Part A - Physical Therapy/Rehabilitation Progress Note

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Name:** | | **DOB:** | **Health Plan ID:** |
| **Date of Admit:** | **Date of Review:** | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(Circle choice below)**  **BED MOBILITY** | **ROLLING** | | | | **IND** | | **SBA** | **CGA** | **MIN** | **MOD** | **MAX** | **DEPENDENT** |
|  | **SUPINE-SIT** | | | | **IND** | | **SBA** | **CGA** | **MIN** | **MOD** | **MAX** | **DEPENDENT** |
| **AMBULATION** | **feet with** | | | | **IND** | | **SBA** | **CGA** | **MIN** | **MOD** | **MAX** | **DEPENDENT** |
| **WB STATUS** |  | | | | **LT** | | **RT** | **NWB** | **TTWB** | **PWB** | **FWB** |  |
| **TRANSFERS** |  | | | | **IND** | | **SBA** | **CGA** | **MIN** | **MOD** | **MAX** | **DEPENDENT** |
| **SIT TO STAND** |  | | | | **IND** | | **SBA** | **CGA** | **MIN** | **MOD** | **MAX** | **DEPENDENT** |
| **UNSUPPORTED**  **SITTING**  **BALANCE** | **Static** | |  | | **IND** | | **SBA** | **CGA** | **MIN** | **MOD** | **MAX** | **DEPENDENT** |
| **Dynamic** | |  | | **IND** | | **SBA** | **CGA** | **MIN** | **MOD** | **MAX** | **DEPENDENT** |
| **UNSUPPORTED**  **STANDING**  **BALANCE** | **Static** | |  | | **IND** | | **SBA** | **CGA** | **MIN** | **MOD** | **MAX** | **DEPENDENT** |
| **Dynamic** | |  | | **IND** | | **SBA** | **CGA** | **MIN** | **MOD** | **MAX** | **DEPENDENT** |
| **TINETTI GAIT** | | **/12 + /16** | | | | | | **BALANCE /28** | | | |
| **BERG BALANCE TEST/56** | | **3MTW FT** | | | | | | **30 FT. GAIT SPEED TIME** | | | |
| **FALL RISK:** | | **LOW** | | **MEDIUM** | | **HIGH** | | **TUG TIME** | | | |

**LE STRENGTH:**

**LE FLEXIBILITY/ROM:**

**FUNCTIONAL EXERCISE TOLERANCE/ENDURANCE: POOR FAIR GOOD**

|  |  |
| --- | --- |
| **PT ASSESSMENT:** | |
| **SIGNIFICANT IMPROVEMENT: YES NO** | **REHAB POTENTIAL: FAIR GOOD EXCELLENT** |

|  |  |
| --- | --- |
| **PT MINUTES=** | **PT DAYS=** |

**SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**