

Initial: \_\_\_\_\_ Annual: \_\_\_\_\_ Change in Status: \_\_\_\_\_ Discharge: \_\_\_\_\_ Date: \_\_\_\_\_

CVH-334      **CONNECTICUT VALLEY HOSPITAL**  
Rev 10/05      **PHYSICAL THERAPY EVALUATION AND PLAN OF CARE**

[ ] General Psychiatry Division      Name: \_\_\_\_\_ Sex:    M \_\_\_\_\_    F \_\_\_\_\_  
[ ] Whiting Forensic Division      MPI #: \_\_\_\_\_      Unit#: \_\_\_\_\_  
[ ] Addiction Services Division      Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Treating Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_  
Medical History: \_\_\_\_\_

Psychiatric History: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_ Smoker: Yes \_\_\_\_\_ No \_\_\_\_\_

Pertinent Medications: \_\_\_\_\_

Prior Level of Function: \_\_\_\_\_

Discharge Plan/Anticipated Occupation: \_\_\_\_\_

**Cardiopulmonary:** \_\_\_\_\_ ( ) No deficits

**Ability to Follow Commands/Orientation:** \_\_\_\_\_

**Safety Awareness Deficits:** ( ) Yes    ( ) No      **Fall Risk:**      Yes \_\_\_\_ No \_\_\_\_  
Explain: \_\_\_\_\_

**Physical:**

**Range of motion:**

Upper Extremities	( ) WNL
Lower Extremities	( ) WNL
Neck/Trunk	( ) WNL

**Strength:**

Upper Extremities	( ) WNL
Lower Extremities	( ) WNL
Neck/Trunk	( ) WNL

Sensory/Motor:	Impairment		Comments:
	Yes	No	
Sensation			
Muscle Tone			
Pain (refer to pain diagram on last page)			
Reflexes			
Swelling/Edema			
Skin Integrity			
Coordination			
Proprioception			
Posture			
Balance			

Dep=Dependent; Max=Maximal Assist; Mod=Moderate Assist; Min=Minimal Assist; CG=Contact Guard; S=Supervision; I=Independent

Functional Capacity:	Dep	Max	Mod	Min	CG	S	I	Comments
Rolling								
Bridging/ Scooting								
Supine <--> Sit								
Sit <--> Stand								
Bed <--> Chair Transfers								
Toilet Transfers								

Locomotion	Assistance Required	Assistive Device	Distance
Gait			
Stairs			
Uneven Surfaces/ Ramps			
Wheelchair Mobility			

Name: \_\_\_\_\_ MPI# \_\_\_\_\_

**Gait Deviations:**

☐ Normal    ☐ Wide Based    ☐ Decreased Cadence    ☐ Antalgic    ☐ Uneven Stride Length  
☐ Ataxic    ☐ Hemiplegic    ☐ Other: \_\_\_\_\_  
☐ Festinating

**Seating & Positioning Issues:**

☐ Normal    ☐ Leans Laterally    ☐ Leans Forward    ☐ Asymmetric Sitting  
☐ Pelvic Obliquity    ☐ Other: \_\_\_\_\_

Type of Wheelchair: \_\_\_\_\_

**Safety Devices In Use:**

☐ Seat Sensor    ☐ Bed Sensor    ☐ Seatbelt Alarm  
☐ Other: \_\_\_\_\_

**Assessment:** \_\_\_\_\_

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**Recommendations:** \_\_\_\_\_

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**Treatment Goals:** \_\_\_\_\_

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**Treatment Plan:** \_\_\_\_\_

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**Frequency:** \_\_\_\_\_

**Assessment and Treatment Plan Discussed with Patient?**    ☐ Yes    ☐ No

*If no, reason:* \_\_\_\_\_

\_\_\_\_\_  
**Signature, Title of Therapist / Printed Name**

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

## ROM/STRENGTH

LEFT				RIGHT	
ROM	Strength			ROM	Strength
		<b>NECK</b>	Flexors		
			Extensors		
		<b>TRUNK</b>	Flexors		
			Rotators		
			Extensors		
			Pelvic Elevation		
		<b>HIP</b>	Flexors		
			Extensors		
			Abductors		
			Adductors		
			Lateral Rotators		
			Medial Rotators		
		<b>KNEE</b>	Flexors		
			Extensors		
		<b>ANKLE</b>	Plantar Flexors		
			Dorsal Flexors		
		<b>FOOT</b>	Invertors		
			Evertors		
		<b>SCAPULA</b>	Abductors/Adductors		
			Elevators/Depressors		
		<b>SHOULDER</b>	Flexors		
			Extensors		
			Abductors		
			Adductors		
			Horizontal Abductors		
			Horizontal Adductors		
			Lateral Rotators		
			Medial Rotators		
		<b>ELBOW</b>	Flexors		
			Extensors		
		<b>FOREARM</b>	Supinators		
			Pronators		
		<b>WRIST</b>	Flexors		
			Extensors		

### Pain Diagram

/// Stabbing	000 Pins & Needles
xxx Burning	= = = Numbness
+++ Aching	

