

**PLAN OF CARE**

|  |   |                                 |  |
|--|---|---------------------------------|--|
|  |   | <b>PROVIDER NO.</b><br>10-5572  |  |
|  |   | <b>MEDICAL RECORD NO.</b>       | <b>ONSET DATE</b><br>06/30/2011                              |
|  |   |                                 | <b>SOC DATE</b><br>06/30/2011                                |
| <b>TYPE</b><br><input checked="" type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> SLP | <b>Medical DX 1</b><br>V57.1 PHYSICAL THERAPY NEC | (Pertinent Medical D.X.)        | <b>TREATMENT DIAGNOSIS</b><br>718.49 JT CONTRACTURE-MULT JTS |
| <b>Medical DX 2</b><br>518.81 ACUTE RESPIRATORY FAILURE  |   | <b>Medical DX 3</b>             | <b>Medical DX 4</b>  |
| <b>Onset</b> 06/30/2011  |   | <b>Onset</b>                    | <b>Onset</b>   |
|  |   | <b>PAYOR</b><br>Medicare Part B |  |

**Qualifying Hospital Stay:** From Date: \_\_\_\_\_ To Date:  NA

**Reason For Referral:** Pt. Is a 66 y/o male who is a LTC resident of PHRC. Pt. Presents with decreased functional mobility all aspects. Pt. Is at risk for skin breakdown and contracture development. Skilled PT intervention is recommended at this time to assist in preventing further contracture development and decreasing risk for skin breakdown.

**Medical History Related to Diagnosis/Condition:** lack of coordination, anemia, hypopotassium, TIA,DM, edema HTN, seizures, hyperlipidemia, pacemaker, contracture UE's, UTI and OA.

**Medications:** See medical chart

**Environmental Factors / Social Support:** Pt. Will be d/ed back to LTC with RNP

**Prior Residence and Living Arrangement:** Pt. Is a LTC resident of PHRC.

**Previous Therapy:** Has not had prior therapy for this same condition in the past year.

**Precautions:** universal, falls, skin breakdown and contractures

**Discharge Plans:** Pt. Will be d/c'ed back to LTC with RNP

**Initial Assessment**

| Functional Deficits      | Prior Level  | Current Level  |
|--------------------------|--|--|
| Bed Mobility, Rolling    | DEPENDENT (100% assist)  | DEPENDENT (100% assist)  |
| Positioning, Positioning | DEPENDENT (Requires 100% physical assistance by one or more persons to position. Even with constant cueing, patient is unable to sustain and perform each gross motor action of the positioning. ) | DEPENDENT (Requires 100% physical assistance by one or more persons to position. Even with constant cueing, patient is unable to sustain and perform each gross motor action of the positioning. ) |

**Underlying Impairments**

**Neuro/Musculo/Skeletal, Range of Motion** - See Narrative Box Below

Pt. Presents with limitations BLE's as follows: (L) hip ROM 130 - 127 (L) knee ROM 88 - 80 (R) hip ROM 120- 110 (R) knee ROM 95 83. Maintains bilateral LE's in an ext. Rotated position.

| Short Term Goal(s)  | Goal Date  |
|---|------------|
| Pt. Will be able to tolerate donning of bilateral LE orthotics X 3 hrs. Without compromising skin integrity. .  | 08/03/2011 |
| Caregivers will be educated with donning/doffing/skin inspection and positioning of bilateral LE orthotics. .   | 08/03/2011 |
| Pt. Will present with increased ROM hip/knee joints by 10 degrees to assist in decreasing further contracture development and assist caregivers with hygiene/.positioning .   | 08/03/2011 |
| Long Term Goal(s)   | Goal Date  |
| Caregivers will be independent with donning/doffing/skin inspection/positioning of LE's with bilateral orthotics. .   | 07/27/2011 |
| Pt. Will present with increased ROM bilateral Le's by 20 degrees to assist in preventing further contracture development and assisting caregivers with hygiene/positioning. . | 07/27/2011 |
| Caregivers will be independent with donning/doffing/skin inspection/positioning of LE's with bilateral orthotics. .   | 07/27/2011 |

**Rehab Potential:** Good due to: Stable medical condition.

**Informed Consent:** Treatment plan, including benefits, risk and alternatives discussed with patient and/or family, who agree to treatment.

