

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		Dominant Side			
Right LE: WFL / NE		Left LE: WFL / NE		Trunk: WFL / NE		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 <input type="checkbox"/> Needs Review/Reinforcement <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	

