



The Rehab Clinic of Nashville
 111 10th Avenue South
 Nashville, TN 37203

Your ticket to Perfection!

Phone: 615.259.3605
 Fax: 615.259.3602

Physical Therapy

Initial Evaluation / Examination

Patient Name: Omalley, Presley **Date:** 6/16/2008
Medical Record #: 000001 **DOB:** 6/16/2002
Account #: 111000 **Treating Clinician:** Blair Morris, PT
Provider: Blair's House of Rehab
Provider #: **SOC Date:** 6/16/2008

Patient Information

Address: 8769 West 8th St. **Physician:** Pat Sells
 Lafayette, Illinois 98638 **Physician #:**

Occupation: Unknown **# of Approved Visits:** 40
Gender: Female **Medicare #:**
Contact Person: Megan Omalley **Medicaid #:** 879762343

Rehabilitation Information / History

	Onset Date	Code	Description
Primary Diagnosis:	6/2/2007	952.04	C1-C4 Level With Oth Spec Spinal Cord Injury
Other Diagnosis:	6/2/2008	854.00	Closed Head Injury, Traumatic
Preferred Practice Pattern: Neuromuscular C: Impaired motor function/sensory integrity associated w/nonprogressive disorders of CNS-congenital origin or acquired in infancy/childhood			
Recent Physical Therapy: None within the last sixty days			
Required Equipment: Wheelchair; Bedside commode; Posterior Kaye Walker			
Prior Functional Status: Independent with no pain or limitation in ambulation, IADL's, work or recreation			
Weight Bearing Status: No restrictions			
Safety Measures: Instruct patient and/or family in safety precautions			
Rehabilitative Prognosis: Good rehab potential to reach the established goals			
Mental Status: Alert and oriented in all spheres - requires encouragement to be cooperative			
Concerns that led patient to Physical Therapy: Decreased functional ability			
Patient/Caregiver is aware of and understands his/her diagnosis and prognosis:			Yes
Patient has a history of behavioral health risks:			No
Assessment Method: Clinical Observation; Parent/Caregiver Interview; Records Review			
Case History: Child within normal limits with all development prior to onset. Child was involved in a motor vehicle accident on 6/2/07 and suffered incomplete spinal cord injury to C2-C3 and a closed head injury with right brain bleed resulting in left hemiparesis. Child underwent surgical stabilization of C2-C3 on 6/12/07, with halo stabilization for 6-8 weeks. No known allergies. Regular diet.			
Medication List: Baclofen, Botox Injections			
Education Level: Kindergarten			
School Name: Summit County Schools			
Communication: Attempts to verbally communicate but is difficult to understand; Parent/Caregiver communicates child's needs; Able to understand simple phrase			
Communication/Learning Style Comments: Communication skills sufficient to progress through treatment			
Behavior / Cognition: Age appropriate cognition and behavior; Attention appropriate for age and activity;			

Patient Name: Omalley, Presley

Date: 6/16/2008

Medical Record #: 000001

DOB: 6/16/2002

Account #: 111000

Treating Clinician: Blair Morris, PT

Provider: Blair's House of Rehab

Provider #:

SOC Date: 6/16/2008

Functional Measures**Supine To/From Sit****Initial:** Supervision - Standby assistance - side lying and pushing up with arms and cueing**Goal:** Independent - Using abdominal muscles**Sit To/From Stand****Initial:** Extensive - Maximal assistance of one - Using both hands**Goal:** Independent - Using one hand**Transfer To/From Bed****Initial:** No assistive device- Extensive - Maximal assistance of one**Goal:** No assistive device - Independent**Transitional Movements- Rolling****Goal Completion Date:** 10/1/2008**Initial:** Limited - Minimal assistance**Goal:** Independent**Transitional Movements- Prone on Elbows****Goal Completion Date:** 9/1/2008**Initial:** Hypertonicity interferes with ability to assume prone on elbows**Goal:** Able to maintain prone on elbows once placed into position**Transitional Movements- Kneeling****Goal Completion Date:** 10/1/2008**Initial:** Unable to maintain balance and midline orientation while in tall kneeling**Goal:** Able to maintain balance and midline orientation while tall kneeling**Ambulation on Even Terrain****Goal Completion Date:** 10/1/2008**Assistive Device:** Posterior Kaye Walker**Initial:** Supervision - standby assistance with cueing**Goal:** Independent

Distance	Time
5 Feet	30 Seconds
300 Feet	2 Minutes

Self Care Activities**Goal Completion Date:** 9/16/2008**Activities:** Dressing**Initial:** Unable to place extremity in garment**Goal:** Able to place extremity in garment

Functional characteristics and analysis: Child is able to stand with minimum assist to stand by assistance for up to 30 second intervals. Child ambulates with posterior Kaye walker with bilateral upper extremity supports with minimum assistance and minimum to moderate verbal cues and facilitation due to scissor gait. Child is unable to actively dorsiflex and requires minimum to moderate facilitation for decreased scissoring and increased step length on the left. Child uses moderate extensor thrust to propel walker forward.

Functional Goals; Long Term: Child to maintain short sit independent for 10 minutes

Child be able to perform active range of motion bilateral lower extremities within normal limits for hip flexion, knee flexion/extension, and ankle dorsiflexion

Child to perform stand pivot transfers from wheelchair to level surfaces with min assist 3/5 times with verbal cues

Child to roll from supine to prone and reverse 5/5 times.

Parent will be independent with home exercise program for positioning, strengthening and range of motion.

