



x RUH q SCH q SPH Other _____

NAME: PLANTE, ClaraHSN: 825 545 737D.O.B.: 15/08/19XX (89 years old at the time the video was created)

PHYSICAL THERAPY

GENERAL ASSESSMENT

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Consent Obtained: Y/N Mobility Orders: Precautions:

DIAGNOSIS & HISTORY OF PRESENT ILLNESS:

Acute UTL Pt was found in her suite, unable to get up, by staff at her residence. Transported by EMS to RUH. Admitted to hospital on Jan. 2. For confusion. Reports feeling feverish and having difficulty walking and needing to urinate frequently.

PAST MEDICAL HISTORY:

Chronic UTIs, HTN, CHF, T2DM, Mild CKD, OA, Osteoporosis, R humeral # in 2016, hypothyroidism, gout, macular degeneration, HOH

SOCIAL STATUS:

Home: q House/Apartment/Stairs x Assisted Living q Private Care Home q Long Term Care

Lives Alone: x YES q NO

Stairs: q YES x NO # _____, Railing(s) q YES x NO One large step over door frame to get out to balcony. Base of door frame is 6" high.

Services Received:

Meals (lunch and supper) provided in common dining room. No other services provided.

PRE-ADMISSION MOBILITY STATUS:

Equipment Used Previously:

q Cane x Walker (standard, 2-wheeled, 4-wheeled) q Wheelchair

Home Oxygen (____ LPM), Bracing _____, Other:

Amb indep w/4WWW for short distances (50m). Occasionally furniture walks w/in house.

SYSTEMS CHECK: p indicates WNL

General Observations: (eg. mental status/communication/edema/skin integrity/hearing/vision/sensation/nutrition/hydration/bowel & bladder):

Macular degeneration bilaterally. No glasses. Uses magnifying glass to assist w/reading. HOH. Decreased sensation LE bilaterally.

q Pain (eg. pre-admission level, controlled/uncontrolled, medications): _____

Uses Tylenol to manage R shoulder pain. Reports pain w/ht urinating due to UTI

q Strength: Generalized LE weakness bilaterally Gr 4. Right shoulder generalized weakness Gr 2. _____

q Range of Motion: Right shoulder flex 45 degrees, abd 45 degrees, ER 5 degrees, IR 20 degrees. Standing posture - Increased thoracic kyphosis, chin poke, flexed hip posture and ant pelvic tilt, mild flexion at knees.

q Cardiorespiratory: SOBOE. Poor activity tolerance. Mild edema to LE bilaterally. Has compression stockings but does Not wear them. Previous smoker - 1PPD x 15 yr. Quit IN 19XX AE decreased to R lower lobe, slight wheeze. No cough.

DATE: January 3SIGNATURE: A.Smith, MPT

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CURRENT FUNCTIONAL STATUS:

	Indep.	Standby	Min.	Mod.	Max.	N/A	Comments
Rolling	X						
Lying ↔ Sit	X						
Sit ↔ Stand			X				
Transfers			X				With 2WW
Ambulation			X				With 2WW
Stairs						X	No stairs at home

PHYSICAL THERAPY ASSESSMENT SUMMARY, TREATMENT PLAN & GOALS (in discussion with client):

Pt is a pleasant 89 yr old female with an acute UTL. Currently mobilizing min A x 1 w/2WW. Min-moderate general weakness to LE bilaterally. Right UE significant limited ROM and strength.

Tx plan: Daily mobilization with min A x 1 w/2WW. Progressing to amb indep w/ 4WW for 50m (distance from room to dining hall). Practice transfers and sit to stand. -----

Goals: To discharge amb indep w/ 4WW. Independent with sit to stand and transfers w/ 4WW.

Is this patient ready for discharge from P.T.? ☒ Yes ☐ No

Expected discharge plan: **Plan for discharge by end of week.**

Equipment recommended/provided: **2WW**

Recommended consults: ☒ Rehab ☒ Geriatrics ☐ CPAS ☐ SW ☐ Home Hospital
☐ Other:

DATE: Jan. 3

SIGNATURE: A.Smith MPT