

**Physical Therapy Daily Note**

Service Date: 5/23/2013

PATIENT'S LAST NAME	FIRST NAME	M.I.	GENDER	DATE OF BIRTH	AGE	PATIENT #
<b>MOUSE</b>	<b>MICKEY</b>		Male	1/1/1940	73	2
PAYOR SOURCE	TYPE OF SERVICE	ONSET DATE	SOC DATE	DISCONTINUED		
<b>Medicare B</b>	PT	1/1/2013	3/4/2013			
FACILITY: Therapute LTC						

PRIMARY DIAGNOSIS CODE	TREATMENT D.X. / ICD-9 CODE
Code - Description	Code - Description

• 486 - PNEUMONIA ORGANISM UNSP	• 781.2 - ABNORMALITY OF GAIT
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**Service Date: 5/23/2013**

Room Number: 25

**Performed CPTs**

Code - Minutes	Modifier	Therapist
97110 - 15		BROWN, CINDY
97116 - 15	59 - Distinct Procedural service performed twice in one day to 2 individual sites	BROWN, CINDY
97530 - 15		BROWN, CINDY
TOTAL - 45		

**Skilled Services Provided**

<p><b>97110 - Thera. Exercise(ea15min)</b>                  pt performed/instructed in BLE exs in supine in all planes including: AP, HS, TKE, HADD/HADD, and SLR all 3 x20. Verbal and tactile cues for proper technique and hold times to increase muscle strength for improved functional mobility.</p>	<p><b>97530 - Therapeutic Act(ea15min)</b>                  Ther Acts performed to improve transfer skills and balance. Supine to sit with mod a. Sit to stand with mod a with vc's for safety, proper feet alignment and to push up from chair. Balance activities in standing including retrograde ambulation, reaching outside of BOS and decreasing BOS to challenge balance receptors.</p>
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<p><b>97116 - Gait Training(ea15min)</b>                  Gait training with rolling walker 100 ft x 2 min A with vc and tc's for upright posture, proper walker placement and increased step length. Decreased stance time on LLE. Visual cues given to demonstrate utilizing UE's to decrease WB'ing of LLE.</p>
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**Daily Note**

<p><b>Pain</b> No</p>	<p><b>Functional Outcomes / Caregiver Education</b>                  Staff education performed regarding patient functional mobility status and proper transfer techniques for this patient</p>
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SIGNATURE	DATE	PROF. DESIGNATION
CINDY BROWN	5/23/2013 1:50 PM ET	Therapist (PT)
ADDITIONAL SIGNATURE IF NECESSARY	DATE	PROF. DESIGNATION