

Student's Name Clayton Harrington  
"Patient's" name Taylor Russ  
DOB: 04/04/1955  
Date 10/26/2020

Referral: Gait and Transfer Training  
Referral source: Attending MD  
Referral date: 10/26/2020  
Admission Diagnosis: Pneumonia

## **SUBJECTIVE**

**CC:** R hip p!

**HPI:** Hard time getting breath and feels like heart "skips a beat".  
Started during walking dog and going up steps. Became very  
sedentary post THA 2/2 heat and increased p!. Had PT come to home  
for 2 weeks and insurance stopped.

**PMHx:** R THA, PNA, HTN, diabetes, not insulin dependent – meds

**FHx:** none

**Home:** Has large dog, therapy trained. Lives w/ husband, capable of  
physically assisting. Two story home on slab w/ ramp. Converted to  
first floor set up w/ walk in shower w/ railing and no shower chair.  
Sleeps in bed, normal height. Have used walker, have FWW, no cane.

**Occup:** Part time pharmacy tech (9/25/2020 last time at work)

**SHx:** social drinker (3/week) no cigarette use

**Meds:** Antibiotic, "Sugar Pill" – possibly metformin (Glucophage),  
Norvasc, mult vitamin

**Allergies:** none

**PLOF:** sedentary. Able to move in home w/o assistance and AD prior  
to 8/2020 as she was able to play 9 holes of golf. Post 8/2020, activity  
has decreased and now req additional assistance from family for  
mobility.

**Goals:** "Do what ever I want w/o SOB", walk 9 holes for golfing  
(8/2020 last able to), Progress to cane

## **OBJECTIVE**

Inspection – no signs of inflammation in right hip, no signs of pallor or cyanosis,  
or labored breathing

Palpation

No tenderness to touch t/o

**Vital Signs**

Supine BP: 104/64 sitting BP: 106/62

HH: 72

RR: 16

Pain at rest: 0/10 w/ gait training: 4/10 "soreness in right hip" "usually moving it helps" – soreness more anteriorly

SOB: none at rest, RR increased w/ mobility, however no SOB noted/voiced and recovered quickly w/ rest &lt; 2 min

Lung Aus: Symmetrical (B) in all fields w/ no abnormalities

**ROM**

Lacking only in right hip flexion AROM, no ROM measurement using Goniometer performed 2/2 increased P! – was able to perform AAROM heel slides w/ sheet to approx. 65 deg prior to increased p!

All hip movements w/n normal limits in uninvolved LE

**Strength**

5/5 gross left hip movements

5/5 right hip movements except for right hip flexion in sitting - 3/5

All other UE and LE movements 5/5

**Bed Mobility/Transfers**

Sup &lt;&gt; sit min A w/ cueing for hand placement and sequencing

Sit &lt;&gt; stand min A w/ cueing for sequencing, ant WS, and hand and feet placement

**Gait**

FWW utilized 25' – demonstrated 3 point gait

Min A initially for stability, balance, and sequencing of right LE and RW

Progressed to CGA w/ less cueing

**Education**

Educated on importance of mobility and safety t/o day w/ assistance from medical staff, importance of performance of HEP (listed below) t/o stay, importance of OOB to chair for all meals and t/o day

**HEP:**

Exercise	Sets/Reps	Comments
Ankle Pumps	20X/hr	During commercial breaks
Heel Slides	10X hold 5 sec	Active assist w/ sheet 2/2

		AROM too P!
LAQ	10X hold 5 sec	

Today's Rx:

Vitals assessed in mult positions (sup and sitting), auscultation in sitting, transfer training, gait training, ther-ex

