

VITAL SIGNS:				
HR:	BP:	Resp:	SaO ₂ :	Position/Activity:
HR:	BP:	Resp:	SaO ₂ :	Position/Activity:
HR:	BP:	Resp:	SaO ₂ :	Position/Activity:
NL	NE	VENTILATION / GAS EXCHANGE		
		Ventilatory Support:		
		Breath Sounds:		
		Breathing Pattern:		
		Cough:		
		Incentive Spirometer:		
		INTEGUMENT: (Skin Temperature, Discoloration, Edema, Incision)		
		NEUROMOTOR PERFORMANCE		
		Motor Control / Synergy / Coordination:		
		Tone / Clonus:		
		Sensation:		
		Light Touch:		
		Proprioception:		
		Other:		
		PAIN: (Location[s], intensity, duration, frequency, character)		
		Yes / No:		
JOINT MOBILITY / MUSCLE PERFORMANCE				
Range of Motion: Right UE: WFL / NE		Left UE: WFL / NE		Neck: WFL / NE
Right LE: WFL / NE		Left LE: WFL / NE		Trunk: WFL / NE
				Dominant Side
				L R
Strength:Grossly functional by visual observation: <input type="checkbox"/> RUE <input type="checkbox"/> LUE <input type="checkbox"/> RLE <input type="checkbox"/> LLE				
		WFL	NE	L R.O.M. R
				NL NE L STRENGTH R
Shoulder:	Flexion 0-180			
	Extension 0-50			
	Abduction 0-180			
	Adduction 0-45			
Elbow:	Flexion 0-145			
	Extension 0-0			
Wrist:	Flexion 0-70			
	Extension 0-70			
Grasp:				
Hip:	Straight Leg Raise			
	Flexion 0-120			
	Extension 0-25			
	Abduction 0-45			
	Adduction 0-30			
Knee:	Flexion 0-135			
	Extension 0-0			
Ankle:	Dorsiflex 0-20			
	Plantarflex 0-50			
	Great Toe Extension			

COMMENTS: _____

Signature _____

Pic #: _____ Date _____

PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#



0300006

PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

PHYSICAL THERAPY SERVICES - PHYSICAL THERAPY EXAMINATION (3 of 4) NL: Normal NE: Not Evaluated

NL	NE	POSTURE										
		Supine Posture:										
		Sitting Posture:										
		Standing Posture:										
		BALANCE / POSTURAL RESPONSES										
		Sitting:										
		Standing:										
		Vestibular Status: <input type="checkbox"/> No apparent deficits										
		FUNCTIONAL MOBILITY	NE	Method	I	SBA	Min. A	Mod. A	Max. A	Total A	Cues	
		ROLLING										
		SUPINE → SIT										
		SIT → SUPINE										
		SIT → STAND										
		STAND → SIT										
		TRANSFERS (CHAIR/WC)										
NL	NE	GAIT: (Distance, Assist, Device, Deviation, Stairs, Curbs) / Wheelchair skills (Mobility, management)										
		TREATMENT: <input type="checkbox"/> Evaluation <input type="checkbox"/> Mobility Training <input type="checkbox"/> Therapeutic Exercise <input type="checkbox"/> D/C Planning										
		EDUCATION:										
		Identified barriers: <input type="checkbox"/> None <input type="checkbox"/> Cognitive <input type="checkbox"/> Literacy <input type="checkbox"/> Emotional <input type="checkbox"/> Language <input type="checkbox"/> Vision <input type="checkbox"/> Hearing										
		Method: <input type="checkbox"/> Demonstration <input type="checkbox"/> Explanation <input type="checkbox"/> Handout <input type="checkbox"/> Translator <input type="checkbox"/> Other:										
		Topic: <input type="checkbox"/> Role of PT <input type="checkbox"/> Precautions <input type="checkbox"/> Exercise <input type="checkbox"/> Safety / Falls <input type="checkbox"/> Equipment										
		Taught / Response: Patient / Other: <input type="checkbox"/> Understands/Demonstrates										
		Patient / Other: <input type="checkbox"/> Needs Review/Reinforcement										
		Patient / Other: <input type="checkbox"/> No evidence of learning										
		Plan: <input type="checkbox"/> No educational needs at this time <input type="checkbox"/> Education to follow (see goals/plan of care)										
		IMPAIRMENTS AT TIME OF EXAMINATION:										
		Joint integrity / mobility	Tone									Cognition
		Range of motion / muscle length	Balance / Vestibular									Coordination
		Muscle performance (strength)	Aerobic capacity / endurance									Motor control
		Posture	Ventilation, respiration (gas exchange), circulation									Vision
		Pain	Integumentary integrity									Sensation
		FUNCTIONAL LIMITATIONS:										
		Bed mobility	Transfers	Gait	Home activities	Community activities	W/C mobility					