

Carelink Health Care Services, LLC
PHYSICAL THERAPY VISIT NOTE

Patient Name: Pamela Justiniano

M/R # 609 407 7695-1

Vital Signs	Behavior/Mental Status	Homebound:	Interventions:	Pain
T: ☐	☒ Alert/Oriented	☒ Yes ☐ No	☒ Therapeutic Exercise	Frequency: ☐ No Pain
P: ☐	☒ Anxious	☒ Ambulation	☒ Patient/CG ED.	☐ Less than daily
R: ☐	☒ Motivated	☒ Endurance	☒ Transfer Training	☒ Daily but not constant
B/P: ☐	☐ Lethargic	☒ Strength	☐ H.E.P.	☐ All the time
Wt: ☐	☐ Apathetic	☒ Balance	☒ Gait Training	Pain Profile: Site: <u>RT knee</u>
	☐ Noncompliant	☒ R.O.M.	☒ Balance Training	0 1 2 3 4 5 6 7 8 9 10
	☐ Comatose	☐ Bed/WC Bound	☐ Functional Mobility	Current Pain Management and effect:
	☐ Other	☐ Respiratory/S.O.B.	☐ Modalities	<u>Low back</u>
		☒ Fall Risk	☒ Endurance Training	

Subjective: Less tenderness at the
(RT) knee & low back.

Objective:

Dynamic Balance 15 Part.

Transfer with close supervision sit → stand
with pain at the (RT) knee.

Muscle weakness of the (RT) leg, MMT - 3/5
grossly throughout.

Ambulate with close supervision & independent using a
device.

Teaching

Please circle all that apply below

Teaching Tool Used: ☐ Written ☒ Verbal ☒ Demo ☐ Handout

given to: ☐ Patient ☐ Caregiver ☐ Both

☒ Pt/Cg. Verbal understanding ☒ Pt/Cg. Return Demo

Home Exercise Program follow through between therapy visits: ☒ adequate ☐ inadequate ☐ N/A

Assessment (progress toward goals): To Increase/promote Transfer &
Ambulation

Conferenced with:	SN	PT	OT	MSW	CAREGIVER	FAMILY
Regarding:						
Plan:	<u>Balance Training; Therapeutic Activities</u> <u>Therapeutic Exs.</u>					
Discharge Planning Discussed:	5 Day discharge notice given: ☒ yes ☐ no					

Therapist Name: Ebenzer Oquendo Title: P.T. Date: 6/29/15

Therapist Signature: E. Oquendo Time In: 9:10 Time Out: 10:02 Minutes

Patient Signature: Pamela Justiniano

RECEIVED: JUL 01 2015

Carelink Health Care Services, LLC
PHYSICAL THERAPY VISIT NOTE

Patient Name: Pamela Justiniano

M/R # 6094577695-1

Vital Signs	Behavior/Mental Status	Homebound:	Interventions:	Pain
T: ☒	☒ Alert/Oriented	☒ Yes ☐ No	☒ Therapeutic Exercise	Frequency: ☐ No Pain
P: ☒	☒ Anxious	☒ Ambulation	☒ Patient/CG ED.	☐ Less than daily
R: ☒	☒ Motivated	☒ Endurance	☒ Transfer Training	☒ Daily but not constant
B/P: ☐	☐ Lethargic	☒ Strength	☐ H.E.P.	☐ All the time
Wt: ☐	☐ Apathetic	☒ Balance	☒ Gait Training	Pain Profile: Site: <u>RT Knee</u>
	☐ Noncompliant	☒ R.O.M.	☒ Balance Training	0 1 2 3 4 <u>6</u> 7 8 9 10
	☐ Comatose	☐ Bed/WC Bound	☐ Functional Mobility	Current Pain Management and effect:
	☐ Other	☐ Respiratory/S.O.B.	☐ Modalities	<u>low back.</u>
		☒ Fall Risk	☒ Endurance Training	

Subjective: Reduced / Less tenderness
at the (RT) knee & low back

Objective: Muscle weakness at the (RT) leg.
Dynamic Balance is Fair
Transfer with close supervision sit → stand
with pain at the (RT) knee.
Ambulate with close supervision & independent
using a device.

