onset of decrease in strength, reduced functional activity tolerance, reduced static and dynamic balance, reduced ADL participation, decrease in functional mobility and increased need for assistance from others placing patient at risk for compromised general health, falls, further decline in function, inability to safely return to PLOF and decreased leisure task participation. Due to medical complexity, patient is unlikely to recover function without therapy monitoring and intervention.
Medical Hx	Current: Patient admitted to hospital on 7/14 following decline of strength and increasing shortness of breath over the previous week, resulting in a fall on the a.m. of 7/14. Patient reports that she had increasing levels of fatigue with all activities prior to hospitalization and fell while walking outside her home due to feeling "exhausted" and tripping on uneven surface. Patient admitted to hospital w/ diagnoses of: acute on chronic CHF exacerbation, pneumonia, dyspnea/shortness of breath, and s/p fall. Prior: Rt hip fx with ORIF 2011, A-fib, HTN
Complexities	Co-Morbidities Impacting Tx: RUG level is appropriate due to: need for multiple therapies, medical complexity requiring therapy to be broken into multiple shorter sessions to reach goal, requires use of physical agent modalities for multiple impairments, significant impairments to multiple areas of the body which require treatment and medically necessary rest periods require extended monitoring of O2 sats, HR, blood pressure.
Prior Tx	Outcome: Was seen by PT last year for Rt hip fx and ORIF. Participated well and met goals to return home although medical complications required extra time to reach goals.
Prior Living	Environment = Patient lived alone at home, requiring outside assistance.
D/C Plan	Anticipated Plan = Patient to live at home w/support/(A) from others.
Prior Level	PLOF: Bed Mobility = (I); Transfers = MI; Level Surfaces = MI; Distance Level Surfaces = Unlimited Distances; Assistive Device = Four-Wheeled Walker; Patient lived alone in one-story family home with two steps at front door and garage door. Modified independent with all household and community mobility with 4WW. Requires assistance with heavy household tasks provided by hired help. Daughter drove her to shop 1x/wk. Patient enjoys gardening and cared for 4 y/o granddaughter 1 day/wk.

Background Assessment

Precautions Includes: Pulse-ox fluctuations, O2 PRN, Anxious and Fall risk.

Directives / Code Status = DNR

Respiratory Status = Patient exhibits congestion,Patient presents with productive cough; Vision = Patient wears glasses 24 hr. ; Hearing = WFL; Hand Dominance = Patient is right-handed.

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Initial Assessment / Current Level of Function & Underlying Impairments

Joint ROM/Goniometric Measurements

Joints	Right Hip = Impaired; Right Knee = WNL; Ankle = Impaired
AROM - Right Hip	Flexion (120°) = WNL; Extension (30°) = 0 - 10° (10° range); Abduction (45°) = WNL; Internal Rotation (45°) = WNL; External Rotation (45°) = WNL
AROM - Right Ankle	Dorsiflexion (20°) = 0 - 10° (10° range); Plantar Flexion (50°) = 0 - 40° (40° range); Inversion (35°) = 0 - 30° (30° range); Eversion (15°) = 0 - 10° (10° range)
Joints	Hip = Impaired; Knee = WNL; Ankle = Impaired
AROM - Left Hip	Flexion (120°) = WNL; Extension (30°) = 0 - 10° (10° range); Abduction (45°) = WNL; Internal Rotation (45°) = WNL; External Rotation (45°) = WNL
AROM - Left Ankle	Dorsiflexion (20°) = 0 - 10° (10° range); Plantar Flexion (50°) = 0 - 40° (40° range); Inversion (35°) = 0 - 30° (30° range)
LE ROM	RLE ROM = Impaired (Rt LE lacks both passive and active full hip extension and full ankle dorsiflexion needed to decrease fall risk and improve standing balance/gait quality.); LLE ROM = Impaired (Lt LE lacks both passive and active full hip extension and full ankle dorsiflexion needed to decrease fall risk and improve standing balance/gait quality.)

Strength / Manual Muscle Testing

RLE	Hip = Impaired; Knee = Impaired; Ankle = Impaired
Strength - Right Hip	Flexion = 4-/5; Extension = 3+/5; Abduction = 3+/5; Adduction = 4-/5
Strength - Right Knee	Flexion = 4-/5; Extension = 4-/5
Strength - Right Ankle	Dorsiflexion = 3+/5; Plantar Flexion = 3+/5; Inversion = 3+/5; Eversion = 3+/5
LLE	Hip = Impaired; Knee = Impaired; Ankle = Impaired
Strength - Left Hip	Flexion = 4-/5; Extension = 3+/5; Abduction = 3+/5; Adduction = 4-/5
Strength - Left Knee	Flexion = 4-/5; Extension = 4-/5
Strength - Left Ankle	Dorsiflexion = 3+/5; Plantar Flexion = 3+/5; Inversion = 3+/5; Eversion = 3+/5
LE Strength	BLE Strength = 3+/5 (Bt LE strength = 3+ to 4-/5 Bt ankles = 3+/5 Bt hips and knees = 4-/5)

