Northeast Wisconsin Technical College

2740 W. Mason St.

Green Bay, WI 54307-4966 Phone: (920)498-7115 Fax: (920)491-2660

Daily Note / Billing Sheet

ient Name: Cuene, Joan N.

vate of Birth: 08/16/1932

Referring Physician(s): Dr., Pepper DO Date of Original Eval: 09/19/2018

Treatment Diagnosis: ICD9: 729.82: Cramp of limb

Date of Daily Note: 10/26/2018

Injury/Onset/Change of Status Date: 09/19/2018 No New

Aggravation/Injury

Diagnosis: ICD9: V43.65: Knee joint replacement

Visit No.: 11

Insurance Name: other

Subjective

Treatment Side: Left

Current Complaints / Gains: COMMENTS: Pt. arrived w/ c/o pain in L hip flexor rated at 2/10, RPE 1 and pain in calf 0/10, RPE rated at 8/10 during walk w/ and pain in calf of 6/10 starting after lap 3. No increase of pain in hip. RPE 4/10 during circuits and 2/10 after cool down. Pt stated squat & roll easier and less stress on back when she stayed more upright.

Aggravating Factors: Walking

Home Health Care: No

Medical History: neuropathy in legs and thyroid issues Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code

Direct Timed Codes

XXXXX

Therapeutic Exercise

19 min Circuit workout, 5 minute warm up, 5 minute cool down, 11 minute walk, vitals & assessments, 15 minute Group Presentation on

Cardiovascular Disease

CPT[®] Code

Untimed Codes

XXXXX

Group Therapy

11 min. walk. 5 min. warm up and 5 min. cool down. 19 minute circuit.

15 minute Group presentation on cardiovascular disease

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Objective Findings

SEE FLOWSHEET for detailed comments

Supervision and contact guarding for balance activities. Verbal cueing for form in

quad stretch and squat & roll.

Patient Education: Group presentation on Cardiovascular Disease with handout

provided.

Pre-Treatment

Before walk BP: 130/58 mmHg; HR 70 bpm

Post-Treatment

After walk HR: 84

After cool down BP: 160/58 mmHg; HR 62 bpm

Assessment

Assessment/Diagnosis: Pt. tolerated Tx well by completing 11 min walk averaging just over 1 lap per minute with no rests. She did c/o pain in both hip and calf and rated the pain i calf higher than normal. Today she completed the circuit today with no rests but chose to march in place while waiting for a circuit instead of doing the tandem walk. She averaged about 2 episodes of LOB during each of 4 attempts at the tandem walk. I feel this was due to being fatigued and in pain from the walk, as this was her first circuit. She only required supervision for the other balance activities and didn't get as fatigued during the circuit today. I think Joan should continue with Keep Stepping to continue improving endurance during aerobic activity and continue with stretching her hip and calf muscles. This should make community ambulation less fatiguing.

Rehab Potential: Good **Patient Problems:**

- Tight hip flexors, cramping, pain and tightness in calf, muscles, LOB with head quick movements or single leg stance.

Short Term Goals:

1: (8 Weeks) | 25% | In 8 weeks pt. will demonstrate improved flexibility of L calf muscles by experiencing reduced cramping and haing able to complete 6 min. senior test with a pain level of 1 or less. Pt. will also improve current score of -5 on Sit and Reach at end of KS. Will enable pt. to do her shopping and other commmunity ambulation w/reduced pain. | Patient completed 1z.5 laps in 11 minutes, and although she reported pain in calf of 6/10 after lap 3, the onset was later than last session.

2: (8 Weeks) | 50% | In 8 wks. pt. will demonstrate improved flexibility of quad muscles by being able to complete 6 min wakl test w/o pain in hip flexors. This will enable pt. to do her shopping and other community ambulation w/o pain. | Pt. reported groin before session but it did not increase with activity. Continues doing the hip flexor stretch in supine w/ leg hanging off bed.

Units

Units

3

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3: (8 Weeks) | 30% | In 8 wks. pt will demonstrate improved balance by being able to perform mini-lunges w/o holding onto for support. Will enable pt. to perform self care more safely, such as stepping in and out of shower or tub. | Pt. performed mininges holding onto chair and needed verbal cues to keep back leg straight.

Plan

Instructions: Progressing Patient Next Visit

SPTA will cont. to see client 2X/weekly for 2 wks, modifying balance exercises if needed while BP is being monitored by MD. Pt will see pulmonary specialist Monday and bring med list. Rt. will do HEP 3-5X/wk.

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Nadine Blixts DIA