Patient Name: Omalley, Presley
Medical Record #: 000001
Account #: 111000
Provider: Blair's House of Rehab
Provider #:

Date: 6/16/2008
DOB: 6/16/2002
Treating Clinician: Blair Morris, PT
SOC Date: 6/16/2008

Physical Findings

Pain

Site: Extremity Pain - Bilateral Lower; At Rest 0/10; With Activity 6/10; Dull; Localized

Exacerbating Factors: Standing for 3 minutes or more; Walking; Stretching;

Relieving Factors: Rest; Heat to the affected area;

Goals for Pain: Child to be able to tolerate 5 minutes of standing without pain.

Additional Comments on Pain: Difficult to assess accurately due to age and cooperation. Child complains lower extremity "hurting" while standing.

Balance

Balance		Goal Completion Date: 10/1/2008
	Position: Sitting in chair	Action: Static
	Initial: Maintains balance with two hand stabilization	
	Goal: Maintains balance during static task	
Balance		Goal Completion Date: 10/1/2008
	Position: Standing with eyes open	Action: Dynamic
	Initial: Unable to maintain balance without assistive device or restraint	
	Goal: Able to maintain balance without assistive device or restraint	
Balance Comments: Poor sitting balance and postural control in all position while sitting. Static standing balance up to 30 seconds with stand by assistance. Dynamic standing poor.		

Posture

Posture Goals: Maintain erect position to complete functional activity

Reflexes: Bilateral lower extremity clonus is severe.

Clonus (Positive)

Special Orthopedic Tests of the Extremities

Palpation Sites

Location: Muscle - gastrocnemius - Left

Finding: Muscle tightness - moderate in more than one muscle

Location: Muscle - gastrocnemius - Right

Finding: Muscle tightness - severe in more than one muscle

Location: Muscle-Hamstrings-Bilateral

Finding: Muscle tightness - severe in more than one muscle

Specific Joints

(Note: Blank indicates Strength / Range of Motion are within functional limits or not tested)

Initial Eval Level				Goal			
Hip	Strength		Active ROM		Passive ROM		
	Right	Left	Right	Left	Right	Left	
Flexion:			25°	25°			120° 120°
Abduction:			15°	15°			40° 40°
Adduction:			15°	15°			30° 30°

Hip Comments: Hip PROM within normal limits.

Patient Name: Omalley, Presley

Date: 6/16/2008

Medical Record #: 000001

DOB: 6/16/2002

Account #: 111000

Treating Clinician: Blair Morris, PT

Provider: Blair's House of Rehab

SOC Date: 6/16/2008

Provider #:

Initial Eval Level						Goal							
Knee	Strength		Active ROM		Passive ROM		Knee	Strength		Active ROM		Passive ROM	
	Right	Left	Right	Left	Right	Left		Right	Left	Right	Left	Right	Left
	Flexion		35°	35°				Flexion		145°	145°		
	Extension		5°	5°				Extension		0°	0°		

Knee Comments: Knee PROM within normal limits with significant tightness in bilateral hamstrings.

Initial Eval Level						Goal							
Ankle	Strength		Active ROM		Passive ROM		Ankle	Strength		Active ROM		Passive ROM	
	Right	Left	Right	Left	Right	Left		Right	Left	Right	Left	Right	Left
	DorsiFlexion		-20°	-20°	4°	0°		DorsiFlexion		10°	10°	15°	15°

Impairment Observations

Child appears uncomfortable while standing. Child states she is "hurting" after standing with minimum assistance to stand by assistance for five 30 second intervals. Child is functionally poor in dynamic tasks. Bilateral lower extremities demonstrate severe hypertonus with moderate extensor thrust. Bilateral upper extremities also demonstrate hypertonus.

Interventions (CPT Code)

- Extremity (Excluding Hands) - Range of Motion Measurements 95851
- Manual Therapy Techniques - 1+ Regions 97140
- Muscle Testing - Manual - Extremity (Excluding Hands) 95831
- Gait Training &/or Stair Climbing - Therapeutic Procedure - 1+ Areas 97116
- Evaluation - Physical Therapy 97001
- Neuromuscular Reeducation - Therapeutic Procedure - 1+ Areas 97112
- Therapeutic Exercises - Therapeutic Procedure - 1+ Areas 97110
- Ultrasound - Modality to 1+ Areas - Each 15 Min 97035

Frequency of PT: Three times weekly

Duration of PT: 6 months

<i>Blair Morris, DPT</i>	
Blair Morris, PT	7/7/2008 9:48:22 AM
State License #: 01	Date/Time



The Rehab Clinic of Nashville
 111 10th Avenue South
 Nashville, TN 37203

Your ticket to Perfection!

Phone: 615.259.3605
 Fax: 615.259.3602

Physical Therapy

Plan of Care (Re-Evaluation)

Patient Name: Omalley, Presley
Medical Record #: 000001
Account #:
Provider: Blair's House of Rehab
Provider #:

Date: 9/15/2008
DOB: 6/16/2002
Treating Clinician: Blair Morris, PT
SOC Date: 6/16/2008

Medicare #:
Medicaid #: 879762343
Certification From: 6/16/2008
Service From: 6/16/2008
Hospitalized From: 6/2/2007

Visits From SOC: 1
Certification To: 9/16/2008
Service To: 12/16/2008
Hospitalized To: 7/10/2007

	Onset Date	Code	Description
Primary Diagnosis:	6/2/2007	952.04	C1-C4 Level With Oth Spec Spinal Cord Injury
Other Diagnosis:	6/2/2008	854.00	Closed Head Injury, Traumatic