**Requires skilled services to focus on:**

- 97001 - PT Evaluation
- 97010 - Hot/Cold Packs
- 97110 - Therapeutic exercise
- 97112 - Neuromuscular re-ed
- 97530 - Therapeutic activities
- 97760 - Orthotic mgmt and training

**Frequency/Duration:** 5 times a week for 4 weeks

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

**Certification:**

**Physician Name:** \_\_\_\_\_

Signature Required

**From 06/30/2011 To 07/27/2011**

**Physician Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Electronically Signed by Therapist:** \_\_\_\_\_

**Date:** 07/06/2011 5:00PM

I agree, and it is my intent, to sign this record/document and affirmation of electronic signature for electronic submission and printed record/document. I understand that my signing and submitting this record/document in this fashion is the legal equivalent of having placed my handwritten signature on the submitted record/document and this affirmation. I understand and agree that by electronically signing and submitting this record/document in this fashion I am affirming to the truth of the information contained therein.

## PT - Assistant Progress Update

07/07/2011

|  |                        |                     |   |
|--|------------------------|---------------------|---|
| PATIENT                                      | ID                     | HICN                | PAYOR Medicare Part B                       |
| MED DX1<br>V57.1 PHYSICAL THERAPY NEC        |                        | ONSET<br>06/30/2011 | MED DX2<br>518.81 ACUTE RESPIRATORY FAILURE |
|  |                        |                     | ONSET<br>06/30/2011                         |
| TREATMENT DX1 718.49 JT CONTRACTURE-MULT JTS |                        | TREATMENT DX2       |   |
| START OF CARE 06/30/2011                     | END OF CARE 08/26/2011 | PHYSICIAN           |   |

Number of Skilled Treatments: 5 since last report

Number of Missed Treatments: 0

| Goal Name | Goal   | Prior Level of Function 06/30/11  | Current Level of Function                        | Goal Date  |
|-----------|--|---|--|------------|
| PT        | Pt. Will present with increased ROM hip/knee joints by 10 degrees to assist in decreasing further contracture development and assist caregivers with hygiene/positioning . | Training to be initiated upon receipt of orthotics. Call has been placed to supplier. . | Splints for BLES not received as of this date. . | 08/03/2011 |
| PT 1      | Caregivers will be educated with donning/doffing/skin inspection and positioning of bilateral LE orthotics.  |   |  | 08/03/2011 |
| PT 2      | Pt. Will be able to tolerate donning of bilateral LE orthotics X 3 hrs. Without compromising skin integrity. .   |   |  | 08/03/2011 |

**Patient continues to require skilled PT services to focus on:**

- 97010 - Hot/Cold Packs
- 97110 - Therapeutic exercise
- 97112 - Neuromuscular re-ed
- 97530 - Therapeutic activities
- 97760 - Orthotic mgmt and training

**Skilled Services Provided since Last Report:** RESident receives gentle stretching with passive ROM to bilateral LES in supine. Assist caregivers with comfortable positioning in geri chair. Continue to await arrival of LE splints to begin training staff for long term management of residents contractures.

**Patient / Caregiver Training:** ROM/ stretching to BLES.

**Other Notations:** N/A.

**Precautions:** universal, falls, skin breakdown and contractures

**Electronically Signed by Therapist:**

**Date:** 07/08/2011 7:33AM

I agree, and it is my intent, to sign this record/document and affirmation of electronic signature for electronic submission and printed record/document. I understand that my signing and submitting this record/document in this fashion is the legal equivalent of having placed my handwritten signature on the submitted record/document and this affirmation. I understand and agree that by electronically signing and submitting this record/document in this fashion I am affirming to the truth of the information contained therein.

