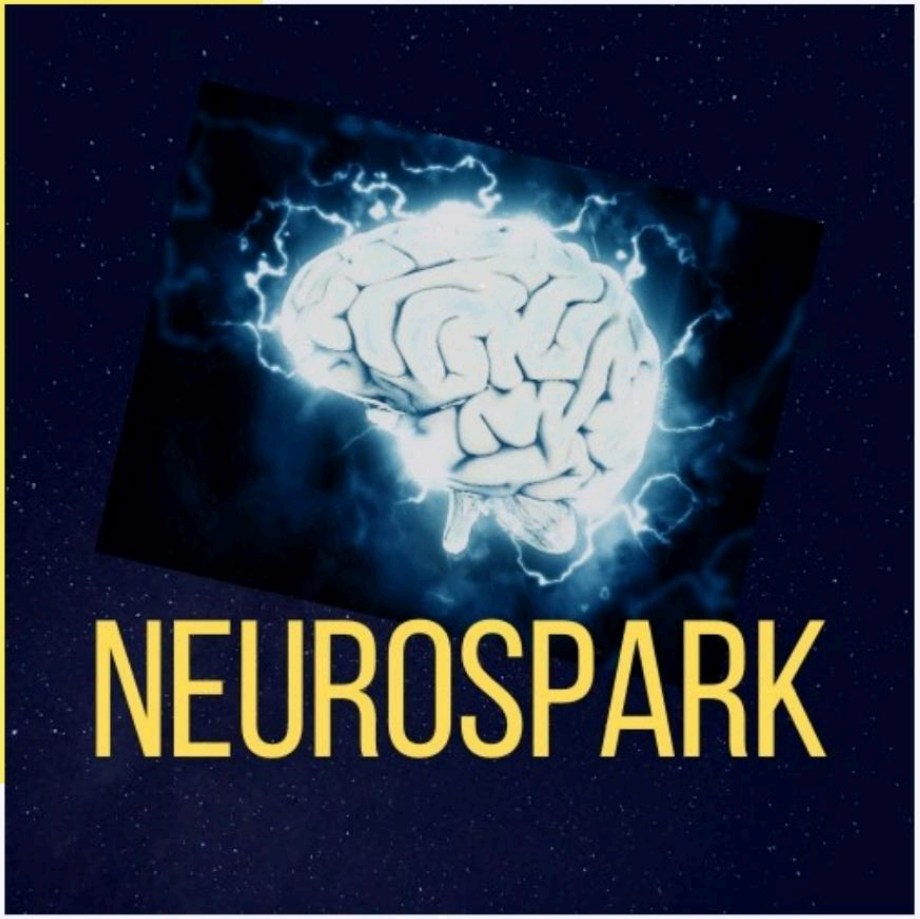


DOCUMENTATION SHEET

By: Rachel K. Walker, DPT, GCS, CBIS, CLWT, CCI

DOCUMENTING MEDICAL NECESSITY

1. Interpretation of the results of your subjective and objective examination (your assessment)

● Pt presents with (xxx) with associated (or subsequent) impairments in strength, ROM/ flexibility, posture, motor control, balance, coordination, sensation, functional activity tolerance, edema, tone which contributes to the patient's functional deficits with
● Overall, the patient demonstrates a XXX% reduction in physical functioning based on the following outcome measures:
● The patient's presentation is complicated by multiple factors including:
● The patient would benefit from skilled PT services to address deficits and maximize function with:
● Pt to benefit from skilled PT services in order to address deficits noted, maximize function, provide appropriate education, establish HEP and maximize follow through with a comprehensive home program for long term self-management
● Pt will likely require extended PT course due to extent of impairments, multiple medical comorbidities and the nature of referring diagnosis.
● Without therapy services pt will be at risk for falls, increased caregiver burden, inability to fully participate in work related tasks including (xxx), exacerbation of medical comorbidities (xxx) due to inactivity, increased risk of rehospitalization
● Spontaneous recovery is not expected to match the projected level of improvement the patient will likely be able to achieve with skilled therapy interventions

2. Establishing medical necessity on progress notes/ recertifications.

● The patient has received skilled PT services for XX visits for interventions to address XXX including: therapeutic exercise, NMR activities, therapeutic activities, patient education, manual therapy, modalities including (xxx)
● The patient demonstrates XXX progress with improvements in (xximpairmentsxx) contributing to improved ability to complete functional tasks including XXX with reduced reliance on compensatory strategies, reduced need for assistance from caregiver, reduced risk of falls.
● The patient continues to demonstrate deficits in XXX which contribute to:
● The patient would benefit from continued skilled PT services to address remaining deficits and enhance function with
● Patient continues to require support, recommendations and fluctuating cues for safety, technique and balance to decrease his fall risk
● Patient demonstrates fluctuations in cardiovascular function, requiring assessment and modification of exercise program during each treatment session.
● Due to patient's many comorbidities and progressive disease, patient continues to require specific environmental supports, ongoing evaluation of current status and frequent program modification
● Due to patient's cognitive status, different verbal and visual cueing is required each session.
● PT anticipates that with X# of additional visits, the patient will be able to: reduce fall risk category from XXX to XXX, return to full participation at work with reduced risk of future injury, reduce their current need for caregiver assist, return to safe community mobility

DOCUMENTING SKILLED INTERVENTIONS

Therapeutic Exercise:

