

EXAMINATION & PLAN OF CARE WORKSHEET



Name: _____

Visit Date: _____

KEY TESTS & MEASURES

- 1. Aerobic Capacity/Endurance _____
- 2. Anthropometric Characteristics _____
- 3. Arousal, Attention, and Cognition _____
- 4. Assistive and Adaptive Devices _____
- 5. Circulation (Arterial, Venous, Lymphatic) _____
- 6. Cranial and Peripheral Nerve Integrity _____
- 7. Environment, Home, and Work Barriers _____
- 8. Ergonomic and Body Mechanics _____
- 9. Gait, Location, and Balance _____
- 10. Integumentary Integrity _____
- 11. Joint Integrity and Mobility _____
- 12. Motor Function (Control and Learning) _____
- 13. Muscle Performance (Strength/Endurance) _____
- 14. Neuromotor Development/Sensory Integration _____
- 15. Orthotic, Protective, and Supportive Devices _____
- 16. Pain _____
- 17. Posture _____
- 18. Prosthetic Requirements _____
- 19. Range of Motion (Muscle Strength) _____
- 20. Reflex Integrity _____
- 21. Self Care/Home Management (Daily Living) _____
- 22. Sensory Integrity _____
- 23. Ventilation and Respiration (Gas Exchange) _____
- 24. Work/Community/Leisure (Re)Integration _____
Job/School/Play

Notes

OTHER SIGNIFICANT OBJECTIVE TESTS & MEASURABLE FINDINGS

EVALUATION

DIAGNOSIS/IMPRESSION

- Patient presents with signs and symptoms consistent with the above diagnosis.
- Precautions and contraindications are consistent with the above diagnosis.

PROGNOSIS

- Patient will return to prior activity level.
- Patient is expected to reach this level within ___ weeks / months.

RECOMMENDED TREATMENT FREQUENCY & DURATION

- Patient will be seen on a ___ per week basis for a period of ___ weeks / months.
- We will strive to address this complaint within a ___ week / month timeframe.
- Patient will be seen until all anticipated goals and outcomes are met.
- The patient is no longer making progress toward his/her predicted, optimal level of function.

Insurance Coverage and/or Limitations

OUTCOMES FOR PRINCIPAL IMPAIRMENTS

Anticipated short-term goals to be reached within ___ weeks.

1. _____
2. _____
3. _____
4. _____
5. _____

Anticipated long-term goals to be reached within ___ weeks / months.

1. _____
2. _____
3. _____
4. _____
5. _____

INTERVENTIONS

- Coordination, Communication, Documentation; Client Related Instruction; Direct Interventions
- Therapeutic Exercise
- Functional Training in Self-Care and Home Management, Functional Training in Community and Work Re-Integration
- Manual Therapy Techniques will be utilized as needed.
- Prescription, Application, and Fabrication of Devices and Equipment as deemed appropriate.
- Electrotherapeutic Modalities, Physical Agents, and Mechanical Modalities will be used as an adjunct measure.

- Examination/evaluation findings, treatment plan, goals, and limitation plan were explained to/discussed with the patient in detail.
- Informed Consent obtained.

Diagnosis Comments

Prognosis Comments

Principal Impairments

Interventions

Clinician Initials: _____ Date: _____ Dictated By Initials: _____ Date: _____