# PT - Therapist Progress Report

07/14/2011

|  |                        |  |                      |
|--|------------------------|--|----------------------|
| PATIENT                                      | ID                     | HICN                                       | AYOR Medicare Part B |
| MED DX1<br>V57.1 PHYSICAL THERAPY NEC        | ONSET<br>06/30/2011    | MED DX2<br>518.81 ACUTE RESPIRATRY FAILURE | ONSET<br>06/30/2011  |
| TREATMENT DX1 718.49 JT CONTRACTURE-MULT JTS |                        | TREATMENT DX2                              |                      |
| START OF CARE 06/30/2011                     | END OF CARE 08/26/2011 | PHYSICIAN                                  |                      |

Number of Skilled Treatments: 5 since last report

Number of Missed Treatments: 0

| Goal Name | Goal  | Prior Level of Function 07/07/11                 | Current Level of Function  | Goal Date  |
|-----------|---|--|--|------------|
| PT        | Pt. Will present with increased ROM hip/knee joints by 10 degrees to assist in decreasing further contracture development and assist caregivers with hygiene/.positioning . | Splints for BLES not received as of this date. . | ROM B LE's is as follows: (L) hip: 130 - 127 (L) knee: 88 - 80, (R) hip: 120 - 110 (R) knee: 95 - 83                     | 08/03/2011 |
| PT 1      | Caregivers will be educated with donning/doffing/skin inspection and positioning of bilateral LE orthotics.   |  | Education is ongoing with nursing staff for the donning/doffing of bilateral orthotics and skin inspection techniques. . | 08/03/2011 |
| PT 2      | Pt. Will be able to tolerate donning of bilateral LE orthotics X 3 hrs. Without compromising skin integrity. .  |  | Pt is able to tolerate bilateral orthotics X 2 hrs without a compromise in skin integrity. .                             | 08/03/2011 |

**Patient continues to require skilled PT services to focus on:**

- 97010 - Hot/Cold Packs
- 97110 - Therapeutic exercise
- 97112 - Neuromuscular re-ed
- 97530 - Therapeutic activities
- 97760 - Orthotic mgmt and training

**Analysis of Functional Outcome / Clinical Impression:** Pt is able to tolerate bilateral orthotics X 2 hrs without a compromise in skin integrity.

**Skilled Services Provided since Last Report:** Caregivers educated with positioning and ROM of LE's to reduce risk of skin breakdown and further contracture development, PROM exercises to BLE's to increase range LE's

**Patient / Caregiver Training:** Caregivers educated for positioning while in bed and in the wheelchair to reduce risk of further contracture development and skin breakdown

**Remaining Functional Deficits / Underlying Impairments:** The remaining functional deficits include decreased ROM BLE's.

**Impact on Burden of Care / Daily Life:** Pt continues to require total A w/ all aspects of functional mobility activities.

**Updates to Treatment Approach:** Precautions include skin breakdown.

**Precautions:** universal, falls, skin breakdown and contractures

**Prognosis for Further Progress:** Good due to Positive results from previous treatment.

**Electronically Signed by Therapist:**

**Date:** 08/01/2011 1:26PM

I agree, and it is my intent, to sign this record/document and affirmation of electronic signature for electronic submission and printed record/document. I understand that my signing and submitting this record/document in this fashion is the legal equivalent of having placed my handwritten signature on the submitted record/document and this affirmation. I understand and agree that by electronically signing and submitting this record/document in this fashion I am affirming to the truth of the information contained therein.

# PT - Therapist Progress Report and Updated Plan of Care

07/26/2011

|  |                        |   |                       |
|--|------------------------|---|-----------------------|
| PATIENT                                      | ID                     | HICN  | PAYOR Medicare Part B |
| MED DX1<br>V57.1 PHYSICAL THERAPY NEC        | ONSET<br>06/30/2011    | MED DX2<br>518.81 ACUTE RESPIRATORY FAILURE | ONSET<br>06/30/2011   |
| TREATMENT DX1 718.49 JT CONTRACTURE-MULT JTS |                        | TREATMENT DX2                               |                       |
| START OF CARE 06/30/2011                     | END OF CARE 08/26/2011 | PHYSICIAN                                   |                       |

