

PHYSICAL THERAPY EVALUATION

Name: _____ Date: _____

INTERVIEW

OBJECTIVE

SEE ATTACHMENT SEE BELOW

CLINICAL ASSESSMENT

PLAN OF CARE

- MODALITIES: PRN, MAY INCLUDE HEAT, COLD, ULTRASOUND, VIBRATION, MECHANICAL MASSAGE, IONTOPHORESIS, PHONOPHORESIS, PARAFIN, ELECTRICAL STIMULATION. TO PREPARE TISSUES FOR OTHER PROCEDURES; TO MODERATE PAIN & INFLAMMATORY RESPONSE; TO PROMOTE TISSUE HEALING.
- THERAPEUTIC EXERCISE: BOTH AT HOME & IN CLINIC. USED TO EFFECT GAINS IN STRENGTH, FLEXIBILITY, RANGE OF MOTION, ENDURANCE, INCREASE CARDIOVASCULAR RESPONSE. MAY INCLUDE AQUATIC THERAPY.
- MANUAL THERAPY: JOINT, SOFT TISSUE & FLUID MOBILIZATION TO INCREASE RANGE OF MOTION, REDUCE RESTRICTION INHIBITING MOVEMENT OR CAUSING PAIN RESPONSE, REDUCE PAIN RESPONSE TO INCREASE FUNCTIONAL EASE.
- GAIT TRAINING: CORRECT/RESTORE NORMAL GAIT PATTERN WITHIN PHYSIOLOGICAL LIMITS TO PROMOTE SAFETY, ENDURANCE, LONG TERM PROGRESSION.
- FUNCTIONAL ACTIVITIES: REVIEW, INSTRUCTION, AND PERFORMANCE OF ACTIVITIES, TASKS WHICH PATIENT FINDS PROBLEMATIC OR PAINFUL. MAY INCLUDE ADL'S, JOB REQUIREMENTS, OR OTHER AS NEEDED.

FREQUENCY

1X/WK 2X/WK 3X/WK

DURATION

2 WKS 3 WKS 4 WKS

RE-EVALUATE AT END OF PERIOD INDICATED ABOVE.

GOALS

SHORT TERM

WITHIN 1-2 WKS 2-4 WKS

LONG TERM

WITHIN 4-8 WKS 8-12 WKS