Current Level

Goals

Supine To/From Sit: Supervision - Standby assistance - using abdominal muscles
 Sit To/From Stand: Extensive - Moderate assistance - No use of hands
 Transfer To/From Bed: No assistive device - Independent with difficulty
 Rolling: Independent
 Prone on Elbows: Hypertonicity interferes with ability to assume prone on elbows
 Kneeling: Unable to maintain balance and midline orientation while in tall kneeling
 Ambulation on Even Terrain: Posterior Kaye Walker, Supervision - standby assistance, 250 Feet, 3 Minutes
 Self Care Activities: Dressing, Able to place extremity in garment
 Balance: Position: Sitting in chair, Action: Static, Maintains balance during static task
 Balance: Position: Standing with eyes open, Action: Dynamic, Maintain balance with challenge
 Pain: Extremity Pain - Bilateral Lower; At Rest 0/10; With Activity 3/10; Dull; Localized

Supine To/From Sit: Independent - Using abdominal muscles
 Sit To/From Stand: Independent - Using one hand
 Transfer To/From Bed: No assistive device - Independent
 Rolling: Independent by 9/15/2008 - Met
 Prone on Elbows: Able to maintain prone on elbows once placed into position by 9/1/2008
 Kneeling: Able to maintain balance and midline orientation while tall kneeling by 10/1/2008
 Ambulation on Even Terrain: Posterior Kaye Walker, Independent, 300 Feet, 2 Minutes by 10/1/2008
 Self Care Activities: Dressing, Able to place extremity in garment by 9/15/2008 - Met
 Balance: Position: Sitting in chair, Action: Static, Maintains balance during static task by 9/15/2008 - Met
 Balance: Position: Standing with eyes open, Action: Dynamic, Able to maintain balance without assistive device or restraint by 10/1/2008
 Posture: Maintain erect position to complete functional activity
 Goals for Pain: Child to be able to tolerate 15 minutes of standing without pain.

Impairment Goals Short Term

Functional Goals Long Term

Child to maintain short sit independent for 10 minutes - Met
 Child be able to perform active range of motion bilateral lower extremities within normal limits for hip flexion, knee flexion/extension, and ankle dorsiflexion - Not Met
 Child to perform stand pivot transfers from wheelchair to level surfaces with min assist 3/5 times with verbal cues - Not Met
 Child to roll from supine to prone and reverse 5/5 times. - Not Met
 Parent will be independent with home exercise program for positioning, strengthening and range of motion. - Met

Functional characteristics and analysis: Child is able to stand with stand by assistance for ten 90 second intervals with out pain. Child ambulates with posterior Kaye walker with bilateral upper extremity supports with stand by assistance with minimal scissor gait. Child is able to actively dorsiflex.

Patient / Caregiver concurs with established goals:

Yes

Special Orthopedic Tests of the Extremities

Patient Name: Omalley, Presley
Medical Record #: 000001
Account #:
Provider: Blair's House of Rehab
Provider #:

Date: 9/15/2008
DOB: 6/16/2002
Treating Clinician: Blair Morris, PT
SOC Date: 6/16/2008

Specific Joints

(Note: Blank indicates Strength / Range of Motion are within functional limits or not tested)

Hip	Initial Eval Level						Hip	Current Level					
	Strength		Active ROM		Passive ROM			Strength		Active ROM		Passive ROM	
	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left	
Flexion:			25°	25°					65°	65°			
Abduction:			15°	15°					20°	20°			
Adduction:			15°	15°					20°	20°			

Knee	Initial Eval Level						Knee	Current Level					
	Strength		Active ROM		Passive ROM			Strength		Active ROM		Passive ROM	
	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left	
Flexion			35°	35°					70°	75°			
Extension			5°	5°					3°	2°			

Knee Comments: Knee PROM within normal limits. Mild tightness in hamstrings. Small improvements in knee flexion. Will Continue with established goals.

Ankle	Initial Eval Level						Ankle	Current Level					
	Strength		Active ROM		Passive ROM			Strength		Active ROM		Passive ROM	
	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left	
DorsiFlexion			-20°	-20°	4°	0°			-5°	-5°	10°	5°	

Ankle Comments: Ankle active range of motion displaying 15 degree improvement and passive range of motion also improving. Will continue current exercises.

Impairment Observations

Child appears is able to stand for longer periods of time decreased amounts oft pain. Child reports onset of pain after standing with stand by assistance for 10 90 second intervals. Child is improving in functional dynamic tasks. Bilateral lower extremities demonstrate moderate hypertonus with moderate extensor thrust. Bilateral upper extremities also demonstrate mild to moderate hypertonus.


Interventions (CPT Code)

- Massage - Therapeutic Procedure - 1+ Areas 97124
- Manual Therapy Techniques - 1+ Regions 97140
- Therapeutic Activities - Direct patient contact 97530
- Gait Training &/or Stair Climbing - Therapeutic Procedure - 1+ Areas 97116
- Electrical Stimulation (Manual) - Modality to 1+ Areas 97032
- Neuromuscular Reeducation - Therapeutic Procedure - 1+ Areas 97112
- Therapeutic Exercises - Therapeutic Procedure - 1+ Areas 97110
- Ultrasound - Modality to 1+ Areas - Each 15 Min 97035

Frequency of PT: Three times weekly

Duration of PT: 6 months

Pat Sells	Date/Time
I certify the need for these services furnished under this plan of treatment while under my care.	

	7/7/2008 10:13:04 AM
Blair Morris, PT	Date
State License #: 01	



The Rehab Clinic of Nashville
 111 10th Avenue South
 Nashville, TN 37203

Your ticket to Perfection!