Teaching

Teaching Tool Used: Written Verbal Demo Handout given to: Patient Caregiver Both

☒ Pt/Cg. Verbal understanding ☒ Pt/Cg. Return Demo

Home Exercise Program follow through between therapy visits: ☒ adequate ☐ Inadequate ☐ N/A

Assessment (progress toward goals): To promote & Improve Ambulation & Transfer

Conferenced with:	SN	PT	OT	MSW	CAREGIVER	FAMILY
Regarding:						
Plan:	<u>Gait Training; Therapeutic Activities,</u> <u>Balance Training</u>					
Discharge Planning Discussed:	5 Day discharge notice given: ☐ yes ☐ no					

Therapist Name: Ebenezer Oguntase Title: P.T. Date: 6/26/15

Therapist Signature: E. Oguntase Time In: 9:05 Time Out: 9:58 Minutes

Patient Signature: Pamela Justiniano MILES: _____

RECEIVED JUN 26 2015

Carelink Health Care Services, LLC
PHYSICAL THERAPY VISIT NOTE

Patient Name: Pamela Tushians

M/R # 6094077695-1

Vital Signs	Behavior/Mental Status	Homebound:	Interventions:	Pain
T:	☒ Alert/Oriented	☒ Yes ☐ No	☒ Therapeutic Exercise	Frequency: ☐ No Pain
P:	☒ Anxious	☒ Ambulation	☐ Patient/CG ED.	☐ Less than daily
R:	☒ Motivated	☒ Endurance	☒ Transfer Training	☒ Daily but not constant
B/P:	☐ Lethargic	☒ Strength	☐ H.E.P.	☐ All the time
Wt:	☐ Apathetic	☒ Balance	☒ Gait Training	Pain Profile: Site: <u>(R) knee</u>
	☐ Noncompliant	☒ R.O.M.	☒ Balance Training	0 1 2 3 4 5 6 7 8 9 10
	☐ Comatose	☐ Bed/WC Bound	☐ Functional Mobility	Current Pain Management and effect:
	☐ Other	☐ Respiratory/S.O.B.	☐ Modalities	<u>Low back</u>
		☒ Fall Risk	☒ Endurance Training	

Subjective: Tenderness at the (Rt) knee
& low back.

Objective: Pain at the (Rt) knee ; low back is
Moderate 6/10 Constantly.
Muscle weakness at the (Rt) leg.
Dynamic Balance is fair.
Endurance is fair in activities.
Transfer with close supervision sit -> stand
Amalgate with close supervision with device

Teaching

Please circle all that apply below

Teaching Tool Used: ☐ Written ☒ Verbal ☒ Demo ☐ Handout

given to: ☐ Patient ☐ Caregiver ☐ Both

☒ Pt/Cg. Verbal understanding ☒ Pt/Cg. Return Demo

Home Exercise Program follow through between therapy visits: ☒ adequate ☐ Inadequate ☐ N/A

Assessment (progress toward goals): To promote progress to
Amalgation & transfer Independent

Conferenced with:	SN	PT	OT	MSW	CAREGIVER	FAMILY
Regarding:						
Plan:	<u>Therapeutic Activities Gait training</u> <u>Balance Training</u>					
Discharge Planning Discussed:	5 Day discharge notice given: ☐ yes ☐ no					

Therapist Name: Ebenezer Ogundimu Title: P.T Date: 6/25/15

Therapist Signature: E. Ogundimu Time In: 8:21 Time Out: 9:15 Minutes

Patient Signature: Pamela Tushians MILES: _____

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Carelink Health Care Services, LLC
PHYSICAL THERAPY VISIT NOTE

Patient Name: Pamela Rustiniano

M/R # 6094877695-1

Vital Signs	Behavior/Mental Status	Homebound:	Interventions:	Pain
T:	☒ Alert/Oriented	☒ Yes ☐ No	☒ Therapeutic Exercise	Frequency: ☐ No Pain
P:	☒ Anxious	☒ Ambulation	☐ Patient/CG ED.	☐ Less than daily
R:	☒ Motivated	☒ Endurance	☐ Transfer Training	☐ Daily but not constant
B/P:	☐ Lethargic	☒ Strength	☐ H.E.P.	☐ All the time
Wt:	☐ Apathetic	☒ Balance	☒ Gait Training	Pain Profile: Site: <u>(R) Knee</u>
	☐ Noncompliant	☒ R.O.M.	☒ Balance Training	0 1 2 3 4 5 6 7 8 9 10
	☐ Comatose	☐ Bed/WC Bound	☐ Functional Mobility	Current Pain Management and effect:
	☐ Other	☐ Respiratory/S.O.B.	☐ Modalities	<u>Low back Pain</u>
		☒ Fall Risk	☒ Endurance Training	

Subjective: Tenderness at the (L) knee & low back.

