

Referral

Patient referred to PT due to new onset of increased need for assistance from others because of decrease in strength, balance and coordination resulting in reduced ability to safely ambulate. She presented with decreased postural alignment and neuromotor control leading to reduced functional activity tolerance and decrease in functional mobility indicating the need for PT to assess functional abilities, assess safe gait pattern w/least restrictive AD after recent fall incident to increase LE ROM and strength to improve dynamic balance and coordination, to teach compensatory/adaptation techniques and promote safety awareness to facilitate motor control, increase functional activity tolerance, facilitate ease with all functional mobility, minimize falls and enhance fall recovery abilities to enhance his rehab potential.

Pt is a 77 y/o Female resident of BRMC LTC Unit 11-7 with present illness of HTN leading to fall incident yesterday, 06/10/2014 and complaint of L hip/ lower back pain resulting in decrease dynamic standing mobility and decrease safety walking.

Bed rails during bed mobility and transfer using close by furnitures or holding on hallway rails/grab bars.

The patient exhibits the following characteristics during gait: abnormalities in posture, inadequate trunk extension, inadequate hip extension, inadequate knee extension, decreased accuracy of movements, discontinuous steps, uneven step length, deficits during turning, reciprocal movement deficit and knee wobble.

Weak trunk and hip extensors, Reduced quad strength, inadequate postural control w/in transitional movements, Reduced recognition of unsafe situations, Poor negotiation of obstacles, Delayed anticipatory reactions, Reduced reactive balance and Impulsive ambulation.

Pt is an ambulatory resident of BRMC LTC Unit 11-6, she participates in day room activity and occasionally socialized with other resident. She has tendency to isolate herself in her room and play alone with her stuff toys.

Patient requires skilled PT services to assess functional abilities, assess safe gait pattern w/least restrictive AD, increase LE ROM and strength, improve dynamic balance and coordination, teach compensatory/adaptation techniques to promote safety awareness, facilitate motor control to increase functional activity tolerance and facilitate (I) with all functional mobility, minimize falls, enhance fall recovery abilities and facilitate discharge planning in order to enhance patient's quality of life by improving ability to increase performance skills with functional tasks, perform gait and transfers w/increased safety, safely use AD to improve gait pattern, decrease level of assistance from caregivers, perform functional mobility w/less risk for falls, safely ambulate w/in facility to increase participation w/environment and return to prior level of functional abilities

Goals/STG

Patient will increase BLE Strength to 4/5 to enable patient to safely maneuver in/out of bed and facilitate safety during transfer and ambulation, with improve limb stability and foot advancement during gait, to increase interaction opportunities within living environment, and facilitate improved functional mobility with decrease risk for falls

Patient will increase trunk strength to _____ in order to achieve and maintain upright posture, facilitate improved trunk balance, increase independence with dynamic activities and facilitate highest level of performance with functional mobility

Patient will exhibit a decrease in pain upon movement in the left knee to increase patient's ability to perform dynamic functional mobility for 10 mins.

Pt will improve her AM-PAC Mobility Score to 20/24 to facilitate safe functional transfer and ambulation without LOB.

Pt currently have an AM-PAC MObility Score of 19/24 which compromises her safety during dynamic standing activity

Patient will perform fall recovery tasks with CGA/Min assist x1 and Verbal Cues for proper positioning and correct hand/foot placement with implementation of safety techniques in order to increase performance skills with functional tasks, to safely maneuver in/out of bed, with decrease level of assistance from caregivers to perform functional mobility w/less risk for falls and safely ambulate w/in facility to increase participation w/environment to return to prior level of functional abilities

Patient will safely ambulate on level surfaces with RW for 100 feet with functional dynamic balance and functional posture with normal base of support, with continuous even step length and adequate toe clearance for safety during turning and use of stepping strategy to normalize his gait pattern___ while maintaining good balance and improved coordination and with use of activity pacing to return to prior living and supervision levels to increase independence with all functional ambulation with reduce risk for falls

Goals/LTG

Pt will regain her BLE gross muscle strength to 4+ to 5/5 to initiate a safe and modified Independent/Supervised functional transfer and ambulation with or without using an appropriate AD, Rollator/Walklite.

