**Old Dominion University** **Program in Physical Therapy**
**PT 640 Patient Evaluation I** **(Circle type) Docu Vitals Card/Resp Vascular**

**Student's Name Clay Harrington**
**"Patient's" name Taylor Russ DOB: 8/19/2020**
**Date 11/04/2020**

**Referral Source: Vascular Surgeon**
**Referral: Gait Training**

## SUBJECTIVE

**CC:** Wound on right ankle, little p!, color change in right LE
**Pain:** 2/10 current, 7/10 when walking, improves to resting level
**HPI:** wound appeared in unspecified amount of time, thinks after ankle fx 8 years ago stating "It just doesn't want to heal". Has difficulty w/ steps and has to rest post walking w/ and w/o p!.
**PMHx:** Varicose veins, CAD, left TKR (5 years ago), right ankle fx (8 years ago)
**FHx:** unremarkable
**SHx:** unremarkable
**Occupation:** unemployed, lives w/ husband
**Meds/Allergies:** none/none
**PLOF:** used crutches post TKR and ankle fx, progressed to SPC and "uses' that now. Was active prior to TKR
**CLOF:** Uses cane, but doesn't like to use it. Feels slow and unsafe entering home, but safe on level ground. Has walk in shower, no shower chair, husband has RW, sedentary lifestyle, 3 STE w/ no hand rail
**Goals:** walk w/o cane, increase steadiness in walking, increase walking distance w/o pain, wants to get back to bowling

## OBJECTIVE

**Inspection**
Wound RLE 2 cm superior to lateral malleoli, defined edges, punched out, no seeping present, capillary refill WNL (B), no swelling (B)

**Palpation**
Slight TTP 10 cm superior lateral/anterior to right malleoli, none distal, distal right LE slightly cold to touch, somatosensory, 2-point discrimination, and protective sensation intact (B), dorsalis pedis pulse: right (1+) and left (2+), posterior tibialis pulse: right (1+) and left (2+)

**Vital Signs**
Supine position: 102/62 mmHg, 62 bpm, 12 breaths/min
Seated: 100/60 mmHg
**ROM**

| Movement | Right | Left |
|---|---|---|
| DF | 0-15 deg | All WNL |
| PF | 0-60 deg | |
| INV | 0-25 deg | |
| EV | 0-10 deg | |

**Strength**

| Movement | Right | Left |
|---|---|---|
| DF | 4/5 | All WNL |
| PF | 4/5 | |
| INV | 4/5 | |
| EV | 3+/5 | |
| Hip Flexion | 4/5 | |
| Knee flex/ext | 4+/5 for both | |

**Bed Mobility/Transfers**
Sup → sit min A w/ cueing for hand placement and sequencing
Sit → stand min A w/ cueing for use of SPC and proper sequencing
Stand → sit CGA

**Gait**
25' w/ SPC, 3-point pattern at a min to mod A 2/2 instability, cueing to improve cane sequencing, improve shuffling pattern, and to promote reciprocal gait, fair carryover resulting in inability to perform step training at this time

**Misc**
Education: safety w/ mobility, importance of AROM and mobility in LEs, importance of using AD w/ mobility and appropriate AD

HEP: ankle pumps: 10X / half hour
Amb as much as possible w/ assistance w/ use of RW

**Today's Rx:**

Transfer and Gait training, wound inspection, education

## ASSESSMENT

Pattern: Integumentary E
ICD –10 Code: S91.001A

PT diagnosis: decreased gait stability secondary decreased sensation and increase in pain in right LE
Problem list:
1. decrease in feeling/sensation in right LE resulting in poor LE care and further decreasing ability to safely amb
2. decreased stability and balance in sitting and standing resulting in decreased safety w/ transfers
3. poor gait sequencing and need for more stable AD as pt is unsafe w/ preferred SPC
Summary: Pt is a 50 y.o female w/ CC of right ankle wound w/ decreased sensation present. Pt displays difficulty w/ mobility in all areas secondary to pain of wound and weakness from sedentary lifestyle. Both affect safety requiring an increase in cueing to improve gait quality and transfer sequencing. As mobility is altered, her safety is negatively impacted as well as her (I) w/ mobility requiring additional assistance t/o day, which she lacks. Pt would greatly benefit from further skilled PT in acute care setting as evidenced above to address all functional deficits.

Expected outcome: good → motivated and active, PLOF and impulsiveness may present as limitations

## PLAN

**Goals:** all achieved in 1 week or by D/C from acute care setting

- Pt will be able to perform rolling side to side and scooting at a SBA level to mimic home assistance and environment
- Pt will be able to perform sup → sit at a SBA level to mimic home surfaces
- Pt will be able to perform sit → stand from mult surfaces at a SBA level to mimic home and community surfaces
- Pt will be able to amb > or equal to 150’ to mimic home amb distances w/ LRAD at a SBA level.
- Pt will be able to perform 3 steps w/ 1 hand railing at a min A level to mimic home entrance/ext.