Objective:

Muscles weakness both legs.
pain at the (R) knee & low back constantly.
Moderate stiffness at these areas.
Transfer with close supervision sit → stand.
Dynamic balance is fair
Ambulate with close supervision using straight cane

Teaching

Please circle all that apply below

Teaching Tool Used: ☐ Written ☒ Verbal ☒ Demo ☐ Handout

given to: ☐ Patient ☐ Caregiver ☐ Both

☒ Pt/Cg. Verbal understanding ☒ Pt/Cg. Return Demo

Home Exercise Program follow through between therapy visits: ☒ adequate ☐ Inadequate ☐ N/A

Assessment (progress toward goals): To Improve Ambulation & Transfer to Independent.

Conferenced with:	SN	PT	OT	MSW	CAREGIVER	FAMILY
Regarding:						
Plan:	<u>Balance Training; Therapeutic Activities</u>					
Discharge Planning Discussed:	5 Day discharge notice given: ☐ yes ☐ no					
Therapist Name:	<u>Ebenzer Ogunhese</u>		Title:	<u>P.T.</u>	Date:	<u>6/22/15</u>
Therapist Signature:	<u>E. Ogunhese</u>		Time In:	<u>9:05</u>	Time Out:	<u>9:55</u> Minutes
Patient Signature:	<u>Pamela Rustiniano</u>		MILES: _____			

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Carelink Health Care Services, LLC
PHYSICAL THERAPY VISIT NOTE

Patient Name: Pamela Rustiniano

M/R # 6094077695-1

Vital Signs	Behavior/Mental Status	Homebound:	Interventions:	Pain
T: P: R: B/P: Wt:	☒ Alert/Oriented ☒ Anxious ☒ Motivated ☐ Lethargic ☐ Apathetic ☐ Noncompliant ☐ Comatose ☐ Other	☒ Yes ☐ No ☒ Ambulation ☒ Endurance ☒ Strength ☒ Balance ☒ R.O.M. ☐ Bed/WC Bound ☐ Respiratory/S.O.B. ☒ Fall Risk	☒ Therapeutic Exercise ☐ Patient/CG ED. ☐ Transfer Training ☐ H.E.P. ☒ Gait Training ☒ Balance Training ☐ Functional Mobility ☐ Modalities ☒ Endurance Training	Frequency: ☐ No Pain ☐ Less than daily ☐ Daily but not constant ☐ All the time Pain Profile: Site <u>(RT) knee</u> 0 1 2 3 4 5 6 7 8 9 10 Current Pain Management and effect: <u>Low back</u> <u>perin</u>

Subjective: Tenderness at the (RT) knee & low back.

Objective:

pain & stiffness at the (RT) knee & low back
Muscles weakness Both legs.
Transfer with close supervision sit → stand.
Dynamic balance is fair
Ambulate with close supervision using straight cane.

Teaching

Please circle all that apply below

Teaching Tool Used: ☐ Written ☒ Verbal ☒ Demo ☐ Handout given to: ☐ Patient ☐ Caregiver ☐ Both

☒ Pt/Cg. Verbal understanding ☒ Pt/Cg. Return Demo

Home Exercise Program follow through between therapy visits: ☒ adequate ☐ inadequate ☐ N/A

Assessment (progress toward goals): To Improve Balance (Dynamic).
Transfer should be independent.

Conferenced with:	SN	PT	OT	MSW	CAREGIVER	FAMILY
Regarding:						
Plan:	<u>Therapeutic Activities; Balance Training; Gait Training</u>					
Discharge Planning Discussed:	5 Day discharge notice given: ☐ yes ☐ no					

Therapist Name: Abenezer Ogundimu Title: P.T Date: 6/20/15

Therapist Signature: E. Ogundimu Time In: 10:00 Time Out: 10:10 Minutes: 10

Patient Signature: Pamela Rustiniano MILES:

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Carelink Health Care Services, LLC
PHYSICAL THERAPY VISIT NOTE

Patient Name: Pamela Justiniano

M/R # 6894077695-1

Vital Signs	Behavior/Mental Status	Homebound:	Interventions:	Pain
T: _____ P: _____ R: _____ B/P: _____ Wt: _____	☒ Alert/Oriented ☒ Anxious ☒ Motivated ☐ Lethargic ☐ Apathetic ☐ Noncompliant ☐ Comatose ☐ Other	☒ Yes ☐ No ☒ Ambulation ☒ Endurance ☒ Strength ☒ Balance ☒ R.O.M. ☐ Bed/WC Bound ☐ Respiratory/S.O.B. ☒ Fall Risk	☒ Therapeutic Exercise ☐ Patient/CG ED. ☐ Transfer Training ☐ H.E.P. ☒ Gait Training ☒ Balance Training ☐ Functional Mobility ☐ Modalities ☒ Endurance Training	Frequency: ☐ No Pain ☐ Less than daily ☐ Daily but not constant ☐ All the time Pain Profile: Site: <u>(Rt) knee</u> 0 1 2 3 4 5 6 7 8 9 10 Current Pain Management and effect: <u>low back pain</u>
Subjective: <u>Tenderness at the (Rt) knee & low back</u>				

