- Treatment in a skilled nursing facility

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
Pamagua	Rosalita	H		

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

8. TYPE	9. PRIMARY DIAGNOSIS	10. TREATMENT DIAGNOSIS	11. TOTAL VISITS
PHYSICAL THERAPY	(R) pubis FX/GLF	(R) pubis FX	20

12. FUNCTIONAL GOALS
(Short Term)
↑ endurance c there ex
↑ gait to >150' c FWW
↓ pain to <3/10 c activity
(Long Term)
↓ pain to 0/10 c activity
Return Home

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

13. THERAPIST'S SIGNATURE
Blue, PT, DPT

14. FREQ/DURATION
5x/week for 3 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. Marinelli

19. PRIOR HOSPITALIZATION FROM 03/03/10 TO 03/07/10 N/A

20. INITIAL ASSESSMENT

Male / (Female) Date of Birth 02/17/1928 Age 82

Medical Hx HTN; hysterectomy; (R) distal Fibular Fx; anxiety

Prior Living / Level of Function Living c spouse in one-story home. 2 steps to enter c rail

Cognition A + O x 4. Pain 4/10 @ rest 8/10 c movement

ROM Deficits Limited (R) hip ext AROM, painful pelvic tilts AROM

Strength Deficits (R) hip ✓ 2/5, (R) hip ext 2/5, (L) hip ✓ 3/5, (L) hip ext 3/5

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

Balance: Sitting Good Standing GOOD(-) Dynamic FAIR(+)
W/C Mobility N/A TBD
Gait short distances c FWW (30') c CGA
↓ stride length on (R) side
antalgic gait observed
needs cues to use arms to alleviate pressure on (R) leg

Skin Edema Not significant
Precautions WBAT (R) LE
Other:

Endurance FAIR(-)
Equipment has SPC @ home, rail for steps

Patient agreeable to plan: ✓ yes ___ no

Patient Goals: to get back home ASAP
Patient Goals Prognosis: FAIR

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