Phone: 615.259.3605
 Fax: 615.259.3602

Physical Therapy

Progress / Treatment Note

Patient Name: Omalley, Presley **Date:** 7/21/2008
Medical Record #: 000001 **DOB:** 6/16/2002
Account #: 111000 **Treating Clinician:** Blair Morris, PT
Provider: Blair's House of Rehab
Provider #: **SOC Date:** 6/16/2008

	Onset Date	Code	Description
Primary Diagnosis:	6/2/2007	952.04	C1-C4 Level With Oth Spec Spinal Cord Injury
Other Diagnosis:	6/2/2008	854.00	Closed Head Injury, Traumatic

Time In: 02:30 **Time Out: 03:30**

Universal Precautions: Yes **Vital signs taken before and after treatment: Yes**

PT Interventions and CPT Codes Consisted of:	CPT Code	Modifiers	Minutes	Units
Manual Therapy Techniques - 1+ Regions	97140		15	1
Gait Training &/or Stair Climbing - Therapeutic Procedure - 1+ Areas	97116		30	2
Therapeutic Exercises - Therapeutic Procedure - 1+ Areas	97110		15	1
Total Minutes: 60		Total Timed Minutes: 60		Total Untimed Minutes: 0
Total Units: 4		Total Timed Units: 4		Total Untimed Units: 0

Intervention Comments:

Child tolerated gait training well. Expressed minor increases in pain after being erect for 3-5 minutes.

Progressive Exercises:

	Quantity	Unit	Sets	Reps
Ankle/Toes - general strengthening and range of motion - bilateral				
Balance - rocker board exercises	30	seconds	1	3
Hamstring stretch - supine - bilateral	30	seconds	1	5
Developmental sequence - prone on elbows	30	seconds	1	10
Developmental sequence - rolling supine to prone			3	10

Specific Functional Observations:

Ambulation - even terrain - Improved since last treatment; Sit to/from stand - Improved since last treatment

Characteristics and Analysis:

Child is able to stand with minimum assist to stand by assistance for up to 45 second intervals with out pain. Child ambulates with posterior Kaye walker with bilateral upper extremity supports with stand by assistance and minimum verbal cues and facilitation due to scissor gait. Child is unable to actively dorsiflex and requires minimum facilitation for decreased scissoring and increased step length on the left.

Specific Impairment Observations:

Balance - Increased since last treatment; Pain - Decreased since last treatment; Posture - Increased since last treatment

Impairment Observations:

Child appears is able to stand for longer periods of time decreased amounts oft pain. Child reports onset of pain after standing with minimum assistance to stand by assistance for seven 45 second intervals. Child is improving in functional dynamic tasks. Bilateral lower extremities demonstrate moderate to severe hypertonus with moderate extensor thrust. Bilateral upper extremities also demonstrate moderate hypertonus.

Specific Joints

(Note: Blank indicates Strength / Range of Motion are within functional limits or not tested)

Hip	Current Level				Hip	Goal					
	Strength		Active ROM			Strength		Active ROM			
	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left	
Flexion:			45°	45°	Flexion:			120°	120°		
Abduction:			15°	15°	Abduction:			40°	40°		
Adduction:			15°	15°	Adduction:			30°	30°		

Patient Name: Omalley, Presley

Date: 7/21/2008

Medical Record #: 000001

DOB: 6/16/2002

Account #: 111000

Treating Clinician: Blair Morris, PT

Provider: Blair's House of Rehab

Provider #:

SOC Date: 6/16/2008

Knee	Current Level						Knee	Goal					
	Strength		Active ROM		Passive ROM			Strength		Active ROM		Passive ROM	
	Right	Left	Right	Left	Right	Left		Right	Left	Right	Left	Right	Left
Flexion			45°	45°			Flexion			145°	145°		
Extension			5°	5°			Extension			0°	0°		

Knee Comments: Knee PROM within normal limits. Moderate to severe tightness in hamstrings. Small improvements in knee flexion. Will Continue with established goals.

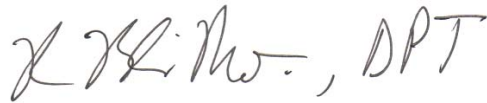
Ankle	Current Level						Ankle	Goal					
	Strength		Active ROM		Passive ROM			Strength		Active ROM		Passive ROM	
	Right	Left	Right	Left	Right	Left		Right	Left	Right	Left	Right	Left
DorsiFlexion			-15°	-15°	10°	5°	DorsiFlexion			10°	10°	15°	15°

Ankle Comments: Ankle active range of motion and passive range of motion improving. Will continue current exercises.

Goals

Discharge Planning was Discussed with Patient/Caregiver?

Yes

	7/7/2008 9:45:27 AM
Blair Morris, PT	Date/Time
State License #: 01	



The Rehab Clinic of Nashville
 111 10th Avenue South
 Nashville, TN 37203

Your ticket to Perfection!