Objective:

Complain of increased pain of the (Rt) peroneal muscles yesterday after rain.
Transfer with close supervision sit - stand
Muscle strength (R) leg 3/5 grossly throughout
Dynamic balance is fair
Ambulate with close supervision using straight cane

Teaching

Please circle all that apply below

Teaching Tool Used: ☐ Written ☒ Verbal ☒ Demo ☐ Handout given to: ☐ Patient ☐ Caregiver ☐ Both

☒ Pt/Cg. Verbal understanding ☒ Pt/Cg. Return Demo

Home Exercise Program follow through between therapy visits: ☒ Adequate ☐ Inadequate ☐ N/A

Assessment (progress toward goals): To Improve Ambulation & Transfer Independently

Conferenced with:	SN	PT	OT	MSW	CAREGIVER	FAMILY
Regarding:						
Plan:	<u>Gait Training; Therapeutic Ambulation & Balance Training.</u>					
Discharge Planning Discussed:	<u>5 Day discharge notice given: yes no</u>					

Therapist Name: Ebenezer Ogundimu Title: P.T. Date: 6/19/15

Therapist Signature: E. Ogundimu Time In: 9:05 Time Out: 9:50 Minutes

Patient Signature: Pamela Justiniano MILES: _____

RECEIVED JUN 19 2015

Carelink Health Care Services, LLC
PHYSICAL THERAPY VISIT NOTE

Patient Name: Pamela Rustinano

M/R # 100940776951

Vital Signs	Behavior/Mental Status	Homebound:	Interventions:	Pain
T: P: R: B/P: Wt:	☒ Alert/Oriented ☒ Anxious ☒ Motivated ☐ Lethargic ☐ Apathetic ☐ Noncompliant ☐ Comatose ☐ Other	☒ Yes ☐ No ☒ Ambulation ☒ Endurance ☒ Strength ☒ Balance ☒ R.O.M. ☐ Bed/WC Bound ☐ Respiratory/S.O.B. ☒ Fall Risk	☒ Therapeutic Exercise ☐ Patient/CG ED. ☐ Transfer Training ☐ H.E.P. ☒ Gait Training ☒ Balance Training ☐ Functional Mobility ☐ Modalities ☒ Endurance Training	Frequency: ☐ No Pain ☐ Less than daily ☐ Daily but not constant ☐ All the time Pain Profile: Site: <u>(L) knee</u> 0 1 2 3 4 5 6 7 <u>8</u> 9 10 Current Pain Management and effect: <u>Low back</u> <u>Pain</u>

Subjective: Tenderness of the (L) knee
& low back.

Objective:

Complaint of (L) posterior knee soreness
Constantly.
Transfer with close supervision Sit → stand
Consist with orth. Surgeon - 6/15/15.
Muscle weakness (R) leg - 3/5 grossly throughout.
Dynamic balance is fair
Ambulate with close supervision using straight cane

Teaching

Teaching Tool Used: Written Verbal Demo Handout given to: Patient Caregiver Both
☒ Pt/Cg. Verbal understanding ☒ Pt/Cg. Return Demo

Home Exercise Program follow through between therapy visits: ☒ Adequate ☐ Inadequate ☐ N/A

Assessment (progress toward goals): To Improve/promote
Independent in Transfer & Ambulation

Conferenced with:	SN	PT	OT	MSW	CAREGIVER	FAMILY
Regarding:						
Plan:	<u>Therapeutic Activities, Gait Training</u> <u>Therapeutic EFX.</u>					
Discharge Planning Discussed:	5 Day discharge notice given: ☒ yes ☐ no					

