

- Treating in a home health setting.

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

1. PATIENT'S LAST NAME Haverston FIRST Hubert M.I. A. 2. PROVIDER # 3. HICN

4. PROVIDER NAME B. Wilkinson, DPT # 5883 5. MED REC # 6. ONSET DATE 02/26/10 7. SOC DATE 03/18/10

8. TYPE PHYSICAL THERAPY 9. PRIMARY DIAGNOSIS Pneumonia @ lung 10. TREATMENT DIAGNOSIS deblity 11. TOTAL VISITS 8

12. FUNCTIONAL GOALS (Short Term)
 - \downarrow x 2 steps c rail + no assist
 - perform diaphragmatic breathing c mincing
 - Transfer sit \rightarrow stand 5 arm use SBA
 (Long Term)
 Gait c 4ww in community \rightarrow 250'

PLAN
 Transfer training
 Bed/WC positioning
 Therapeutic ex
 Muscle re-ed
 Bed mobility training
 Gait training
 Other: Safety Train

Balance re-ed
 Caregiver training
 Equipment needs
 Home safety assessment
 D/C planning
 Establish RA program
 Modalities

13. THERAPIST'S SIGNATURE [Signature] 14. FREQ/DURATION 2x/week for 4 weeks

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

15. PHYSICIAN'S SIGNATURE X 16. DATE 17. CERTIFICATION FROM 03/18/10 THROUGH 04/17/10

18. PHYSICIAN'S NAME Dr. Anthony 19. PRIOR HOSPITALIZATION FROM 02/27/10 TO 03/02/10 N/A

20. INITIAL ASSESSMENT
 Medical Hx TKA in 01; OA of hips; previous bladder resection.
 Prior Living / Level of Function Living @ home c spouse. 2 steps to enter home. Has FW/4ww.
 Cognition A+0x3. Forget the date. Pain D/10 @ rest. "chest ache" with activity
 ROM Deficits WFL, but general restriction of hips/lumbar spine
 Strength Deficits hip 3/5 @ hip ext 3/5 @ hip Abd 2/5 @

Mobility	Ind	SBA	Min	Mod	Max	Dep	Comments
Rolling		<input checked="" type="checkbox"/>					
Scotting		<input checked="" type="checkbox"/>					
Supine \leftrightarrow Sit		<input checked="" type="checkbox"/>					
Sit \leftrightarrow Stand							<u>CGA</u>
Bed \leftrightarrow W/C							<u>CGA</u>

Balance: Sitting GOOD Standing FAIR (+) Dynamic FAIR
 W/C Mobility mod (+) @ (B) UE/LE
 Gait CGA c FW x 75. Decreased base of support, Trendelenberg sign (+) @ hips.

Skin Edema Not remarkable Endurance FAIR (+)
 Precautions general cardiac Equipment FW, 4ww, raised toilet
 Other: handrail into front door

Patient agreeable to plan: yes no Patient Goals: Walk further!
 Patient Goals Prognosis: FAIR/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							
Scotting							
Supine \leftrightarrow Sit							
Sit \leftrightarrow Stand							
Bed \leftrightarrow W/C							

Balance: Sitting _____ Standing _____ Dynamic _____
 W/C Mobility _____
 Gait _____

Other: _____

THERAPIST'S SIGNATURE SERVICE DATES FROM _____ THROUGH _____

PHYSICAL THERAPY