Balance

Sitting Balance	Static Sitting = SBA; Dynamic Sitting = Min (A)
Standing Balance	Static Standing = Min (A); Dynamic Standing = Mod (A) (For correction of loss of balance)
Balance Loss	Direction of Loss = Retrograde
Reactions & Strategies	Righting Reactions = Present but delayed; Protective Extension = Present but delayed; Ankle Strategy = Present but delayed; Anticipatory Reactions = Present but delayed

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Additional Abilities/Underlying Impairments

CardioPulmonary Function	O2 Sats At Rest: 94%; O2 Sats w/Activity: 85%; Type Needed = Oxygen; O2 Amount Needed = 2 liters per minute BP at Rest (Systolic/Diastolic): 160/90; Heart Rate at Rest = 80 beats/min; BP with Activity (Systolic/Diastolic): 165/85; Heart Rate w/Activity = 130 beats/min; Activity Duration = 30 - 60 seconds
Tone and Posture	Posture = Symmetrical posture throughout
Pain and Edema	Pain at Rest = 0/10; Pain With Movement = 0/10; Edema = 1+ edema (Edema present in Bt lower legs (ankles and calves). Bt LE swelling increases if legs kept in dependent position greater than 60 minutes. Edema currently managed with medications, positioning, active movement, and ted hose stockings.)
Coordination	Gross Motor Coordination = Impaired
Sensory Test Findings	Light Touch = Intact; Deep Touch / Pressure = Intact; Vibration = Intact
Cognition	Oriented To = Person,Place,Temporal Concepts; Follows Directions = Two-step w/o (A); Safety Awareness = Min (A); New Learning Capacity = Impaired (Per OT eval, able to learn new tasks but needs memory aides and strategies with more complex tasks.)

Visual Assessment

History and Analysis	Medical History = WFL; Eyes Aligned = Yes
Testing	Static Visual Acuity = 20/25; Smooth Pursuits = Intact; Saccades = Intact; Visual Field = Intact

Functional Assessment

Bed Mobility	Bed Mobility = Mod (A); Underlying Impairments: Decreased strength, Decreased trunk and motor control, Assist required for lifting LE up onto bed for sit to supine, Assist required for lifting shoulders/trunk up from bed for supine to sit.
Transfers	Transfers = Min (A) (RPE level = 15); Sit --> Stand = Min (A); Stand Pivot = Min (A); Underlying Impairments: Limitations in ROM, Decreased strength, Gross motor coordination and Static and dynamic balance.
Gait	Level Surfaces = Min (A) (Moderate assist for correction of loss of balances which occur with direction changes, stepping backwards, or when patient is distracted or performaning dual-activities. RPE scale of 15. Patient requires 5 minutes for vital signs and RPE levels to return to resting levels following activity.); Distance Level Surfaces = 100 feet; Assistive Device = Four-Wheeled Walker; Rest Breaks = 2; Time to Achieve Distance = > 3 - 5 mins; Negotiating Obstacles = Min (A)
Gait Analysis	Deviations/Patterns: Patient exhibits flat foot during weight acceptance, inadequate hip extension, forward lean of trunk, wide base of support, decreased velocity and shuffling gait which are associated with the underlying causes of inadequate ankle dorsiflexion, inadequate hip extension, poor postural control, lack of/impaired coordination, muscle paresis/weakness and reduced functional activity tolerance. Fall Predictors: History of fall(s), Decreased ankle dorsiflexor strength, Decreased ankle plantar flexion strength, Impaired ankle strategy and Delayed anticipatory reactions.
Other Areas	Residential Mobility = MI

Objective Tests/Measures & Additional Analysis

Assessments	Timed Up and Go = > 30 seconds (very high fall risk) (10 foot TUG = Avg score of three trials is 32 seconds. Performed with 4WW.)
Other	Home Exercise Program = Patient does not currently have a HEP and requires the skills of a therapist to establish an appropriate program. (Patient does not currently have a HEP and requires the skills of a therapist to establish and train an appropriate program.)
Additional Analysis	Other : Trunk strength: Abdominals/Flexors - 3+/5 Extensors - 3+5

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Clinical Impressions

Clinical Impressions: Expect progress towards goals to be slow due to compromised cardiovascular status, as well as compromised vital sign response to activity and exercise. Patient self-reports RPE (exertion) levels above normal and prescribed levels during and following activity, and requires 5 or more to return to resting levels of vital signs. Patient has good rehab potential to return home at prior level of function with skilled PT intervention including training in recognizing and monitoring RPE/exertion levels, instruction in pacing/pursed lip breathing/and energy conservation techniques, instruction in relaxation strategies, monitoring of vital signs and response to activity/exercise and adjustment of treatment approaches as needed, as well as progressive strength training for trunk extensors, ankle dorsiflexors/plantarflexors, and hip extensors/abductors. Skilled PT also required for stretching/joint mobilizations to gain needed hip and ankle ROM and neuro re-ed to improve static/dynamic balance, coordination, and ankle strategy to decrease fall risk. Will benefit from NMES to improve muscle strength and timing.

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Tests/Measures and Outcomes