Pt have B LE gross muscle strength of 4+/5 and can perform modified Independent functional transfer and ambulation without use of any AD

Pt currently have B LE gross muscle strength of 3+/5 which compromises her safety and limit her tolerance to dynamic standing mobility.

Patient will exhibit a decrease in pain at rest to 0/10 in the left knee to increase patient's ability to perform dynamic functional mobility for 20 mins

Pt will achieve an AM-PAC Mobility score of 22 and above /24 to ensure safety during functional transfer and ambulation with decrease risk of fall.

Pt currently have an AM-PAC Mobility Score of 19/24 which compromises her safety during dynamic standing activity

Patient will perform fall recovery tasks with modified Independence for proper positioning and correct hand/foot placement with implementation of safety techniques in order to increase performance skills with functional tasks, to safely maneuver in/out of bed, with decrease level of assistance from caregivers to perform functional mobility w/less risk for falls and safely ambulate w/in facility to increase participation w/environment to return to prior level of functional abilities

Patient will safely ambulate on level surfaces on Unit using hallway rails with modified Independence functional dynamic balance and functional posture with normal base of support, with continuous even step length and adequate toe clearance for safety during turning and use of stepping strategy to normalize his gait pattern 100% of the time while maintaining good balance and improved coordination and with use of activity pacing to return to prior living and supervision levels to increase independence with all functional ambulation with reduce risk for falls

SPEAL EVAL.

Patient is 83 y/o Male presenting with hx of present illness of GI bleed. Pt. was admitted to BRMC ACU from 3/19 to 3/31/14 and transferred to BRMC LTC with significant strength, balance and coordination deficits resulting in decrease functional mobility tolerance.

Bedrails during bed mobility and hold on to furniture and uses wheelchair armrest during transfer activity.

The patient exhibits the following characteristics during gait: abnormalities in posture, inadequate trunk extension, inadequate hip extension, inadequate knee extension, wide

base of support, discontinuous steps, inadequate toe clearance, decreased accuracy of movements, deficits during turning, reciprocal movement deficit and knee wobble.

Asymmetrical stance, Weak trunk and hip extensors, Reduced quad strength, Decreased anterior tib strength, Excessive postural sway on initial stance, inadequate postural control w/in transitional movements, Poor negotiation of obstacles, Reduced recognition of unsafe situations and Impulsive ambulation.

Patient requires skilled PT services to assess functional abilities, assess safe gait pattern w/least restrictive AD, increase LE ROM and strength, improve dynamic balance, increase coordination, teach compensatory/adaptation techniques, promote safety awareness, facilitate motor control, increase functional activity tolerance, facilitate (I) with all functional mobility, minimize falls, enhance fall recovery abilities and facilitate discharge planning in order to enhance patient's quality of life by improving ability to increase performance skills with functional tasks, perform gait and transfers w/increased safety, safely use AD to improve gait pattern, decrease level of assistance from caregivers, perform functional mobility w/less risk for falls, safely ambulate w/in facility to increase participation w/environment and return to prior level of functional abilities.

Functional Testing

Pt have BU/ AM-PAC "6 Clicks" Basic Mobility Score to 16/24 or CMS Score of 54.16% resulting in compromised safety and limited functional transfer and ambulation

GOAL/ STG:

Patient will increase BLE Strength to ___ to enable patient to safely maneuver in/out of bed and facilitate safety during transfer and ambulation, with improve limb stability and foot advancement during gait, to increase interaction opportunities within living environment, and facilitate improved functional mobility with decrease risk for falls

___to enable patient to safely maneuver in/out of bed and facilitate safety during transfer and ambulation, with improve limb stability and tolerate upright standing in preparation for gait re-training, and facilitate improved functional mobility with decrease risk for falls