● Tissue healing exercises including low intensity isometrics and gentle ROM to promote reduced edema and inflammation or in order to help promote restoration of optimal muscle and joint function
● Progressive resistive exercises for BLE to improve muscle performance in order to enhance function with: and reduce reliance on compensatory strategies which may increase risk of future injury
● Progressive resistive exercises for BUE to improve muscle performance in order to enhance function with reaching, lifting, dressing, grooming
● ROM/ flexibility exercises to improve joint mobility to assist with:
● Therapeutic exercises were progressed this session including: increased resistance level, increased sets/ reps, progression from open chain to closed chain to increase the level of challenge, increased step height
● Verbal cues utilized: technique, posture, proper alignment, speed
● Treatment session modified today due to:
● Vital signs monitored today for patient safety due to : (diagnosis)

NMR Activities

● Postural correction exercises to improve upright posture in order to: reduce risk of anterior falls, reduce risk of repetitive stress injuries at work
● Low load motor control activities to improve xxx stabilization with functional tasks including:
● Single limb support activities to improve stability and stance phase control to maximize safety with gait, stair negotiation and curbs
● Compliant surface training to enhance safety with community ambulation
● Reactive/ anticipatory balance training activities to reduce fall risk
● Rocking board activities for ankle stability and control to improve ankle balance strategy, improve kinesthetic sense
● Foam rolling/ IASTM for desensitization to allow for improved functional activity tolerance. Pt educated in foam rolling techniques to utilize at home for self-management of XXX.
● Forced use activities to improve wt acceptance and stabilization of paretic limb in order to improve performance with gait and transfers
● Error augmentation activities to improve
● Coordination activities to improve speed, accuracy of swing phase, foot placement and to reduce path deviation
● Resisted progression activities to improve balance during challenges to pt's COG in order to reduce fall risk

- Transfer training, bed mobility training, to improve functional performance, improve safety and reduce caregiver burden

- Activities to improve performance with: (reaching, pinching, gripping, throwing, swinging, carrying, climbing, pushing, pulling, lifting, sitting, standing)

- Verbal cues utilized: technique, safety, wt shift, proper alignment, visual scanning, visual fixation

Therapeutic Activities

- Patient educated in use of adaptive equipment including: hip kit, big butler, butler doff to allow for more independent XXX

- Patient educated in use of assistive technology including:
    - Home TENS unit for self-management of their chronic XXX pain. A handout with pictures and instructions was provided to the patient.
    - Home XXX traction unit for self-management of their chronic pain. Pt was educated in how to set up device, proper positioning in the device, use of hand pump and pressure gauge and parameters for treatment. A handout with pictures and written instructions was provided to the patient.

Self-care

GOALS:

● Be independent with an evolving home program
● Independently manage the new AKA/BKA prosthesis including donning/doffing, skin management, care of liners and socks
● Be able to identify the 6 signs/symptoms of infection (s/p amputation, in LE wounds, due to lymphedema) to assist with patient seeking timely medical care in case of complications
● Reduce girth measurements in RLB LE UE to allow for improved ROM to assist in the performance of LB dressing/ UB dressing
● Perform self-MLD with proper sequence to promote independent self-management of LE UE lymphedema
● Be independent with a home compression program for the self- management of LE UE lymphedema
● Be independent with use of home TENS unit to assist with the self-management of XXX pain
● Be independent with home cervical/lumbar traction unit to assist with the self-management of XXX pain
● Be independent with use of (XXX AD XX) with proper technique and safety to allow for improved ability to ambulate in the home and in the community
● Be independent with use of adaptive equipment including: XXX in order to improve independence with ADLs and reduce caregiver burden
● Improve Berg Balance Score to > /56 in order to reduce fall risk
● Improve Tinetti score to > /28 for reduced fall risk

PT will

Improve RLB ankle DF ROM to > 8* to allow for step through gait pattern and improved foot clearance to reduce fall risk
● Improve RLB hip extension ROM to > 20* to allow for a more efficient step through gait pattern which will assist with
● Improve RLB knee flexion to > 115* to allow for safe reciprocal stair negotiation, assist with transfers, assist with LB dressing including donning socks and shoes
● Improve RLB knee extension to 0* to allow for full upright posture, reduce risk of knee buckling which may lead to injurious falls
● Improve RLB ankle PF strength to /5 (XX reps) to allow for improved push off during gait and to improve ankle balance strategy to reduce fall risk
● Improve 30 second chair rise test to XX reps for improved functional LE strength to assist with gait, stair negotiation, curb negotiation and functional transfers
● Reduce wall occiput distance to XX cm to allow for improved upright posture which will reduce risk of anterior falls, improve safety with community mobility by facilitating improve ability to visually scan the environment
● Improve gait speed to > XX m/sec for:
● Perform all functional transfers with XX assist to reduce caregiver burden
● Ambulate with LRAD and XX assist x XX ft on level and uneven surfaces to allow pt to return to PLOF as a functional community ambulator
● Negotiate XX stairs with/out HRs and XX assist to allow pt to access their second-floor bed and bath, to enter their home with reduced caregiver burden and improved safety
● Improve RLB shoulder elevation to > 120* to allow pt to complete overhead reaching and ADL tasks without compensatory techniques which may contribute to risk of future injury
● Improve RLB shoulder functional IR to L5 to allow for easier hygiene after toileting, donning a belt
● Improve RLB shoulder functional ER to C3 to assist with bathing and grooming