Phone: 615.259.3605
 Fax: 615.259.3602

Physical Therapy

Re-Evaluation / Re-Examination

Patient Name: Omalley, Presley **Date:** 9/15/2008
Medical Record #: 000001 **DOB:** 6/16/2002
Account #: **Treating Clinician:** Blair Morris, PT
Provider: Blair's House of Rehab
Provider #: **SOC Date:** 6/16/2008

Patient Information

Address: 8769 West 8th St. **Physician:** Pat Sells
 Lafayette, Illinois 98638 **Physician #:**
Occupation: Unknown **# of Approved Visits:** 40
Gender: Female **Medicare #:**
Contact Person: Megan Omalley **Medicaid #:** 879762343

General Information

	Onset Date	Code	Description
Primary Diagnosis:	6/2/2007	952.04	C1-C4 Level With Oth Spec Spinal Cord Injury
Other Diagnosis:	6/2/2008	854.00	Closed Head Injury, Traumatic

There has been a change in Diagnosis:	No
There has been a change in Support System:	No
Patient is making steady progress toward established goals:	Yes
There has been adequate communication with all health care staff involved in the implementation of the Plan of Care:	Yes
Patient/Caregiver continues to concur with proposed TX Plan:	Yes
Level of Patient/Caregiver's satisfaction with Therapy:	High

Functional Measures

Supine To/From Sit

Initial: Supervision - Standby assistance - side lying and pushing up with arms and cueing
Current Level: Supervision - Standby assistance - using abdominal muscles
Goal: Independent - Using abdominal muscles

Sit To/From Stand

Initial: Extensive - Maximal assistance of one - Using both hands
Current Level: Extensive - Moderate assistance - No use of hands
Goal: Independent - Using one hand

Transfer To/From Bed

Initial: No assistive device- Extensive - Maximal assistance of one
Current Level: No assistive device - Independent with difficulty
Goal: No assistive device - Independent

Transitional Movements- Rolling

Met: Yes **Goal Completion Date:** 9/15/2008
Initial: Limited - Minimal assistance
Current: Independent
Goal: Independent

Patient Name: Omalley, Presley

Date: 9/15/2008

Medical Record #: 000001

DOB: 6/16/2002

Account #:

Treating Clinician: Blair Morris, PT

Provider: Blair's House of Rehab

Provider #:

SOC Date: 6/16/2008

Transitional Movements- Prone on Elbows

Met: No

Goal Completion Date: 9/1/2008

Initial: Hypertonicity interferes with ability to assume prone on elbows

Current: Hypertonicity interferes with ability to assume prone on elbows

Goal: Able to maintain prone on elbows once placed into position

Transitional Movements- Kneeling

Met: No

Goal Completion Date: 10/1/2008

Initial: Unable to maintain balance and midline orientation while in tall kneeling

Current: Unable to maintain balance and midline orientation while in tall kneeling

Goal: Able to maintain balance and midline orientation while tall kneeling

Ambulation on Even Terrain

Met: No

Goal Completion Date: 10/1/2008

Assistive Device: Posterior Kaye Walker

Initial: Supervision - standby assistance with cueing

Current: Supervision - standby assistance

Goal: Independent

Distance	Time
5 Feet	30 Seconds
250 Feet	3 Minutes
300 Feet	2 Minutes

Self Care Activities

Met: Yes

Goal Completion Date: 9/15/2008

Activities: Dressing

Initial: Unable to place extremity in garment

Current: Able to place extremity in garment

Goal: Able to place extremity in garment

Functional characteristics and analysis: Child is able to stand with stand by assistance for ten 90 second intervals with out pain. Child ambulates with posterior Kaye walker with bilateral upper extremity supports with stand by assistance with minimal scissor gait. Child is able to actively dorsiflex.

Functional Goals; Long Term: Child to maintain short sit independent for 10 minutes - Met
 Child be able to perform active range of motion bilateral lower extremities within normal limits for hip flexion, knee flexion/extension, and ankle dorsiflexion - Not Met
 Child to perform stand pivot transfers from wheelchair to level surfaces with min assist 3/5 times with verbal cues - Not Met
 Child to roll from supine to prone and reverse 5/5 times. - Not Met
 Parent will be independent with home exercise program for positioning, strengthening and range of motion. - Met

Patient / Caregiver concurs with established goals:

Yes

Physical Findings

Pain

Site: Extremity Pain - Bilateral Lower; At Rest 0/10; With Activity 3/10; Dull; Localized

Exacerbating Factors: Standing for 15 minutes or more; Walking; Stretching;

Relieving Factors: Rest; Heat to the affected area;

Goals for Pain: Child to be able to tolerate 15 minutes of standing without pain.

Additional Comments on Pain: Difficult to assess accurately due to age and cooperation but appears to be decreasing.

Balance

Patient Name: Omalley, Presley

Date: 9/15/2008

Medical Record #: 000001

DOB: 6/16/2002

Account #:

Treating Clinician: Blair Morris, PT

Provider: Blair's House of Rehab

Provider #:

SOC Date: 6/16/2008

Initial Eval Level						Current Level							
Ankle	Strength		Active ROM		Passive ROM		Ankle	Strength		Active ROM		Passive ROM	
	Right	Left	Right	Left	Right	Left		Right	Left	Right	Left	Right	Left
DorsiFlexion			-20°	-20°	4°	0°	DorsiFlexion			-5°	-5°	10°	5°

Ankle Comments: Ankle active range of motion displaying 15 degree improvement and passive range of motion also improving. Will continue current exercises.

Impairment Observations

Child appears is able to stand for longer periods of time decreased amounts oft pain. Child reports onset of pain after standing with stand by assistance for 10 90 second intervals. Child is improving in functional dynamic tasks. Bilateral lower extremities demonstrate moderate hypertonus with moderate extensor thrust. Bilateral upper extremities also demonstrate mild to moderate hypertonus.