Therapist Name: Ebenzer Ogunture Title: P.T. Date: 6/16/15

Therapist Signature: E. Ogunture Time In: 8:45 Time Out: 9:40 Minutes

Patient Signature: Pamela Rustinano

MILES: _____

RECEIVED JUN 19 2015

Carelink Health Care Services, LLC
PHYSICAL THERAPY VISIT NOTE

Patient Name: Ramela Turinano

M/R # 00940776951

Vital Signs	Behavior/Mental Status	Homebound:	Interventions:	Pain
T: ☐	☒ Alert/Oriented	☒ Yes ☐ No	☒ Therapeutic Exercise	Frequency: ☐ No Pain
P: ☐	☒ Anxious	☒ Ambulation	☐ Patient/CG ED.	☐ Less than daily
R: ☐	☒ Motivated	☒ Endurance	☐ Transfer Training	☐ Daily but not constant
B/P: ☐	☐ Lethargic	☒ Strength	☐ H.E.P.	☒ All the time
Wt: ☐	☐ Apathetic	☒ Balance	☒ Gait Training	Pain Profile: Site: <u>(L) knee</u>
	☐ Noncompliant	☒ R.O.M.	☒ Balance Training	0 1 2 3 4 5 6 7 8 9 10
	☐ Comatose	☐ Bed/WC Bound	☐ Functional Mobility	Current Pain Management and effect:
	☐ Other	☐ Respiratory/S.O.B.	☐ Modalities	<u>low back & /w</u>
		☒ Fall Risk	☒ Endurance Training	<u>Pain</u>

Subjective: Tenderness of the (L) knee
& low back.

Objective:

Transfer with close supervision sit → stand
Ambulate with close supervision using straight
one sometimes indoors.
Dynamic Balance is fair
Muscles weakness (L) leg & back muscles.
Pain & stiffness of the L5 region & (L) knee.

Teaching

Teaching Tool Used:	Please circle all that apply below				given to:	Patient	Caregiver	Both
	Written	Verbal	Demo	Handout				

☐ Pt/Cg. Verbal understanding ☐ Pt/Cg. Return Demo

Home Exercise Program follow through between therapy visits: ☐ adequate ☐ Inadequate ☐ N/A

Assessment (progress toward goals): TO promote / Improve
Transfer & Ambulation.

Conferenced with:	SN	PT	OT	MSW	CAREGIVER	FAMILY
Regarding:						
Plan:	<u>Gait Training, Therapeutic Activities,</u> <u>Therapeutic ETS.</u>					
Discharge Planning Discussed:	5 Day discharge notice given: ☒ yes ☐ no					

Therapist Name: Benjamin Oquendo Title: P.T. Date: 6/12/15

Therapist Signature: B. Oquendo Time In: 8:40 Time Out: 9:32 Minutes

Patient Signature: Ramela Turinano

RECEIVED JUN 12 2015

Carelink Health Care Services, LLC
PHYSICAL THERAPY VISIT NOTE

Patient Name: Palmela Justiniano

M/R # 6094071695-1

Vital Signs	Behavior/Mental Status	Homebound:	Interventions:	Pain
T: _____ P: _____ R: _____ B/P: _____ Wt: _____	☒ Alert/Oriented ☒ Anxious ☒ Motivated ☐ Lethargic ☐ Apathetic ☐ Noncompliant ☐ Comatose ☐ Other	☒ Yes ☐ No ☒ Ambulation ☒ Endurance ☒ Strength ☒ Balance ☒ R.O.M. ☐ Bed/WC Bound ☐ Respiratory/S.O.B. ☒ Fall Risk	☒ Therapeutic Exercise ☐ Patient/CG ED. ☐ Transfer Training ☐ H.E.P. ☒ Gait Training ☒ Balance Training ☐ Functional Mobility ☐ Modalities ☒ Endurance Training	Frequency: ☐ No Pain ☐ Less than daily ☐ Daily but not constant ☒ All the time Pain Profile: Site: <u>(R) Knee</u> 0 1 2 3 4 5 6 7 8 9 10 Current Pain Management and effect: <u>low back pain 9/10</u>

Subjective: Tenderness (R) knee & lower back.

Numbness & tingling sensation of the toe.

Objective:

Transfer with close supervision sometimes.
Range of flexibility are restricted at the (R) knee & lower back.
Tenderness at the (R) ankle.
Ambulate with close supervision sometimes, using a straight cane & rolling walker.

