

x Progress Note ☐ Discharge Summary

PTProgress

Date: 3/5/2021 Treatment Time: 0800 to 0900

Clinic Address
Clinic City, State Zip Code
Clinic Phone Number | Fax Number

Patient Name: Dwight Schrute

DOB: 1/20/1970 Patient Number: 7175550177

Referring Physician: Dr. Michael Scott Medical Diagnosis: L Shoulder Impingement

Subjective: Pain/Location 3_/10: The patient reports 3/10 pain in L shoulder, but feels that he has been getting stronger overall since starting PT. He is now able to reach head-level without sharp pain in his shoulder and states that he is able to lift 5 pound reams of paper at work.

Attendance: Number of Treatments: 6 Cancellations: 0 No Shows: 0

Treatment Included: therapeutic exercise, manual therapy, neuromuscular re-education,

Objective Findings: neer impingement (-) apprehension test (+), drop arm test (-)

Functional Improvements / Limitations: Pt unable to lift 20 pound boxes of paper at work, Reaching for seatbelt in his TransAM is challenging and painful.

Shoulder	ROM		Strength	
	L	R	L	R
Flexion	130°	165°	4/5	5/5
Abduction	110	140	4/5	5/5
Internal Rotation	30°	60°	4/5	5/5
External Rotation	60°	90°	4/5	5/5

Education: x Patient is independent with basic / advanced Home Exercise Program

x Patient requires further HEP (advanced HEP)

Assessment & Goal Status: The patient has achieved all short-term goals and is progressing well towards long-term goals. He lacks full ROM into shoulder flexion, but this should improve as we continue with strengthening. In the next phase, we will focus on eccentric strengthening as well as motor control for better scapular mechanics.

Plan: ☐ Discharge from PT x Continue PT 2 times per week for 3 weeks

Recommended continuation of therapy 2x a week for 3 weeks to achieve goals.

Therapist Signature: _____

Date: _____

Physician Signature: _____

Date: _____

Please sign and fax to: (222-222-2222)

Physical Therapy Progress Note Example

Holly M. Clynch

A red circular graphic with a gradient, appearing as a partial circle or a stylized arrow pointing to the right, located to the right of the name bar.

Physical Therapy Progress Note Example:

Physical Therapy Documentation Mia Erickson, Mia L. Erickson, Rebecca McKnight, Ralph Utzman, 2008 Complete accurate documentation is one of the essential skills for a physical therapist This book covers all the fundamentals includes practice exercises case studies throughout **Documentation for the Physical Therapist Assistant** Wendy D.

Bircher, 2021-10-15 Build your documentation skills and your confidence Step by step this text workbook introduces you to the importance of documentation to support quality patient care and appropriate reimbursement It shows you how to develop and write a proper and defensible note and prepares you to meet the technological challenges you ll encounter in practice You ll learn how to provide the proper documentation to assure all forms of reimbursement including third party for your services You ll also explore issues of patient confidentiality HIPAA requirements and the ever increasing demands of legal and ethical practice in a litigious society **Introduction to Physical Therapy for Physical Therapist Assistants** Olga

Dreeben-Irimia, 2010-10-22 Health Sciences Professions **Writing Patient/Client Notes** Ginge Kettenbach, Sarah Lynn Schlomer, Jill Fitzgerald, 2016-05-11 Develop all of the skills you need to write clear concise and defensible patient client care notes using a variety of tools including SOAP notes This is the ideal resource for any health care professional needing to learn or improve their skills with simple straight forward explanations of the hows and whys of documentation It also keeps pace with the changes in Physical Therapy practice today emphasizing the Patient Client Management and WHO s ICF model

Documentation for Physical Therapist Practice Jacqueline A. Osborne, 2015-07-31 Documentation for Physical Therapist Practice A Clinical Decision Making Approach provides the framework for successful documentation It is synchronous with Medicare standards as well as the American Physical Therapy Association s recommendations for defensible documentation It identifies documentation basics which can be readily applied to a broad spectrum of documentation formats including paper based and electronic systems This key resource utilizes a practical clinical decision making approach and applies this framework to all aspects of documentation This text emphasizes how the common and standard language of the Guide to Physical Therapist Practice and the International Classification of Functioning Disability and Health ICF model can be integrated with a physical therapist s clinical reasoning process and a physical therapist assistant s skill set to produce successful documentation Includes content on documentation formations Initial Evaluations Re examination Notes Daily Notes Conclusion of the Episode of Care Summaries Home Exercise Program Reviews all the important issues related to style types of documentation and utilization of documentation Covers documentation relevant in different settings inpatient home health skilled nursing facility outpatient Helps students learn how to report findings and demonstrate an appropriate interpretation of results Includes up to date information in line with APTA Guidelines for Defensible Documentation World Health Organization International Classification of Functioning Disability and Health Mode and Medicare Reviews electronic documentation ICD 9 ICD 10 and CPT codes Includes important chapters on Interprofessional Communication Legal Aspects

Principles of Measurement **Documentation for Rehabilitation - E-Book** Lori Quinn,James Gordon,2015-11-18 NEW
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