

Physical Therapy Certification

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

PATIENT'S LAST NAME MOUSE	FIRST NAME MICKEY	M.I.	GENDER Male	DATE OF BIRTH 1/1/1940	AGE 73	PATIENT # 2
PAYOR SOURCE Medicare B	TYPE OF SERVICE PT	ONSET DATE 1/1/2013	SOC DATE 3/4/2013	DISCONTINUED		
FACILITY: Therapute LTC			ROOM NUMBER: 25			
PRIMARY DIAGNOSIS CODE Code - Description			TREATMENT D.X. / ICD-9 CODE Code - Description			
• 486 - PNEUMONIA ORGANISM UNSP			• 781.2 - ABNORMALITY OF GAIT			

General

PROVIDER NO.	HICN 123456789A	PRIOR HOSPITALIZATION N/A
PHYSICIAN'S NAME GOOD DOCTOR, NPI #343243	MD NPI	

History

Past Medical History test	Reason for Referral • Recent decline in UE function • Recent decline in LE function • Recent decline in ADLs • Recent history of falls
Prior Living Situation • Home - Alone • Steps to enter Home - none • Handrail - none	Prior Level of Function with Transfers 6 = Independent
Prior Level of Function with Ambulation 6 = Independent	Prior Level of Function with ADLs 6 = Independent
Prior Devices Used to Augment Function None	Patient / Caregiver Goal test

Plan

CPT Code - Description	Frequency and Duration: 5 / Wk x 8 Wks
• 97110 - Thera. Exercise(ea15min) • 97116 - Gait Training(ea15min) • 97530 - Therapeutic Act(ea15min)	

Plan

Positive Prognostic Indicators • Higher prior level of function • Ability to follow directions • Potential of new learning • Motivated • Able to participate • Good caregiver support	DC Plans Home
Rehab Potential Excellent	

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 I	max A
2. [Ongoing]: Sit to stand I	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 I'ly with Good safety and foot clearance	10 feet max a with rolling walker with poor safety and foot clearance

OBJECTIVE TESTS

Cumulative Objective Test

Weight Bearing Restrictions • No Restrictions	Other Precautions • Respiratory Oxygen - Nasal Cannula • Fall precautions
Current Cognitive Status • Alert & oriented to self • Alert & oriented to people • Alert & oriented to place • Alert & oriented to time • Cooperative/motivated	Gait Distance, Assistance and Device: test

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Gait Analysis • Leaning forward • Decreased step length • Decreased toe clearance • Decreased heel strike	Coordination • Gross Motor WFL • Fine Motor WFL
Range of Motion: test	Strength: test
Static Sitting Balance Fair; Difficulty with self correction	Dynamic Sitting Balance Fair; Difficulty with self correction
Static Standing Balance Fair; Difficulty with self correction	Dynamic Standing Balance Fair; Difficulty with self correction
Pain Yes • Intermittent • Increased with activity	Sensation/Proprioception • Light Touch Intact • Deep Touch Intact
Visual/ Perceptual Status • Glasses	Safety Awareness/Cueing Provided During Functional Mobility Training: test
Other Comments/Observations: test	

Functional Outcome Skills

FOS

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

SIGNATURE	DATE	PROF. DESIGNATION
CINDY BROWN	5/9/2013 11:22 AM ET	Therapist (PT)
ADDITIONAL SIGNATURE IF NECESSARY	DATE	PROF. DESIGNATION

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: _____