Teaching

Please circle all that apply below

Teaching Tool Used: ☐ Written ☒ Verbal ☒ Demo ☐ Handout

given to: ☐ Patient ☐ Caregiver ☐ Both

☒ Pt/Cg. Verbal understanding ☒ Pt/Cg. Return Demo

Home Exercise Program follow through between therapy visits: ☒ adequate ☐ Inadequate ☐ N/A

Assessment (progress toward goals): To promote (R) Ambulation without device

Conferenced with:	SN	PT	OT	MSW	CAREGIVER	FAMILY
Regarding:	_____					
Plan:	<u>Therapeutic ETS; Therapeutic Activities</u> <u>Gait Training / Modalities</u>					
Discharge Planning Discussed:	5 Day discharge notice given: ☒ yes ☐ no					

Therapist Name: Ebeneger Quintana Title: P.T. Date: 6/9/15

Therapist Signature: E. Quintana Time In: 9:01 Time Out: 10:07 Minutes _____

Patient Signature: Palmela Justiniano MILES: _____

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Carelink Health Care Services, LLC
PHYSICAL THERAPY VISIT NOTE

Patient Name: Pamela Rustiniano

M/R # 6094077695-1

Vital Signs	Behavior/Mental Status	Homebound:	Interventions:	Pain
T:	☒ Alert/Oriented	☒ Yes ☐ No	☒ Therapeutic Exercise	Frequency: ☐ No Pain
P:	☒ Anxious	☒ Ambulation	☐ Patient/CG ED.	☐ Less than daily
R:	☒ Motivated	☒ Endurance	☐ Transfer Training	☐ Daily but not constant
B/P:	☐ Lethargic	☒ Strength	☐ H.E.P.	☒ All the time
Wt:	☐ Apathetic	☒ Balance	☒ Gait Training	Pain Profile: Site: <u>LT knee</u>
	☐ Noncompliant	☒ R.O.M.	☒ Balance Training	0 1 2 3 4 5 6 7 8 9 10
	☐ Comatose	☐ Bed/WC Bound	☐ Functional Mobility	Current Pain Management and effect:
	☐ Other	☐ Respiratory/S.O.B.	☐ Modalities	<u>Back pain 5/10</u>
		☒ Fall Risk	☒ Endurance Training	<u>Constant</u>

Subjective: Tenderness @ knee & lower back.
Number 5 trying at the toe

Objective: Increase pain at the lower back & pain at the knee after PT and activities.
Flexibility & ROM are restricted at the LT knee & lower back.
Transfer with close supervision sometimes
Ambulate with close supervision sometimes, using a straight cane & rolling walker

Teaching

Teaching Tool Used: Written Verbal Demo Handout given to: Patient Caregiver Both

☒ Pt/Cg. Verbal understanding ☒ Pt/Cg. Return Demo

Home Exercise Program follow through between therapy visits: ☒ adequate ☐ inadequate ☐ N/A

Assessment (progress toward goals): To progress to improving the transfer & Ambulation

Conferenced with:	SN	PT	OT	MSW	CAREGIVER	FAMILY
Regarding:						

Plan: Therapy & etc, modalities

Discharge Planning Discussed: ☐ 5 Day discharge notice given: ☒ yes ☐ no

Therapist Name: Abner Oquendo Title: PT Date: 6/8/15

Therapist Signature: [Signature] Time In: 9:12 Time Out: 10:00 Minutes

Patient Signature: [Signature] MILES: _____

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Carelink Health Care Services, LLC
PHYSICAL THERAPY VISIT NOTE

Patient Name: Pamela Justiniano

M/R # 10094077695-1

Vital Signs	Behavior/Mental Status	Homebound:	Interventions:	Pain
T: P: R: B/P: Wt:	☒ Alert/Oriented ☒ Anxious ☒ Motivated ☐ Lethargic ☐ Apathetic ☐ Noncompliant ☐ Comatose ☐ Other	☒ Yes ☐ No ☒ Ambulation ☒ Endurance ☒ Strength ☒ Balance ☒ R.O.M. ☐ Bed/WC Bound ☐ Respiratory/S.O.B. ☒ Fall Risk	☒ Therapeutic Exercise ☐ Patient/CG ED. ☐ Transfer Training ☐ H.E.P. ☒ Gait Training ☒ Balance Training ☐ Functional Mobility ☐ Modalities ☒ Endurance Training	Frequency: ☐ No Pain ☐ Less than daily ☐ Daily but not constant ☒ All the time Pain Profile: Site: <u>(L) knee</u> 0 1 2 3 4 5 6 7 8 9 10 <u>night</u> Current Pain Management and effect: <u>Low back pain 8/10</u>

Subjective: Tenderness at the (L) knee;
& low back.

Numbness & tingling sensation at the
toe.

Objective:

Muscle strength (L) leg 3/5 grossly throughout

Dynamic Balance is Fair;
Static Balance is good.

Transfer with close supervision sometimes
sit → stand.

Ambulate with close supervision using a straight
cane within home.