Patient will safely perform supine to sit on edge of bed mobility tasks with _____with use of siderails and Verbal Cues for proper positioning, with correct hand/foot placement and with implementation of safety techniques in order to decrease risk for skin breakdown, facilitate ability to position/reposition self when upright to participate in EOB activities with decrease the risk for falls

Patient will position and reposition self while sitting in wheelchair with _____ with use of positioning devices in order to prevent sacral sitting, in order to reduce pressure and decrease risk of wounds, in order to decrease discomfort, in order to facilitate weight distribution, in order to reduce tone / promote mobility and in order to facilitate participation in activities of interest

_____ with use of positioning devices in order to in order to prevent sacral sitting, to reduce pressure and decrease risk of wounds, in order to decrease discomfort and facilitate weight distribution, facilitate intact skin integrity, achieve proper joint alignment, in order to increase functional use of extremity promote mobility and facilitate participation in activities of interest

Patient will perform fall recovery tasks with ___ and Verbal Cues for proper positioning and correct hand/foot placement with implementation of safety techniques in order to increase performance skills with functional tasks, to safely maneuver in/out of bed, with decrease level of assistance from caregivers to perform functional mobility w/less risk for falls and safely ambulate w/in facility to increase participation w/environment to return to prior level of functional abilities

Patient will safely perform functional transfers with and Verbal Cues for proper positioning and correct hand/foot placement, with implementation of safety techniques while turning and use of compensatory strategies during maneuvering in small spaces with ability to right self to achieve/maintain balance during sitting and standing, with improved coordination to increase performance skills with functional tasks, to safely maneuver in/out of bed and perform transfers with least physical (A) or AD to decrease risk for falls and return to prior level of functional abilities

Patient will safely perform functional transfers with ___ and Verbal and Tactile Cues for proper positioning and with correct hand/foot placement to improve her ability to right self to achieve/maintain balance, during sitting or standing, by use of activity pacing and recognition of safety hazards in order to increase performance skills with functional tasks, perform functional mobility w/less risk for falls and with awareness to prevent her loss of balance.

Patient will safely ambulate on level surfaces _____ functional dynamic balance and functional posture with normal base of support, with continuous even step length and adequate toe clearance for safety during turning and use of stepping strategy to normalize his gait pattern _____ while maintaining good balance and improved coordination and with use of activity pacing to return to prior living and supervision levels to increase independence with all functional ambulation with reduce risk for falls

Patient will safely negotiate around obstacles while ambulating _____ and Verbal Cues for implementation of safety techniques and for anticipating problem situations in order to increase independence within facility, and improve level of safety and independence with all functional ambulation with reduce risk for falls.

___ for 200-300 feet using RW, by implementation of safety techniques and using anticipatory techniques/reaction to situations in order to increase her level of safety and independence within her unit and facilitate functional ambulation with reduce risk for falls.

to with ability to right self to achieve/maintain balance and with Fair+ safety awareness to maintain functional dynamic balance and posture with normal base of support, with continuous even step length and adequate toe clearance for safety during turning and use of stepping strategy to normalize her gait pattern___

Patient will perform fall recovery tasks with_____ and Verbal Cues for implementation of safety techniques and use of compensatory strategies in order to increase performance skills with functional tasks, safely use AD to improve gait pattern and develop steady gait, to facilitate increased level of safety and Independence with functional mobility throughout facility, perform functional mobility w/less risk for falls.

Pt will improve her AM-PAC Mobility Score to 14/24 to facilitate safe functional transfer and ambulation without LOB.

Pt currently have BU/ AM-PAC "6 Clocks" Basic Mobility Score of 16/24 which compromises her safety and limit her tolerance during dynamic standing activity.

LTG:

Pt will regain her B LE gross muscle strength to 4+ to 5/5 to initiate a safe and modified Independent/Supervised functional transfer and ambulation using a Walklite/Rollator.