## ASSESSMENT

Pt encountered in supine HOB elevated willing to participate w/ therapy. Pt is a 65 yo female admitted on 10/4/2020 for PNA. Pt's CC this visit is R hip p!, which has limited mobility and quality of life during stay. P! continues to be main limiting factor for further mobility progression as pt voices no difficulty breathing at rest or during mobility, only complaining of increased fatigue at end of mobility tasks in room t/o day. During mobility, all vitals remained in a safe, therapeutic level displaying no labored breathing or any signs of adverse vital signs (see above for measurements). Pt mobilized to EOB, req additional cueing to obtain an upright position for sequencing, pt displayed fair carryover for sit to sup at end of treat as she cont to req cueing for sequencing. At EOB, pt displayed good balance statically and dynamically as she performed ther-ex and mobility task of scooting. Pt displayed minimal guarding of hip at rest in sitting, voicing no increase in pain during transfer. Pt progressed to a standing position, req additional cueing for sequencing and to alleviate fear of falling. Pt amb w/ RW for 25' req gait training to increase step length/height and to promote WBAT through right LE during stance phase of gait as evidenced by increased weight through (B) UEs, WS to left side, and forward flexed posture. Posture, sequencing, and pain improved w/ distance and further training to promote symmetrical WBing as evidenced by progression from 3 point pattern to reciprocal patter, however activity was limited by fatigue to 25' and returned to EOB then to supine. Pt voiced no adverse subjective vital symptoms, just general fatigue. Pt was positioned safely in room w/ all needs in reach and notified nursing of progression and recommendations.

Pattern: Musculoskeletal H, Cardio/Pulmonary B

ICD –10 Code: J18.9 (Pneumonia), M25.551 (Right Hip pain)

**3-5X/week 1X/day**  
**Review HEP**  
**Cont w/ mobility training**

**Goals: all goals to be completed in 1-2 weeks**

**Pt will perform all bed mobility tasks w/ SBA to supervision level w/ min to no cueing to prepare for home environment.**

**Pt will perform all transfers w/ SBA to Sup w/ min to no cueing to prepare for all surfaces.**

**Pt will be able to stand for > equal to 5 min while maintaining good static/dynamic balance w/ LRAD in prep for ADL performance.**

**Pt will demonstrate ability to amb w/ LRAD for 150' continuously at a SBA to sup level to prepare for home and community ambulation.**

**Rehab Potential: Good (2/2 recent experience w/ PT, high motivation level, and positive reaction to therapy this date)**

**Disposition Recommendations: SNF**

**AD recommendations: shower chair (has RW)**

**Other recommendations: OT evaluation**

Signature: Clayton Harrington, SPT

Cardiopulmonary note revised

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Palpation

### Vital Signs

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Lung Aus: Symmetrical (B) in all fields w/ no abnormalities

### ROM

Lacking only in right hip flexion AROM, no ROM measurement using Goniometer performed 2/2 increased P! – was able to perform AAROM heel slides w/ sheet to approx. 65 deg prior to increased p!

All other ROM in (B) LE is WNL

### Strength

5/5 gross left hip movements

5/5 right hip movements except for right hip flexion in sitting - 3/5

All other UE and LE movements 5/5

### Bed Mobility/Transfers

Sup <> sit min A w/ cueing for hand placement and sequencing

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## **ASSESSMENT**

Pt is a 55 y.o female w/ CC of right hip pain. Pt continues to complain of increased pain w/ all mobility tasks, especially w/ WBing activities, which is consistent with signs and symptoms of biomechanical derangement of right hip. Pt primary problem list consists of: 1. Difficulty mobilizing to EOB req additional assistance to obtain an upright sitting position and proper sequencing 2. Difficulty w/ safely performing sit <> stand from multiple surfaces req additional assistance and cueing for sequencing and proper biomechanical alignment 3. Difficulty w/ negotiating assistive device req additional verbal and manual cueing for safe and effective use 4. Difficulty w/ (l) ambulation req mult cues to increased step/stride length, maintain a widend BOS, and to obtain a proper reciprocal gait pattern to avoid shuffled pattern as pt displays great difficulty w/ WSing onto right LE. Pt would continue to greatly benefit from further skilled PT services to address problems 1-4 above to safely return to PLOF and improve overall quality of life.

**Rehab Potential: Good (2/2 recent experience w/ PT, high motivation level, and positive reaction to therapy this date)**

**AD recommendations: shower chair (has RW)**

**Other recommendations: OT evaluation**

Pattern: Musculoskeletal H, Cardio/Pulmonary B

ICD –10 Code: J18.9 (Pneumonia), M25.551 (Right Hip pain)

**3-5X/week 1X/day**

**Review HEP to ensure carryover of exercises to maximize mobility and to reinforce rehab potential**

**Cont w/ mobility training**

**Goals: all goals to be completed in 1-2 weeks**

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