morningstar Home Health agency, inc.

PHYSICAL THERAPY VISIT NOTE

HOMEBOUND REASON: Needs assistance for all activities Residual weakness TIME IN OUT Confusion, unable to go out of home alone Severa SOB, SOB upon exertion Sobject SOB upon exertion Contractions SOC DATE SOC DA
HOMEBOUND REASON: Needs assistance for all activities Residual weakness Requires assistance to ambulate Unable to safely leave home unassisted Dependent upon adaptive device(s) Medical restrictions PHYSICAL THERAPY INTERVENTIONS/INSTRUCTIONS (Mark all applicable with an "X".) EVALUATION (B) Evaluation (B) Pulmonary Physical Therapy (B6) Establish nome exercise program Copy given to patient/client Preprosthetic training (B) Prosthetic training Preprosthetic training Preprosthetic training Preprostretic training (B1) Transfer training (B3) Management and evaluation of care plan (B12) Management Pain Management Pain Management Pain Management Pain Management Pain Management Pain Management Pain Management Pain Management Pain Management Pain Management Pain Management Pain Management Pain Management
PHYSICAL THERAPY INTERVENTIONS/INSTRUCTIONS (Mark all applicable with an "X".) Evaluation (BI) Pulmonary Physical Therapy (B6) CPM (specify) Establish reliab program Ultrasound (B7) Functional mobility training Establish home exercise program Electrotherapy (B8) Teach bed mobility skills Copy given to patient/client Prosthetic training (B9) Teach hip safety precautions Copy attached to chart Preprosthetic training Teach safe/effective use of adaptive/ass device (specify) Patient/Client/Family education Fabrication of orthotic device (B10) device (specify) Therapeutic exercise (B2) Muscle re-education (B11) Teach safe stair climbing skills Transfer training (B3) Management and evaluation of care plan (B12) Gait training (B5) Cardiopulmonary PT Gait training (B5) Pain Management
PHYSICAL THERAPY INTERVENTIONS/INSTRUCTIONS (Mark all applicable with an "X".) Evaluation (BI) Pulmonary Physical Therapy (B6) CPM (specify) Establish rehab. program Ultrasound (B7) Functional mobility training Establish home exercise program Electrotherapy (B8) Teach bed mobility skills Copy given to patient/client Prosthetic training (B9) Teach hip safety precautions Copy attached to chart Prepresthetic training Teach safe/effective use of adaptive/ass device (specify) Patient/Client/Family education Fabrication of orthotic device (B10) Teach safe stair climbing skills Therapeutic exercise (B2) Muscle re-education (B11) Teach safe stair climbing skills Transfer training (B3) Management and evaluation of care plan (B12) Other: Cardiopulmonary PT Gait training (B6) Pain Management
Evaluation (67) Establish rehab. program Establish home exercise program Copy given to patient/client Copy attached to chart Preprosthetic training Prosthetic training Preprosthetic training Breach safe/effective use of adaptive/assed device (specify) Training (Ba) Therapeutic exercise (B2) Training (B3) Management and evaluation of care plan (B12) Management and evaluation of care plan (B12) Preprosthetic training (B3) Training (B3) Training (B4) Establish / Upgrade Cardiopulmonary PT Pain Management
Establish home exercise program Copy given to patient/client Copy attached to chart Preprosthetic training Patient/Client/Family education Fabrication of orthotic device (B10) Therapeutic exercise (B2) Muscle re-education (B11) Transfer training (B3) Management and evaluation of care plan (B12) Mome program (B4) Establish / Upgrade Cardiopulmonary PT Cardiopulmonary PT Pain Management
□ Copy given to patient/client Prosthetic training (89) Preactions □ Copy attached to chart Preprosthetic training Teach safe/effective use of adaptive/ass device (specify) Patient/Client/Family education Fabrication of orthotic device (810) device (specify) Therapeutic exercise (82) Muscle re-education (811) Teach safe stair climbing skills Transfer training (83) Management and evaluation of care plan (812) Other: Home program (84) Establish / Upgrade TENS Gait training (85) Cardiopulmonary PT Pain Management
Copy attached to chart Preprosthetic training device (B10) device (specify) Patient/Client/Family education Fabrication of orthotic device (B10) device (specify) Therapeutic exercise (B2) Muscle re-education (B11) Teach safe stair climbing skills Transfer training (B3) Management and evaluation of care plan (B12) Other: Home program (B4) Establish / Upgrade TENS Gait training (B5) Cardiopulmonary PT Pain Management
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Transfer training (B3) Management and evaluation or care plan (B12) Home program (B4) Establish / Upgrade TENS Gait training (B5) Cardiopulmonary PT Pain Management Pain Management
Home program (84) Establish / Upgrade TENS Gait training (85) Cardiopulmonary PT Pain Management Pain Management
Gait training (B5) Cardiopulmonary 11 Pain Management
Pain Management
EVALUATION AND PATIENT/CLIENT/CAREGIVER RESPONSE
CARE PLAN: Reviewed/Revised with patient/client involvement. SUPERVISORY VISIT (Complete if applicable)
PT Assistant
O PRN order obtained / / PRN order obtained / / APPROXIMATE NEXT VISIT DATE: / / BATISNITICS SERVICES/CARE
PLAN FOR NEXT VISIT DATE: PLAN FOR NEXT VISIT PATIENT/CLIENT/FAMILY FEEDBACK ON SERVICES/CARE (specify)
DISCHARGE DISCUSSED WITH: Patient/Client/Family
CARE COORDINATION: Physician PT OT ST OS if PT assistant/aide not present, specify date he/she was contacted regarding updated care plan:
SIGNATURES/DATES
Complete TIME OUT (above) prior to signing below.
Complete TIME OUT (above) prior to signing below. / / Therapist (signature/title) Date
Complete TIME OUT (above) prior to signing below.