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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**