

Physical Therapy Note

Date: _____

Client Name: _____ Client ID: _____ Time In: _____ Time Out: _____
 Subjective: _____

<p>Objective: LE's</p> <p>Quad Sets</p> <p>Ham sets</p> <p>Ankle pumps</p> <p>SAQ</p> <p>Heel slides</p> <p>Supine hip flexion</p> <p>LAQ's</p> <p>Seated hip flexion</p> <p>Seated hip abd.</p> <p>Seated heel & toe raises</p> <p>SLR</p> <p>Glute Sets</p> <p>Others:</p>	<p>UE's</p> <p>Elbow fix/ext.</p> <p>Shldr. Fix/ext.</p> <p>Shldr. abd./add.</p> <p>Horiz. Shldr. Abd./add.</p> <p>Shldr. Presses</p> <p>Shldr. Shrugs</p> <p>Scapular retraction</p> <p>Cervical stretches</p> <p>Others:</p>	<p>Balance and Strengthening</p> <p>Standing hip ext.</p> <p>Standing hip abd.</p> <p>Standing hip fix.</p> <p>Wall squats</p> <p>Standing heel raises</p> <p>Standing hs curls</p> <p>Side stepping</p> <p>Retro-walking</p> <p>Braiding</p> <p>Wt. shifting</p> <p>Others</p>
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<p>Transfers:</p> <p>Sit <math>\diamond</math> stand</p> <p>Supine <math>\diamond</math> sit</p> <p>Floor</p> <p>Other:</p>	<p>Bed mobility</p> <p>Shower/tub</p> <p>Toilet</p>	<p>ROM:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Ambulation:

WB status	R	L	Asst. Device	Surfaces	Ind.	SBA/CGA	Min	Mod	Max	Distance
PWB			None	Even						
NWB			Cane	Stairs						
WBAT			Quad Cane	Uneven						
TTWB			Walker							
FWB			Wheelchair	Balance	Good	Fair	Poor			
			Crutches	Sitting						
				Sit>Stand						
				Standing						
			Ambul.							

Gait Training: _____

 Other: _____

Reasons Home Bound: Unable to Manage Steps Limited Endurance
 Required Assistance Other

Additional Comments: _____

Care Coordination: Aide CPTA RN OT
 DR Patient Caregiver Other

Outcome: _____
 Change in Frequency: _____ Patient/Family informed
 CPTA Supervisory Visit _____

Therapist Signature: _____ **Client Signature:** _____