Number of Skilled Treatments: 9 since last report  
 Number of Missed Treatments: 0

| Goal Name | Goal   | Prior Level of Function 07/14/11   | Current Level of Function   | Goal Date  |
|-----------|--|--|---|------------|
| PT        | Pt. Will present with increased ROM hip/knee joints by 10 degrees to assist in decreasing further contracture development and assist caregivers with hygiene/positioning . | ROM B LE's is as follows: (L) hip: 130 - 127 (L) knee: 88 - 80, (R) hip: 120 - 110 (R) knee: 95 - 83 .                   | ROM BLE's is as follows: (L) hip: 130 - 127 (L) knee: 88 - 80, (R) hip: 120 - 110 (R) knee: 95 - 83 .   | 08/03/2011 |
| PT 1      | Caregivers will be educated with donning/doffing/skin inspection and positioning of bilateral LE orthotics.  | Education is ongoing with nursing staff for the donning/doffing of bilateral orthotics and skin inspection techniques. . | Education with nursing staff is ongoing for donning/doffing/skin inspection and positioning of bilateral orthotics to promote midline alignment and assist caregivers with hygiene. . | 08/03/2011 |
| PT 2      | Pt. Will be able to tolerate donning of bilateral LE orthotics X 3 hrs. Without compromising skin integrity. .   | Pt is able to tolerate bilateral orthotics X 2 hrs without a compromise in skin integrity. .                             | Pt is tolerating bilateral orthotics X 3 hrs without compromising skin integrity. .   | 08/03/2011 |

### Long Term Goals

| Goal Name | Goal  | Current Level of Function   | Goal Date  |
|-----------|---|---|------------|
| PT        | Caregivers will be independent with donning/doffing/skin inspection/positioning of LE's with bilateral orthotics. .   | Caregiver education is ongoing with nursing staff for donning/doffing/skin inspection and positioning of LE's with bilateral orthotics. . | 08/23/2011 |
| PT 1      | Pt. Will present with increased ROM bilateral Le's by 20 degrees to assist in preventing further contracture development and assisting caregivers with hygiene/positioning. . | ROM BLE's is as follows: (L) hip: 130 - 127 (L) knee: 88 - 80, (R) hip: 120 - 110 (R) knee: 95 - 83 .                                     | 08/23/2011 |
| PT 2      | Caregivers will be independent with donning/doffing/skin inspection/positioning of LE's with bilateral orthotics. .   |   | 08/23/2011 |

**Patient continues to require skilled PT services to focus on:**

- 97010 - Hot/Cold Packs
- 97110 - Therapeutic exercise
- 97112 - Neuromuscular re-ed
- 97530 - Therapeutic activities
- 97760 - Orthotic mgmt and training

**Analysis of Functional Outcome / Clinical Impression:** Pt is in better alignment with the application of bilateral orthotics (improved midline alignment). Pt is able to tolerate bilateral orthotics X 3 hrs.

**Skilled Services Provided since Last Report:** therex to BLE's in all planes to major muscle groups to decrease flexion contractures BLE's, gentle/prolonged stretching, gentle rocking, positioning, and caregiver ed for positioning to decrease risk for further contracture development/skin breakdown and to assist caregivers with ADL's.

**Patient / Caregiver Training:** Caregivers educated with positioning while in bed and in geri chair to promote midline alignment.

**Updates to Treatment Approach:** Precautions include further contracture development and skin breakdown.

**Remaining Functional Deficits / Underlying Impairments:** Pt remains with poor positioning of LE's while in bed and sitting in geri chair. Pt remains with LE's flexed and ext rotated without the application of bilateral LE orthotics.

**Impact on Burden of Care / Daily Life:** Complicating factors that prevented the patient from achieving all established goals include increased bilateral contractures both LE's.

**Precautions:** universal, falls, skin breakdown and contractures

**Frequency/Duration:** : 5 times a week for 4 weeks

**Prognosis for Further Progress:** Good due to Stable medical condition.

**Justification for Updated Plan of Care:** Updated plan of care completed to progress treatment plan and goals based on progression to date toward LTGs.

I HAVE REVIEWED THIS PLAN OF TREATMENT AND RECERTIFY A CONTINUING NEED FOR SERVICES.

