- Treatment in an outpatient setting

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: Yung FIRST: Christy M.I.: M.
2. PROVIDER #:
3. HICN:
4. PROVIDER NAME: B. Wilkinson DPT #5883
5. MED REC #:
6. ONSET DATE: 01/13/10
7. SOC DATE: 03/18/10
8. TYPE: *PHYSICAL THERAPY*
9. PRIMARY DIAGNOSIS: (L) hip hypermobility
10. TREATMENT DIAGNOSIS: (L) hip pain/laxity
11. TOTAL VISITS: 12

12. FUNCTIONAL GOALS
(Short Term)
- ↓ pain to 2/10 c̄ movement
- Lift 15 lbs properly s̄ back or hip pain
- Perform 20 SLR's s̄ pain on (L) side

(Long Term)
- No pain c̄ gait, gait s̄ A.D.

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

Other:

13. THERAPIST'S SIGNATURE: [signature] PT, DPT
14. FREQ/DURATION: 3x/week for 4 weeks

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 04/17/10
18. PHYSICIAN'S NAME: Dr. Kirages

15. PHYSICIAN'S SIGNATURE: X ____ 16. DATE:

19. PRIOR HOSPITALIZATION FROM 01/13/10 TO 01/15/10 (childbirth) N/A

20. INITIAL ASSESSMENT
Male / (Female) Date of Birth 10/14/1965 Age 44
Medical Hx: appendectomy, childbirth #1 on 01/13/10.
Prior Living / Level of Function: Living @ home c̄ spouse + newborn. 1 story apt. No AD.
Cognition: A+O x4 Pain: 1/10 @ rest, 5/10 c̄ activity
ROM Deficits: Not significant except ROM lacking in dorsiflexion (B).
Strength Deficits: (L) hip Abd 3/5, (L) hip Add 3/5, (L) hip ✓ 2/5

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

Balance: Sitting GOOD Standing GOOD Dynamic GOOD
W/C Mobility: N/A
Gait: Some antalgic gait observed. Decreased stride length and hip hike noted on (L) side

Skin Edema: Not remarkable
Precautions: N/A
Other:

Endurance: GOOD
Equipment: None

Patient agreeable to plan: ✓ yes ____ no

Patient Goals: to walk without pain
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 ____

PHYSICAL THERAPY