Teaching

Please circle all that apply below			
Teaching Tool Used:	Written ☐	Verbal ☒	Demo ☒ Handout ☐
		given to:	Patient ☐ Caregiver ☐ Both ☐
		☒ Pt/Cg. Verbal understanding	☒ Pt/Cg. Return Demo

Home Exercise Program follow through between therapy visits: ☒ adequate ☐ Inadequate ☐ N/A

Assessment (progress toward goals): To promote ambulation (I)
without a device.

Conferenced with:	SN	PT	OT	MSW	CAREGIVER	FAMILY
Regarding:						
Plan:	<u>Gait Training; Therapeutic Activities;</u> <u>Therapeutic Exercises</u>					
Discharge Planning Discussed:	5 Day discharge notice given: ☒ yes ☐ no					

Therapist Name: Ebenezer Ogunture Title: P.T. Date: 6/6/12

Therapist Signature: E. Ogunture Time In: 2:40 Time Out: 3:12 Minutes

Patient Signature: Pamela Justiniano

MILES: _____

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Carelink Health Care Services, LLC
PHYSICAL THERAPY VISIT NOTE

Patient Name: Pamela Justiniano

M/R # 6094077695-1

Vital Signs	Behavior/Mental Status	Homebound:	Interventions:	Pain
T: _____ P: _____ R: _____ B/P: _____ Wt: _____	☒ Alert/Oriented ☒ Anxious ☒ Motivated ☐ Lethargic ☐ Apathetic ☐ Noncompliant ☐ Comatose ☐ Other	☒ Yes ☐ No ☒ Ambulation ☒ Endurance ☒ Strength ☒ Balance ☒ R.O.M. ☐ Bed/WC Bound ☐ Respiratory/S.O.B. ☒ Fall Risk	☒ Therapeutic Exercise ☐ Patient/CG ED. ☐ Transfer Training ☐ H.E.P. ☒ Gait Training ☒ Balance Training ☐ Functional Mobility ☐ Modalities ☒ Endurance Training	Frequency: ☐ No Pain ☐ Less than daily ☐ Daily but not constant ☒ All the time Pain Profile: Site: <u>Left knee</u> 0 1 2 3 4 5 6 7 8 9 10 Current Pain Management and effect:

Subjective: Tenderness (L) knee
Numbness & tingling sensation
at the toes sometimes

Back pain of
8/10 constant

Objective: Pain with Ambulation (L) knee is 10/10 &
also at night.
Range of flexibility are still restricted
Transfer with supervision close sometimes
Moderate stiffness at the (L) knee

Teaching

Please circle all that apply below

Teaching Tool Used: ☐ Written ☒ Verbal ☒ Demo ☐ Handout

given to: ☐ Patient ☐ Caregiver ☐ Both

☒ Pt/Cg. Verbal understanding ☒ Pt/Cg. Return Demo

Home Exercise Program follow through between therapy visits: ☒ adequate ☐ Inadequate ☐ N/A

Assessment (progress toward goals): progress toward improving the

Conferenced with:	SN	PT	OT	MSW	CAREGIVER	FAMILY
Regarding:	_____					
Plan:	<u>Gait Training; Manual Therapy</u> <u>Therapeutic Dr.</u>					
Discharge Planning Discussed:	5 Day discharge notice given: ☒ yes ☐ no					

Therapist Name: Ebenezer Ogunfusa Title: P-T Date: 6/5/15

Therapist Signature: E. Ogunfusa Time In: 8:00 Time Out: 9:10 Minutes _____

Patient Signature: Pamela Justiniano

MILES: _____

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PHYSICAL THERAPY VISIT NOTE

Patient Name: Pamela Justiniano

M/R # 6094077695-1

Vital Signs	Behavior/Mental Status	Homebound:	Interventions:	Pain
T: _____ P: _____ R: _____ B/P: _____ Wt: _____	☒ Alert/Oriented ☒ Anxious ☒ Motivated ☐ Lethargic ☐ Apathetic ☐ Noncompliant ☐ Comatose ☐ Other	☒ Yes ☐ No ☒ Ambulation ☒ Endurance ☒ Strength ☒ Balance ☒ R.O.M. ☐ Bed/WC Bound ☐ Respiratory/S.O.B. ☒ Fall Risk	☒ Therapeutic Exercise ☐ Patient/CG ED. ☐ Transfer Training ☒ H.E.P. ☒ Gait Training ☒ Balance Training ☐ Functional Mobility ☐ Modalities ☐ Endurance Training	Frequency: ☐ No Pain ☐ Less than daily ☐ Daily but not constant ☒ All the time Pain Profile: Site: _____ 0 1 2 3 4 5 <u>6</u> 7 8 9 10 Current Pain Management and effect: _____