**Recertification:**

**Physician Name:** \_\_\_\_\_

Signature Required

From **07/26/2011** To **08/22/2011**

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Electronically Signed by Therapist: \_\_\_\_\_

Date: 08/01/2011 1:28PM

I agree, and it is my intent, to sign this record/document and affirmation of electronic signature for electronic submission and printed record/document. I understand that my signing and submitting this record/document in this fashion is the legal equivalent of having placed my handwritten signature on the submitted record/document and this affirmation. I understand and agree that by electronically signing and submitting this record/document in this fashion I am affirming to the truth of the information contained therein.

## PT - Therapist Progress Report and Discharge Summary

08/26/2011

|  |                        |  |                      |
|--|------------------------|--|----------------------|
| PATIENT                                      | ID                     | HICN                                       | AYOR Medicare Part B |
| MED DX1<br>V57.1 PHYSICAL THERAPY NEC        | ONSET<br>06/30/2011    | MED DX2<br>518.81 ACUTE RESPIRATRY FAILURE | ONSET<br>06/30/2011  |
| TREATMENT DX1 718.49 JT CONTRACTURE-MULT JTS |                        | TREATMENT DX2                              |                      |
| START OF CARE 06/30/2011                     | END OF CARE 08/26/2011 | PHYSICIAN                                  |                      |

Number of Skilled Treatments: 11 since last report

Number of Missed Treatments: 0

| Goal Name | Goal  | Prior Level of Function 08/10/11 | Current Level of Function   | Goal Date  |
|-----------|---|----------------------------------|---|------------|
| PT        | Pt. Will present with increased ROM hip/knee joints by 10 degrees to assist in decreasing further contracture development and assist caregivers with hygiene/.positioning . |                                  | ROM (L): 130 - 120 (L)knee: 88 - 80, ROM (R): 120 - 112 (R) knee: 95 - 80 .   | 08/03/2011 |
| PT 1      | Caregivers will be educated with donning/doffing/skin inspection and positioning of bilateral LE orthotics.   |                                  | Education is complete with nursing staff. Caregivers demonstrated good carryover of donning/doffing bilateral LE orthotics. . | 08/03/2011 |
| PT 2      | Pt. Will be able to tolerate donning of bilateral LE orthotics X 3 hrs. Without compromising skin integrity. .  |                                  |   | 08/03/2011 |

**Analysis of Functional Outcome / Clinical Impression:** Pt is able to tolerate bilateral LE orthotics X 6 hrs without a compromise in skin integrity. Pt demonstrates improved body alignment with application of orthotics.

**Skilled Services Provided since Last Report:** therex to BLE's in all planes to major muscle groups to decrease flexion contractures BLE's, gentle/prolonged stretching, gentle rocking, positioning, and caregiver ed for positioning to decrease risk for further contracture development/skin breakdown and to assist caregivers with ADL's.

**Patient / Caregiver Training:** Caregivers educated with donning, doffing, skin inspection and positioning of LE's and bilateral LE orthotics.

**Summary of Skilled Services Provided since SOC:** therex to BLE's in all planes to major muscle groups to decrease flexion contractures BLE's, gentle/prolonged stretching, gentle rocking, positioning, and caregiver ed for positioning to decrease risk for further contracture development/skin breakdown and to assist caregivers with ADL's.

**Impact on Burden of Care / Daily Life:** Complicating factors that prevented the patient from achieving all established goals include bilateral LE contractures, decreased ROM and increased tightness BLE's.

**Precautions:** universal, falls, skin breakdown and contractures

**Discharge Plans:** Pt d/c'ed to LTC here at PHTC with restorative

**Electronically Signed by Therapist:**

**Date:** 09/09/2011 11:56AM

I agree, and it is my intent, to sign this record/document and affirmation of electronic signature for electronic submission and printed record/document. I understand that my signing and submitting this record/document in this fashion is the legal equivalent of having placed my handwritten signature on the submitted record/document and this affirmation. I understand and agree that by electronically signing and submitting this record/document in this fashion I am affirming to the truth of the information contained therein.