

**PHYSICAL THERAPY CERTIFICATION**

Service Dates - From: 3/4/2013 To: 6/1/2013

PATIENT'S LAST NAME	FIRST NAME	M.I.	GENDER	DATE OF BIRTH	AGE
<b>MOUSE</b>	<b>MICKEY</b>		Male	1/1/1940	73
PAYOR SOURCE	MEDICAL RECORD NO.	ONSET DATE	SOC DATE	TYPE OF SERVICE	
<b>Medicare B</b>	2	1/1/2013	3/4/2013	PT	
PRIMARY DIAGNOSIS CODE			TREATMENT D.X. / ICD-9 CODE		
Code - Description			Code - Description		
• 486 - PNEUMONIA ORGANISM UNSP			• 781.2 - ABNORMALITY OF GAIT		
PROVIDER NO.	HICN	PRIOR HOSPITALIZATION			
	123456789A	N/A			
FREQUENCY AND DURATION			CERTIFICATION DATES:		
5 / Wk x 8 Wks			From : 3/4/2013 Through: 6/1/2013		
SIGNATURE		DATE	PROF. DESIGNATION		
CINDY BROWN		5/9/2013 11:22 AM ET	Therapist (PT)		
ADDITIONAL SIGNATURE IF NECESSARY		DATE	PROF. DESIGNATION		
FACILITY					ROOM #
Therapute LTC					25

**PLAN OF TREATMENT**

CPT Code - Description

• 97110 - Thera. Exercise(ea15min) • 97116 - Gait Training(ea15min) • 97530 - Therapeutic Act(ea15min)

**FUNCTIONAL GOALS**

Short Term Goal(s)	Time Frame: 4 Weeks
Description	Baseline Status
1. [Ongoing]: Supine to sit min a	max a
2. [Ongoing]: Sit to stand min a	max a
3. [Ongoing]: Increase dynamic standing balance to Fair with assistive device	Poor
4. [Ongoing]: Gait training with rolling walker 150 feet with min a with improved safety and foot clearance	10 feet max a with rolling walker with poor safety and foot clearance

Long Term Goal(s)	Time Frame: 8 Weeks
Description	Baseline Status
1. [Ongoing]: Supine to sit l	max A
2. [Ongoing]: Sit to stand l	max a
3. [Ongoing]: Increase dynamic standing balance to Good with assistive device	Poor
4. [Ongoing]: Gait training with rolling walker up and down corridor ad lib feet l'ly with Good safety and foot clearance	10 feet max a with rolling walker with poor safety and foot clearance

**Functional Outcome Skills**

<b>Roll to Left</b> 1=Max Assist	<b>Roll to Right</b> 1=Max Assist
<b>Supine to Sit</b> 1=Max Assist	<b>Sit to Supine</b> 1=Max Assist
<b>Wheel Chair Mobility</b> 3=Min Assist	<b>Brakes Management</b> 6=Independ
<b>Sit to Stand</b> 1=Max Assist	<b>Stand To Sit</b> 2=Mod Assist
<b>Bed to Wheel Chair</b> 1=Max Assist	<b>Wheel Chair to Bed</b> 1=Max Assist
<b>Gait on Stairs</b> NA	<b>Gait on Level Surfaces</b> 1=Max Assist
<b>Fall Recovery</b> 1=Max Assist	<b>Car Transfers</b> NA

**PHYSICIAN CERTIFICATION**

I certify the medical necessity and appropriateness of this plan of treatment from the date therapy was initiated.

PHYSICIAN'S NAME: GOOD DOCTOR, NPI #343243

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_