Pt have B LE gross muscle strength of 4+/5 and can perform Independent transfer and supervised ambulation using RW/ SPt Cane.

Pt currently have B LE gross muscle strength of 3 to 3+/5 which compromises his safety and limit his tolerance to dynamic standing mobility.

Patient will increase trunk strength to 4 to 4+/5 to in order to achieve and maintain upright posture while sitting or standing and facilitate improved trunk control, increase independence with dynamic activities and facilitate highest level of performance with functional mobility maintaining postural control with all activity.

Pt have a trunk gross muscle strength of 4/5 to maintain upright sitting and corrective positioning while in bed or wheelchair.

Pt overall trunk control is 3/5 with poor trunk and postural control, unable to maintain upright sitting posture without assistance.

Patient will safely perform supine to sit on edge of bed mobility tasks with _____ with use of siderails and Verbal Cues for proper positioning, with correct hand/foot placement and with implementation of safety techniques in order to decrease risk for skin breakdown, facilitate ability to position/reposition self when upright to participate in EOB activities with decrease the risk for falls

Patient will increase ability to achieve and maintain upright standing posture _____ her Rollator while maintaining achieve proper joint alignment, increase weight bearing through extremities, facilitate participation in activities of interest and reduce the risk for falls with ability to right self to achieve/maintain balance and with good safety awareness, promote mobility and facilitate participation in activities of interest with decrease fall risk

Patient will position and reposition self while sitting in wheelchair with _____ with use of positioning devices in order to prevent sacral sitting, in order to reduce pressure and decrease risk of wounds, in order to decrease discomfort, in order to facilitate weight distribution, in order to reduce tone / promote mobility and in order to facilitate participation in activities of interest

Patient will perform fall recovery tasks with modified _____ during proper positioning and correct hand/foot placement with implementation of safety techniques in order to increase performance skills with functional tasks, to safely maneuver in/out of bed, with decrease level of assistance from caregivers to perform functional mobility w/less risk for falls and safely ambulate w/in facility to increase participation w/environment to return to prior level of functional abilities

Patient will safely perform functional transfers with _____ and Verbal Cues for safety awareness, by proper positioning and correct hand/foot placement, with implementation of safety techniques during maneuvering in small spaces with ability to right self to achieve/maintain balance during sitting and standing, with improved coordination while turning and use of compensatory strategies to increase performance skills with functional tasks, to perform transfers with least physical (A) or AD to decrease risk for falls and return to prior level of functional abilities

Patient will safely ambulate _____ using Walklite on level and uneven surfaces and with ad lib conditions within facility _____ (modified), with ability to right self to achieve/maintain balance, with improved coordination by implementation of safety

techniques, by anticipating problem situations and with use of activity pacing in order to increase independence within facility, and improve level of safety and independence with all functional ambulation with reduce risk for falls

Patient will safely ambulate on level surfaces ____ functional dynamic balance and functional posture with normal base of support, with continuous with even step length and adequate toe clearance for safety during turning and use of stepping strategy to normalize his gait pattern____ while maintaining good balance and improved coordination and with use of activity pacing to return to prior living and supervision levels to increase independence with all functional ambulation with reduce risk for falls

____to maintain functional dynamic balance and posture with normal base of support, with continuous even step length and adequate toe clearance for safety during turning and use of stepping strategy to normalize her gait pattern

_____with good balance and improved coordination and with use of activity pacing w/o signs/symptoms of physical exertion to increase independence with all functional ambulation reduce risk for falls

Patient will perform fall recovery tasks with modified____ and develop safety awareness by anticipating problem situations and with implementation of safety techniques, particularly while turning or maneuvering in small spaces in order to increase performance skills with functional tasks, safely use AD to improve gait pattern and develop steady gait, to facilitate increased level of safety and Independence with functional mobility throughout facility, perform functional mobility w/less risk for falls and improve her previous level of functional ability.

