- Treatment in an acute care setting (hospital)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

___ PART A ___ PART B ___ OTHER_____

CMS 700 PLAN OF CARE FOR REHABILITATION SERVICES — **FOR INITIAL CLAIMS ONLY**

1. PATIENT'S LAST NAME	FIRST	M.I.	2. PROVIDER #	3. HICN
Brandon	Richard	C.		

4. PROVIDER NAME	5. MED REC #	6. ONSET DATE	7. SOC DATE
B. Wilkinson, PT, DPT #5883		03/16/10	03/18/10

8. TYPE	9. PRIMARY DIAGNOSIS	10. TREATMENT DIAGNOSIS	11. TOTAL VISITS
PHYSICAL THERAPY	MVA/(R) patellar Contusion	(R) patellar pain	4

12. FUNCTIONAL GOALS
(Short Term)
- ↓ pain to ≤ 1/10 pain c movement
- maintain NWB c transfers/gait 100% of time
- Issue HEP + perform c NO assist

(Long Term)
- Return home to ambulate c CR

PLAN
- ☑ Transfer training
- ☑ Bed/WC positioning
- ☑ Therapeutic ex
- ☑ Muscle re-ed
- ☑ Bed mobility training
- ☑ Gait training
- Other: ☑ HEP issue
- ☑ Balance re-ed
- ☐ Caregiver training
- ☑ Equipment needs
- ☐ Home safety assessment
- ☑ D/C planning
- ☐ Establish RA program
- ☑ Modalities

13. THERAPIST'S SIGNATURE
B. Wilkinson, DPT

14. FREQ/DURATION
2x/day for 1 week

I CERTIFY THE NEED FOR THESE SERVICES FURNISHED UNDER THIS PLAN OF TREATMENT AND WHILE UNDER MY CARE

17. CERTIFICATION
FROM 03/18/10 THROUGH 03/26/10

15. PHYSICIAN'S SIGNATURE 16. DATE
X_____

18. PHYSICIAN'S NAME
Dr. Hodges

19. PRIOR HOSPITALIZATION
FROM N/A TO N/A

20. INITIAL ASSESSMENT

(Male) Female Date of Birth 12/11/1977 Age 32

Medical Hx Anemia, (R) Calcaneal Fx in '05

Prior Living / Level of Function (I) @home c spouse + kids x2. Two story home c 10 steps.

Cognition A+O x4 Pain 2/10 @rest, 5/10 c movement

ROM Deficits Knee AROM 10°-80° on (R). otherwise WNL (R) hip 0°-85°

Strength Deficits (R) quads 2/5; (R) hamstrings 3/5. (R) hip ✓ 4/5 (R) hip ext 3/5

Mobility	Ind	SBA	Min	Mod	Max	Dep	Comments
Rolling			✓				of (R) leg
Scooting			✓				
Supine ↔ Sit			✓				
Sit ↔ Stand		✓					
Bed ↔ W/C		✓					NWB (R) LE

Balance: Sitting GOOD Standing FAIR(+) Dynamic FAIR(+)
W/C Mobility N/A
Gait TBD c CR use once pt can demonstrate NWB compliance of (R) LE.

Skin Edema minimal @ (R) Knee, + time
Precautions NWB (R) LE
Other:

Endurance GOOD
Equipment None - needs CR.

Patient agreeable to plan: ✓ yes ___ no

Patient Goals: to return home c CR.
Patient Goals Prognosis: GOOD

21. FUNCTIONAL LEVEL PROGRESS REPORT *(End of billing period)* ___ CONTINUE SERVICES OR ___ DC SERVICES

Range of Motion
Strength

Mobility	Ind	SBA	Min	Mod	Max	Dep	Comments
Rolling							
Scooting							
Supine ↔ Sit							
Sit ↔ Stand							
Bed ↔ W/C							

Balance: Sitting_____ Standing_____ Dynamic_____
W/C Mobility
Gait

Other:

THERAPIST'S SIGNATURE

SERVICE DATES
FROM THROUGH