Physical Therapy Initial Evaluation & Plan of Care

Offender Name:		Offender #:	Time In/Out:
Mathias, Linwood C.	[redacted]	1163029	1:50 - 2:30

Referring Physician:	Primary Diagnosis:	Treatment Diagnosis:	Start of Care:
Dr. Toney	Lt lower leg wounds	Generalized weakness, ↓ AROM & pain.	4-14-2017

Allergies/Precautions:	Date of Onset:
NKDA, allergic to bee stings.	3/15/2017

Reason for Referral: patient is 38 yr old male s/p left injury to lower leg via dog bites. His 1° c/o is 1° pain & ↓ knee ROM. He's been referred for PT eval & tx.

History of Present Illness/Injury: Pt was injured on left lower leg on 3/15/2017 when dog attacked his left leg. He was in altercation. He was sent to Mountain View Hosp. The stitches were removed by Dr. Dobbs in April 2017. Pt arrived @ PRC one week ago.

Past Medical History: No significant medical history

SUBJECTIVE: Pt worked in kitchen @ Red Onion 2:30a - 5pm. throughout the week.

OBJECTIVE: Vitals Not taken.

Vitals: Blood Pressure: _____ Temperature: _____ Heart Rate: _____ Respiration Rate: _____ Oxygen Saturation: _____

PAIN: ○ No ☑ Yes, Current Level: 10/10 At Worst: 10+/10 At Best: 5/10 Location: Left calve Quality: Sharp pain, throbbing

Orientation, Cognition & Learning:

Orientation: A&O x 4 Safety: good. Learning Barriers: Intact

Strength (0-5)

MMT	Grade
(L) LE - unable to test 2° ↑ pain	
(R) LE	5/5

Range of Motion

Motion	PROM	AROM
(L) Knee	→ -30°	-90°
(R) LE		WNL
(L) DF	unable	

Bed Mobility:

	Ind	MI	SBA	CGA	Min	Mod	Max
Rolling:	☐	☑	☐	☐	☐	☐	☐
Supine/Sit:	☐	☑	☐	☐	☐	☐	☐

Comments: Difficult to find comfortable position.

Transfers:

	Ind	MI	SBA	CGA	Min	Mod	Max
Sit/Stand:	☐	☑	☐	☐	☐	☐	☐
Bed/Chair:	☐	☑	☐	☐	☐	☐	☐

Comments: uses w.c.

Special Tests: N/A

Balance Tests: Not formally assessed.

Distance: 10' Assistive Device: RLE FWW RW.

Assistance Required: Supervision

Gait Deviations: NWB on left LE, ↓ gait speed.

Stairs: Not assessed.

Static Sitting Balance	☑	☐	☐	☐	☐
Dynamic Sitting Balance	☑	☐	☐	☐	☐
Static Standing Balance	☐	☐	☑	☐	☐
Dynamic Standing Balance	☐	☐	☑	☐	☐

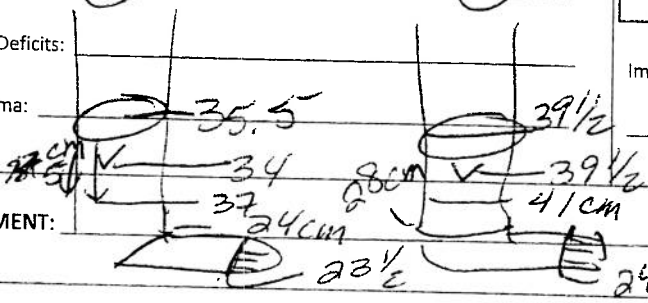
Comments:

Sensation: (R) lower leg

Area(s) Assessed: (R) (L)

Areas of Deficits:

Skin/Edema:



Endurance/Activity Tolerance:

☐ Normal ☐ Good ☑ Fair ☐ Poor

Impact on functional ability:

ASSESSMENT: Pt presents c significant swelling in left lower leg impacting his ability to flex his knee & ankle. He may also have incurred nerve damage to anterior tibialis affecting his ankle motion + unable to assess strength of left LE at time of eval 2° pain.

PLAN OF CARE: Skilled intervention to include - manual therapy for edema management modalities, therapeutic exercise, neuromuscular re-education, gait & transfer training, HEP and pt education.

SHORT TERM GOALS: 1) Pt will demonstrate (I) and 100% compliance c HEP 2) Pt will improve (R) knee AROM to -40° and knee AROM to 120° 3) Pt will report ≤ 8/10 left LE pain.

LONG TERM GOALS: 1) Pt will ambulate x 300' using LRAD @ mod I 2) Pt will increase (R) LE strength to 4/5 3) Pt will improve LE & core strength as indicated c 30s Chair Rise c ≥ 10 reps 4) Pt to ↑ AROM (L) knee to -10° & ↑ to 130°

Rehab Potential: ☐ Excellent ☐ Good ☑ Fair (+) Frequency/Duration: 1-2x/wk x 8wks ☐ DC Services

Therapist's Signature: [signature] PT, DPT, CEAS III, CCS Date: 4-14-2017

☑ *Therapist discussed and reviewed plan of care and goals with patient. Patient is agreeable to all discussed and documented above.*

Physician's Name and Address	*I certify the need for these services furnished under this plan of treatment and while under my care.*
	Certification From 4/14/2017 Through 6/14/17 N/A
Physician's Signature and Date Signed:	*Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal Funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.*

Patient Name: Mathias, Kinwood C

[signature] 4/14/17 1404