Interventions (CPT Code)

- Massage - Therapeutic Procedure - 1+ Areas 97124
- Manual Therapy Techniques - 1+ Regions 97140
- Therapeutic Activities - Direct patient contact 97530
- Gait Training &/or Stair Climbing - Therapeutic Procedure - 1+ Areas 97116
- Electrical Stimulation (Manual) - Modality to 1+ Areas 97032
- Neuromuscular Reeducation - Therapeutic Procedure - 1+ Areas 97112
- Therapeutic Exercises - Therapeutic Procedure - 1+ Areas 97110
- Ultrasound - Modality to 1+ Areas - Each 15 Min 97035

Frequency of PT: Three times weekly

Duration of PT: 6 months

<i>Blair Morris, DPT</i>		7/7/2008
		10:13:04 AM
Blair Morris, PT		Date/Time
State License #: 01		



The Rehab Clinic of Nashville
 111 10th Avenue South
 Nashville, TN 37203

Your ticket to Perfection!

Phone: 615.259.3605
 Fax: 615.259.3602

Physical Therapy

Plan of Care (Re-Evaluation)

Patient Name: Omalley, Presley

Date: 9/15/2008

Medical Record #: 000001

DOB: 6/16/2002

Account #:

Treating Clinician: Blair Morris, PT

Provider: Blair's House of Rehab

Provider #:

SOC Date: 6/16/2008

Medicare #:

Visits From SOC: 1

Medicaid #: 879762343

Certification From: 6/16/2008

Certification To: 9/16/2008

Service From: 6/16/2008

Service To: 12/16/2008

Hospitalized From: 6/2/2007

Hospitalized To: 7/10/2007

	Onset Date	Code	Description
Primary Diagnosis:	6/2/2007	952.04	C1-C4 Level With Oth Spec Spinal Cord Injury
Other Diagnosis:	6/2/2008	854.00	Closed Head Injury, Traumatic

Current Level

Goals

Supine To/From Sit: Supervision - Standby assistance - using abdominal muscles
 Sit To/From Stand: Extensive - Moderate assistance - No use of hands
 Transfer To/From Bed: No assistive device - Independent with difficulty
 Rolling: Independent
 Prone on Elbows: Hypertonicity interferes with ability to assume prone on elbows
 Kneeling: Unable to maintain balance and midline orientation while in tall kneeling
 Ambulation on Even Terrain: Posterior Kaye Walker, Supervision - standby assistance, 250 Feet, 3 Minutes
 Self Care Activities: Dressing, Able to place extremity in garment
 Balance: Position: Sitting in chair, Action: Static, Maintains balance during static task
 Balance: Position: Standing with eyes open, Action: Dynamic, Maintain balance with challenge
 Pain: Extremity Pain - Bilateral Lower; At Rest 0/10; With Activity 3/10; Dull; Localized

Supine To/From Sit: Independent - Using abdominal muscles
 Sit To/From Stand: Independent - Using one hand
 Transfer To/From Bed: No assistive device - Independent
 Rolling: Independent by 9/15/2008 - Met
 Prone on Elbows: Able to maintain prone on elbows once placed into position by 9/1/2008
 Kneeling: Able to maintain balance and midline orientation while tall kneeling by 10/1/2008
 Ambulation on Even Terrain: Posterior Kaye Walker, Independent, 300 Feet, 2 Minutes by 10/1/2008
 Self Care Activities: Dressing, Able to place extremity in garment by 9/15/2008 - Met
 Balance: Position: Sitting in chair, Action: Static, Maintains balance during static task by 9/15/2008 - Met
 Balance: Position: Standing with eyes open, Action: Dynamic, Able to maintain balance without assistive device or restraint by 10/1/2008
 Posture: Maintain erect position to complete functional activity
 Goals for Pain: Child to be able to tolerate 15 minutes of standing without pain.

Impairment Goals Short Term

Functional Goals Long Term

Child to maintain short sit independent for 10 minutes - Met
 Child be able to perform active range of motion bilateral lower extremities within normal limits for hip flexion, knee flexion/extension, and ankle dorsiflexion - Not Met
 Child to perform stand pivot transfers from wheelchair to level surfaces with min assist 3/5 times with verbal cues - Not Met
 Child to roll from supine to prone and reverse 5/5 times. - Not Met
 Parent will be independent with home exercise program for positioning, strengthening and range of motion. - Met

Functional characteristics and analysis: Child is able to stand with stand by assistance for ten 90 second intervals with out pain. Child ambulates with posterior Kaye walker with bilateral upper extremity supports with stand by assistance with minimal scissor gait. Child is able to actively dorsiflex.

Patient / Caregiver concurs with established goals:

Yes

Special Orthopedic Tests of the Extremities

Patient Name: Omalley, Presley
Medical Record #: 000001
Account #:
Provider: Blair's House of Rehab
Provider #:

Date: 9/15/2008
DOB: 6/16/2002
Treating Clinician: Blair Morris, PT
SOC Date: 6/16/2008

Specific Joints

(Note: Blank indicates Strength / Range of Motion are within functional limits or not tested)

Hip	Initial Eval Level						Hip	Current Level					
	Strength		Active ROM		Passive ROM			Strength		Active ROM		Passive ROM	
	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left	
Flexion:			25°	25°					65°	65°			
Abduction:			15°	15°					20°	20°			
Adduction:			15°	15°					20°	20°			

Knee	Initial Eval Level						Knee	Current Level					
	Strength		Active ROM		Passive ROM			Strength		Active ROM		Passive ROM	
	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left	
Flexion			35°	35°					70°	75°			
Extension			5°	5°					3°	2°			

Knee Comments: Knee PROM within normal limits. Mild tightness in hamstrings. Small improvements in knee flexion. Will Continue with established goals.

Ankle	Initial Eval Level						Ankle	Current Level					
	Strength		Active ROM		Passive ROM			Strength		Active ROM		Passive ROM	
	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left	
DorsiFlexion			-20°	-20°	4°	0°			-5°	-5°	10°	5°	

Ankle Comments: Ankle active range of motion displaying 15 degree improvement and passive range of motion also improving. Will continue current exercises.

