

PHYSICAL THERAPY TREATMENT FLOW SHEET

Revised 8/21/08

NAME: JONES, S Diagnosis: HEMIPARESIS CVA @ R Freq&Units: 2 UNITS I+G Month&Year: AUGUST 2008

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Prosthetic																															
Gait trng	✓																														
Distance	125'																														
Assistance	MIN																														
Device	RW																														
Transfers	✓																														
sup◇sit																															
sit◇stand	MIN																														
wc◇mat																															
Balance	✓																														
Sitting																															
Standing	F																														
Ther-Ex	✓																														
Repetitions	20%																														
Wt used	2.0																														
Stretching	✓																														
Bike																															
Stairs																															
T-band/ball	Red																														
HEP	✓																														
Endurance	F																														
Safety																															
Sensory																															
Unit (1-C-6)	2-2																														
Tx Time	55																														
Tx Code	T1																														
Initials of	JS																														
PT/PTA																															

EXAMPLE

Treatment Codes: T1 = Good Tolerance; T2 = Fair Tolerance; T3 = Poor Tolerance; A = Absent; R = Refused; W = Withheld; N = See narrative on back.
 Standing / Sitting Balance: A=Absent; Poor (-/+)=P; Fair (+)=F; Good (+)=G; Normal=NM Safety: N=Normal, G=Good, F=Fair, P=Poor
 Units I=Individual, C=Concurrent up to 4, G=Group up to 8 Units I>=8-15, 2=16-30, 3=31-45, 4=46-60

Impairments: LE 4/S, FAIR ENDURANCE, MIN A. E R-W AMBULATION, FAIR STAND, MIN A E TRANSFERS

PT Signature: Jane Smith, DPT Initials: JS PTA Signature: _____ Initials: _____
 Monthly Summary