STAIRS

Patient will safely ascend/descend 15 steps with Mod/ Max Ax1 (Supervision) using handrails and AD and Verbal Cues for safety awareness, with for correct hand/foot placement, and implementation of safety techniques, or use of compensatory strategies as she use energy conservation techniques with ability to right self to achieve/maintain balance, w/o signs/symptoms of physical exertion and with use of activity pacing

Pt will achieve an AM-PAC Mobility score of 20 and above /24 to ensure safety during functional transfer and ambulation with decrease risk of fall.

Functional Testing

Pt have BU/ AM-PAC "6 Clicks" Basic Mobility Score to 16/24 or CMS Score of 54.16% resulting in compromised safety and limited functional transfer and ambulation

Pt perform supine to sit on edge of bed mobility with Min/Mod assist x1, perform sit to stand functional transfer with Mod assist x1 and ambulate short distance of 30 feet x2 with Mod/Max assist x1 using a RW. Her BU/ AM-PAC "6 Clicks" Basic Mobility Score to 16/24 or CMS Score of 54.16% resulting in compromised safety and limited functional transfer and ambulation.

Pt will can perform supine to sit on edge of bed mobility with modified Independence/Close Supervision, initiate sit to stand functional transfer from bed to wheelchair with CGAx1 and be able to ambulate 150 feet with CGA/Min assist x1 using a RW and wearing her L KAFO. She will achieve a BU/ AM-PAC "6 Clicks" Basic Mobility Score of 20 and above / 24 or CMS Score of 38.51% or less to improve her tolerance and safety during functional transfer and ambulation with decrease fall risk.

LOW LEVEL

Patient referred to PT due to exacerbation for needed assistance from others because of decrease in strength, balance and coordination resulting in reduced ability to position and move in his bed or maintain position while in his wheelchair. He presented with decreased postural alignment and neuromotor control leading to reduced functional posture and decrease in functional mobility indicating the need for PT to assess functional abilities, assess safe bed or wheelchair positioning and mobility w/least positioning device to maintain his joint and skin integrity, increase LE ROM and strength to improve dynamic balance and coordination, to teach compensatory/adaptation techniques and promote safety awareness to facilitate motor control, increase functional activity tolerance, facilitate ease with all functional mobility, establish a Restorative Nursing Program, minimize fall risk and enhance fall recovery abilities while seating with good trunk/postural control to enhance his rehab potential.

Patient requires skilled PT services to assess functional abilities, assess joint and skin integrity for proper positioning w/least restrictive positioning, increase LE ROM and strength, improve dynamic balance and coordination, teach compensatory/adaptation techniques to promote safety awareness, facilitate motor control to increase functional activity tolerance and facilitate ease with all positioning and functional mobility, minimize skin breakdown, enhance positioning, establish FMP and facilitate discharge planning in order to enhance patient's comfort and quality of life by improving ability to increase performance skills with functional tasks, perform bed positioning and possible safe transfers w/increased safety, safely use positioning device to improve positioning and muscle tone, decrease level of assistance from caregivers, safely be transferred in/out of bed to increase participation w/environment and improve his level of safety and functional mobility as endorsed for restorative nursing program.

ROM/Contracture

Patient will increase AROM Right Knee Flexion to ____ in order to facilitate repositioning, allow comfort and equal weight distribution to relieve pressure on sacrum, to increase ability to safely maneuver and position in bed or in his high back wheelchair, to increase ability to perform rolling and scooting in bed and facilitate proper posture during mobility to perform functional mobility with decreased risk for skin breakdown and postural dysfunction increasing fall risk

Patient will increase AROM Left Knee Flexion to ____ in order to facilitate repositioning, allow comfort and equal weight distribution to relieve pressure on sacrum, to increase ability to safely maneuver and position in bed or in his high back wheelchair, to increase ability to perform rolling and scooting in bed and facilitate proper posture during mobility to perform functional mobility with decreased risk for skin breakdown and postural dysfunction increasing fall risk