Impairment Observations

Child appears is able to stand for longer periods of time decreased amounts oft pain. Child reports onset of pain after standing with stand by assistance for 10 90 second intervals. Child is improving in functional dynamic tasks. Bilateral lower extremities demonstrate moderate hypertonus with moderate extensor thrust. Bilateral upper extremities also demonstrate mild to moderate hypertonus.

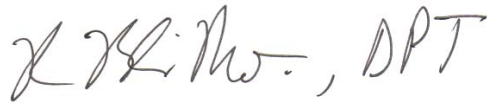
Interventions (CPT Code)

- Massage - Therapeutic Procedure - 1+ Areas 97124
- Manual Therapy Techniques - 1+ Regions 97140
- Therapeutic Activities - Direct patient contact 97530
- Gait Training &/or Stair Climbing - Therapeutic Procedure - 1+ Areas 97116
- Electrical Stimulation (Manual) - Modality to 1+ Areas 97032
- Neuromuscular Reeducation - Therapeutic Procedure - 1+ Areas 97112
- Therapeutic Exercises - Therapeutic Procedure - 1+ Areas 97110
- Ultrasound - Modality to 1+ Areas - Each 15 Min 97035

Frequency of PT: Three times weekly

Duration of PT: 6 months

Pat Sells	Date/Time
I certify the need for these services furnished under this plan of treatment while under my care.	

	7/7/2008 10:13:04 AM
Blair Morris, PT	Date
State License #: 01	



The Rehab Clinic of Nashville
111 10th Avenue South
Nashville, TN 37203

Your ticket to Perfection!

Phone: 615.259.3605
Fax: 615.259.3602

Physician's Communication

Page 1 of 1

Patient Name: Omalley, Presley **Date:** 9/15/2008
Medical Record #: 000001 **DOB:** 6/16/2002
Account #: **Treating Clinician:** Blair Morris, PT
Provider: Blair's House of Rehab
Provider #: **SOC Date:** 6/16/2008

	Onset Date	Code	Description
Primary Diagnosis:	6/2/2007	952.04	C1-C4 Level With Oth Spec Spinal Cord Injury
Other Diagnosis:	6/2/2008	854.00	Closed Head Injury, Traumatic

Physical Therapy Comments: Patient is making steady progress in all areas. Patient is compliant with independent home program.

Plan/Orders: Continue current treatment plan

Additional Comments: Recommend treatment continue for another 90 days to reach established goals and reach maximum level of function.



The Rehab Clinic of Nashville
111 10th Avenue South
Nashville, TN 37203

Your ticket to Perfection!

Phone: 615.259.3605
Fax: 615.259.3602

Physical Therapy

Discharge Summary

Page 1 of 4

Patient Name: Omalley, Presley **Date:** 11/27/2008
Medical Record #: 000001 **DOB:** 6/16/2002
Account #: **Treating Clinician:** Blair Morris, PT
Provider: Blair's House of Rehab
Provider #: **SOC Date:** 6/16/2008

Patient Information

Address: 8769 West 8th St.
Lafayette, Illinois 98638

Physician: Pat Sells
Physician #:

Occupation: Unknown
Gender: Female
Contact Person: Megan Omalley

of Approved Visits: 40
Medicare #:
Medicaid #: 879762343

Discharge Information

	Onset Date	Code	Description
Primary Diagnosis:	6/2/2007	952.04	C1-C4 Level With Oth Spec Spinal Cord Injury
Other Diagnosis:	6/2/2008	854.00	Closed Head Injury, Traumatic

Preferred Practice Pattern: Neuromuscular C: Impaired motor function/sensory integrity associated w/nonprogressive disorders of CNS-congenital origin or acquired in infancy/childhood

Reasons for Discharge: Goals Met; Maximal Level Reached

Final Instructions to Patient: Patient to continue home exercise program.

Patient/Caregiver was given proper notification of Discharge? Yes

Patient's Physician has been notified that patient has been discharged from Physical Therapist's care? Yes

Functional Measures

Supine To/From Sit

Initial: Supervision - Standby assistance - side lying and pushing up with arms and cueing
Goal: Independent - Using abdominal muscles
Final Level: Supervision - Standby assistance - using abdominal muscles

Sit To/From Stand

Initial: Extensive - Maximal assistance of one - Using both hands
Goal: Independent - Using one hand
Final Level: Extensive - Moderate assistance - No use of hands

Transfer To/From Bed

Initial: No assistive device- Extensive - Maximal assistance of one
Goal: No assistive device - Independent
Final Level: No assistive device - Independent

Transitional Movements- Rolling

Met: Yes **Goal Completion Date:** 9/15/2008
Initial: Limited - Minimal assistance
Goal: Independent
Final Level: Independent

Patient Name: Omalley, Presley**Date:** 11/27/2008**Medical Record #:** 000001**DOB:** 6/16/2002**Account #:****Treating Clinician:** Blair Morris, PT**Provider:** Blair's House of Rehab**Provider #:****SOC Date:** 6/16/2008**Transitional Movements- Prone on Elbows****Met:** Yes**Goal Completion Date:** 9/1/2008**Initial:** Hypertonicity interferes with ability to assume prone on elbows**Goal:** Able to maintain prone on elbows once placed into position**Final Level:** Able to maintain prone on elbows once placed into position**Transitional Movements- Kneeling****Met:** Yes**Goal Completion Date:** 10/1/2008**Initial:** Unable to maintain balance and midline orientation while in tall kneeling**Goal:** Able to maintain balance and midline orientation while tall kneeling**Final Level:** Able to maintain static tall kneeling independently**Ambulation on Even Terrain****Met:** Yes**Goal Completion Date:** 10/1/2008**Assistive Device:** Posterior Kaye Walker**Initial:** Supervision - standby assistance with cueing**Goal:** Independent**Final Level:** Independent with difficulty**Distance****Time**

