

CONNECTICUT VALLEY HOSPITAL

PHYSICAL THERAPY SERVICES

Physical Therapy Evaluation

Physical Therapy Services will provide a Physical Therapy Evaluation upon referral from an independent licensed practitioner (Psychiatrist, Ambulatory Care Physician, APRN, Physician's Assistant, Dentist, Podiatrist, etc.). The practitioner will write an order for a Physical Therapy Evaluation in the physician's order section of the patient's chart. An assessment will be completed. However, if the patient is unable to tolerate a full evaluation, an initial report will be submitted prior to the Master Treatment Plan. This report can be brief and based on observation, but should include recommendations that can be incorporated into the goals of the Master Treatment Plan. A formal evaluation will then be completed as soon as the patient can comply. In addition to annual re-assessments, a complete evaluation will be done when the patient's condition changes significantly or if there is a significant change in diagnosis. A Discharge Summary will be completed within one month of discharge to the community.

Physical Therapy Evaluation Form CVH-334

Guidelines for the use of this form follows:

- 1) Basic information is entered as indicated on the form including; the Type of Evaluation, Patient's Name, MPI#, Division, Unit, Date of Admission, Date of Birth, Age, Sex, Treating Diagnosis, Medical and Psychiatric History, Height, Weight, BMI, Smoking History, Medications, Date of Onset of Present Illness if Known, Prior Level of Functioning, Proposed Discharge Plan and Anticipated Occupation.
- 2) Cardiopulmonary: Note if a person has respiratory or cardiac problems that may interfere with their ability to participate in Physical Therapy or other exercise programs. Endurance for physical activity should also be assessed. A specific Cardiorespiratory evaluation may be completed if indicated (CVH-448).
- 3) Ability to Follow Commands/ Orientation: Note if the patient is able to follow one, two or three part commands. Note if the patient is oriented to person, place, and time and if they are aware of why they were referred to Physical Therapy Services.
- 4) Safety Awareness Deficits/ Fall Risk: Associated with #3 is the awareness of losses and the ability to make needed changes to prevent injuries and falls.
- 5) Range of Motion: Perform passive/active ROM testing and check "within normal limits" (WNL). Delineate specific joints of the upper extremities, lower extremities or neck and trunk that are involved and range when indicated. **The back of second page has an area for a more complete reporting chart for strength

and ROM. Specific Lower Extremity or Spinal evaluation may be completed if indicated (CVH-504 or CVH-462).

- 6) Strength: Using manual muscle testing and check “within normal limits” (WNL). Delineate specific muscles of the upper extremities, lower extremities or neck and trunk that are involved and strengths when indicated. **The back of second page has an area for a more complete reporting chart for strength and ROM. A specific Muscle Examination evaluation may be completed if indicated (CVH-513).
- 7) Sensory/Motor: Note whether there is an impairment or not and if so comment on the specific area and test results involved for Sensation, Muscle Tone, Pain (if necessary a more accurate body diagram is available on the back of the second page), Reflexes, Swelling/Edema, Skin Integrity, Coordination, Proprioception, Posture and Balance.
- 8) Functional Capacity: Note the level of ability required by the patient to complete each of the following activities – rolling, bridging/scooting, transfers supine to sit and sit to supine, transfers sit to stand and stand to sit, transfers bed to chair and chair to bed and transfers wheelchair to toilet and toilet to wheelchair or standing to toilet and toilet to standing. Describe assistance needed by using the following codes; Dep=Dependent, Max=Maximal Assistance, Mod=Moderate Assistance, Min= Minimal Assistance, CG=Contact Guard, S= Supervision and I=Independent. Make any additional comments needed including type of lift or other assistive device used.
- 9) Locomotion: Note the assistance required, the assistive device(s) used and the distance that the patient is able to move when walking on level and uneven surfaces, ramps, climbing stairs and/or when propelling a wheelchair. A specific Stair Climbing evaluation may be completed if indicated (CVH-501).
- 10) Gait Deviation: Note the type of gait pattern that the patient demonstrates and other pertinent information. A specific Gait Analysis may be completed if indicated (CVH-505).
- 11) Seating & Positioning Issues: Note the type of wheelchair used. Note any seating deviations present.
- 12) Safety Devices In Use: Note if a safety awareness issue is present which makes an alarm necessary to permit the staff time to respond to the patient standing and walking or moving from their wheelchair. Note the type of alarm being used.
- 13) Assessment: A summary of findings from the evaluation should be written with emphasis on strengths and weaknesses. For re-assessments, response to treatment should be included.

- 14) Recommendations: Patient needs will be identified and priorities recommended.
- 15) Goals of Treatment: Long term goals and short term objectives will be written in measurable terms based on the priorities determined from the assessment.
- 16) Treatment Plan: Treatment including modalities, education, and monitoring will be outlined. Recommended frequency of treatment should be included.
- 17) Frequency: Note the days, times and location of where the patient will be treated.
- 18) All assessments and treatment plans should be discussed with the patient. If this is not possible, the reason should be indicated.
- 19) The evaluating therapist should sign and date the evaluation. The therapist name and title should be printed legibly.