Subjective: Tenderness at the Lt knee

Objective:

pain at the Lt knee; with moderate stiffness
Pt. have tingling sensation @ feet sometimes
Rom is restricted by 50% of normal.
Transfer with supervision close sometimes
Amble with straight cane/walker indoors

Teaching

Please circle all that apply below

Teaching Tool Used: ☐ Written ☒ Verbal ☒ Demo ☐ Handout

given to: ☐ Patient ☐ Caregiver ☐ Both

☒ Pt/Cg. Verbal understanding ☒ Pt/Cg. Return Demo

Home Exercise Program follow through between therapy visits: ☒ Adequate ☐ Inadequate ☐ N/A

Assessment (progress toward goals):

Staples removed, has the incision
stripes intact; will progress to R in ambulation
with left device.

Conferenced with:	SN	PT	OT	MSW	CAREGIVER	FAMILY
Regarding:	_____					
Plan:	<u>Therapeutic EB, Gait Training,</u> <u>Manual Therapy</u>					
Discharge Planning Discussed:	5 Day discharge notice given: ☐ yes ☐ no					

Therapist Name: Ebenezer Sguin Title: P.T. Date: 6/2/15

Therapist Signature: E. Sguin Time In: 6:01 Time Out: 7:05 Minutes _____

Patient Signature: Pamela Justiniano MILES: _____

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PHYSICAL THERAPY EVALUATION

Patient: Pamela Justiniano

M/R #: 6094077695-1

DX: Revision RT Knee RT TKA

	STRENGTH		ROM		FUNCTIONAL STATUS	SENSATION
	L	R	L	R		
SHOULDER FLEXION					Rolls in bed <u>(I)</u>	PROPRIOCEPTION <u>(I)</u>
ABDUCTION					Supine $\longleftrightarrow$ Sit <u>(I)</u>	MUSCLE TONE
INT. ROTATION					Sitting Balance	SKIN
EXT. ROTATION					Sit $\longleftrightarrow$ Stand	SPEECH
ELBOW FLEXION					Bed $\longleftrightarrow$ Chair	VISION
EXTENSION					W/C Mobility <u>(I)</u>	HEARING
SUPINATION					Stand Dynamic Balance <u>Min</u>	Coding: I = Independent w/o assistive device Mod I = Independent w/ assistive device S = Supervision Min 25% assistance required Mod = 50%-75% assistance required Max = > 75% assistance required
WRIST FLEXION					Stand Static Balance <u>S</u>	
EXTENSION					Gait: <u>Antalgic</u>	
FINGER FLEXION					distance: <u>50ft</u>	
EXTENSION					device: <u>R Walker</u>	
THUMB FLEXION					assistance: <u>S</u>	
EXTENSION					Stairs / Ramp	
HIP FLEXION					H&P/ D/C SUMMARY	
EXTENSION					69 yrs old female presented with	
ABDUCTION					<u>(RT)</u> Knee Revision on 5/22/15	
INT. ROTATION					She fell at work, twisted the	
EXT. ROTATION					<u>(RT)</u> knee, causing increase in pain	
KNEE FLEXION					about Oct. 14. She had P.T, but	
EXTENSION					not helping, then set for surgery.	
ANKLE DORSI					Has 3 steps outdoors.	
PLANTAR					PRIOR FUNCTION: <u>(I)</u>	
INVERSION					PAST MED. HX: <u>None</u>	
EVERSION						
EDEMA						

Site: Need Rolling walker; 3mi Commade.

HOME EVALUATION: 69 yrs old female
Normal.

PRECAUTIONS/CONTRAINDICATIONS: None.

STG's: ↑ Flexibility at the (RT) hip & knee
Reduce pain to 2-3/10 (RT) knee, reduced muscle cramping with tenderness.

LTG's: ↓ Pain to 0/10 at the (RT) knee;
↑ muscles strength by +1
Improve Ambulation to (I) without device.

FUNCTIONAL TESTING:
MMT
SLR

TREATMENT PLAN/PLAN OF CARE
Therapeutic Exs.
Manual Therapy
Gait Training
staples removal -
PT will call Dr's office on 6/1/15

DISCHARGE PLANS: Independent in Ambulation without the device.
(I) To go back to work.

Rehab. Potential: poor guarded fair good excellent

Patient has been involved in plan of care: yes no

Frequency: 3 x 6 wks

In my judgement the above named patient is "homebound" YES NO

Physician Name: Fabio Drozco M.D.

Therapist Signature: [Signature]

Patient Signature: Pamela Justiniano

Date: 5/30/15

Date: 5/30/15

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