5 Feet 30 Seconds

300 Feet 2 Minutes

360 Feet 2 Minutes

Self Care Activities**Met:** Yes**Goal Completion Date:** 9/15/2008**Activities:** Dressing**Initial:** Unable to place extremity in garment**Goal:** Able to place extremity in garment**Final Level:** Able to place extremity in garment**Functional characteristics and analysis:** Child is able to stand independently with out pain. Child ambulates with posterior Kaye walker with bilateral upper extremity support independently for 360 feet. Child is able to actively dorsiflex.

Functional Goals; Long Term: Child to maintain short sit independent for 10 minutes - Met
 Child be able to perform active range of motion bilateral lower extremities within normal limits for hip flexion, knee flexion/extension, and ankle dorsiflexion - Met
 Child to perform stand pivot transfers from wheelchair to level surfaces with min assist 3/5 times with verbal cues - Met
 Child to roll from supine to prone and reverse 5/5 times. - Met
 Parent will be independent with home exercise program for positioning, strengthening and range of motion. - Met

Physical Findings**Pain****Site:** Extremity Pain - Bilateral Lower; At Rest 0/10; With Activity 1/10; Dull; Localized

Exacerbating Factors: Jumping; Squatting;

Relieving Factors: Rest;

Additional Comments on Pain: Child reports very limited amount of pain.

Balance**Met:** Yes**Goal Completion Date:** 9/15/2008**Position:** Sitting in chair**Action:** Static**Initial:** Maintains balance with two hand stabilization**Final Level:** Maintains balance during static task**Goal:** Maintains balance during static task

Patient Name: Omalley, Presley

Date: 11/27/2008

Medical Record #: 000001

DOB: 6/16/2002

Account #:

Treating Clinician: Blair Morris, PT

Provider: Blair's House of Rehab

Provider #:

SOC Date: 6/16/2008

Met: Yes

Goal Completion Date: 10/1/2008

Position: Standing with eyes open

Action: Dynamic

Initial: Unable to maintain balance without assistive device or restraint

Final Level: Maintain balance with challenge

Goal: Able to maintain balance without assistive device or restraint

Balance Comments: good sitting balance and postural control in all position while sitting. Able to static stand without assistive device with stand by assistance.

Posture

Posture Goals: Maintain erect position to complete functional activity

Reflexes: Bilateral lower extremity clonus is mild and not functionally limiting/
Clonus (Positive)

Special Orthopedic Tests of the Extremities

Palpation Sites

Location: Muscle - gastrocnemius - Left

Finding: Muscle tightness - mild primarily in one muscle

Location: Muscle - gastrocnemius - Right

Finding: Muscle spasm - mild

Location: Muscle-Hamstrings-Bilateral

Finding: Muscle tightness - mild primarily in one muscle

Palpation Comments: Continue stretching routine to reach full range of motion

Specific Joints

(Note: Blank indicates Strength / Range of Motion are within functional limits or not tested)

Hip	Initial Eval Level				Hip	Final Level			
	Strength		Active ROM			Strength		Active ROM	
	Right	Left	Right	Left	Right	Left	Right	Left	
Flexion:			25°	25°			120°	115°	
Abduction:			15°	15°			35°	35°	
Adduction:			15°	15°			30°	30°	

Knee	Initial Eval Level				Knee	Final Level			
	Strength		Active ROM			Strength		Active ROM	
	Right	Left	Right	Left	Right	Left	Right	Left	
Flexion			35°	35°			130°	135°	
Extension			5°	5°			0°	0°	

Ankle	Initial Eval Level				Ankle	Final Level				
	Strength		Active ROM			Strength		Active ROM		
	Right	Left	Right	Left	Right	Left	Right	Left		
DorsiFlexion			-20°	-20°			8°	10°	15°	15°

Knee Comments: Continue stretching routine to maintain current range of motion.

Patient Name: Omalley, Presley

Date: 11/27/2008

Medical Record #: 000001

DOB: 6/16/2002

Account #:

Treating Clinician: Blair Morris, PT

Provider: Blair's House of Rehab

Provider #:

SOC Date: 6/16/2008

Ankle Comments: Ankle active range of motion within normal limits for functional. passive range of motion also within normal limits.

Impairment Observations

Child reports no pain while standing. Child is improving in functional dynamic tasks. Bilateral lower extremities demonstrate zero to mild hypertonus and is no longer functionally limiting. Bilateral upper extremities also demonstrate zero to mild hypertonus.

Interventions (CPT Code)

- Massage - Therapeutic Procedure - 1+ Areas 97124
- Manual Therapy Techniques - 1+ Regions 97140
- Therapeutic Activities - Direct patient contact 97530
- Gait Training &/or Stair Climbing - Therapeutic Procedure - 1+ Areas 97116
- Electrical Stimulation (Manual) - Modality to 1+ Areas 97032
- Neuromuscular Reeducation - Therapeutic Procedure - 1+ Areas 97112
- Therapeutic Exercises - Therapeutic Procedure - 1+ Areas 97110
- Ultrasound - Modality to 1+ Areas - Each 15 Min 97035

<i>Blair Morris, DPT</i>	
Blair Morris, PT	7/7/2008 10:42:38 AM
State License #: 01	Date/Time