**Plan:**
Review HEP to promote (I) w/ mobility, carryover, and blood flow
Perform gait training w/ RW to maximize safety w/ mobility and quality
Step training when appropriate to ensure safe entry/exit of home

**Old Dominion University** **Program in Physical Therapy**
**PT 640 Patient Evaluation I** **(Circle type) Docu Vitals Card/Resp** **Vascular**
**DC Recs:** HH w/ 24/7 assist or SNF if unable. RW and Shower chair

Signature: Clayton Harrington, SPT

**Old Dominion University** **Program in Physical Therapy**
**PT 640 Patient Evaluation I** **(Circle type) Docu Vitals Card/Resp Vascular**

Revised Note (marks in red are revised)

**Student's Name Clay Harrington**
**"Patient's" name Taylor Russ DOB: 8/19/2020**
**Date 11/04/2020**

**Referral Source: Vascular Surgeon**
**Referral: Gait Training**

## SUBJECTIVE

**CC:** Wound on outside of right ankle, little p!, color change in right LE
**Pain:** current 2/10 achy outside of ankle, 7/10 throbby in same location when walking, improves to resting level
**HPI:** wound appeared in unspecified amount of time, thinks after ankle fx 8 years ago stating "It just doesn't want to heal". Has difficulty w/ steps and has to rest post walking w/ and w/o p!.
**PMHx:** Varicose veins, CAD, left TKR (5 years ago), right ankle fx (8 years ago)
**FHx:** unremarkable
**SHx:** unremarkable
**Occupation:** unemployed, lives w/ husband
**Meds/Allergies:** none/none
**PLOF:** used crutches post TKR and ankle fx, progressed to SPC and "uses' that now. Was active prior to TKR
**CLOF:** Uses cane, but doesn't like to use it. Feels slow and unsafe entering home, but safe on level ground. Has walk in shower, no shower chair, husband has RW, sedentary lifestyle, 3 STE w/ no hand rail
**Goals:** walk w/o cane, increase steadiness in walking, increase walking distance w/o pain, wants to get back to bowling

## OBJECTIVE

**Inspection**
Wound RLE 2 cm superior to lateral malleoli, defined edges, punched out, no seeping present, capillary refill WNL (B), no swelling (B)

**Palpation**
Slight TTP 10 cm superior lateral/anterior to right malleoli, none distal, distal right LE slightly cold to touch, somatosensory, 2-point discrimination, and protective sensation intact (B), dorsalis pedis pulse: right (1+) and left (2+), posterior tibialis pulse: right (1+) and left (2+)

**Old Dominion University** **Program in Physical Therapy**
**PT 640 Patient Evaluation I** **(Circle type) Docu Vitals Card/Resp <u>Vascular</u>**

**Vital Signs**
Supine position: 102/62 mmHg, 62 bpm, 12 breaths/min
Seated: 100/60 mmHg

**ROM**

| Movement | Right | Left |
|---|---|---|
| **DF** | **0-15 deg** | **All WNL** |
| **PF** | **0-60 deg** | |
| **INV** | **0-25 deg** | |
| **EV** | **0-10 deg** | |

**Strength**

| Movement | Right | Left |
|---|---|---|
| **DF** | **4/5** | **All WNL** |
| **PF** | **4/5** | |
| **INV** | **4/5** | |
| **EV** | **3+/5** | |
| **Hip Flexion** | **4/5** | |
| **Knee flex/ext** | **4+/5 for both** | |

**Bed Mobility/Transfers**
Sup → sit min A w/ cueing for hand placement and sequencing
Sit → stand min A w/ cueing for use of SPC and proper sequencing
Stand → sit CGA

**Gait**
25' w/ SPC, 3-point pattern at a min to mod A 2/2 instability, cueing to improve cane sequencing, improve shuffling pattern, and to promote reciprocal gait, fair carryover resulting in inability to perform step training at this time

**Misc**
Education: safety w/ mobility, importance of AROM and mobility in LEs, importance of using AD w/ mobility and appropriate AD

HEP: ankle pumps: 10X / half hour
Amb as much as possible w/ assistance w/ use of RW

**Today's Rx:**

Transfer and Gait training, wound inspection, education

## ASSESSMENT

Pattern: Integumentary E
ICD –10 Code: S91.001A

Pt is a 50 y.o female w/ CC of right ankle wound w/ decreased sensation present w/ signs and symptoms consistent w / decreased gait stability secondary decreased sensation and increase in pain in right LE. Pt's problem list is as follows:
1. decrease in feeling/sensation in right LE resulting in poor LE care and further decreasing ability to safely amb
2. decreased stability and balance in sitting and standing resulting in decreased safety w/ transfers
3. poor gait sequencing and need for more stable AD as pt is unsafe w/ preferred SPC
Pt would greatly benefit from further skilled PT in acute care setting as evidenced above to address all functional deficits.
Expected outcome: good → motivated and active, PLOF and impulsiveness may present as limitations

**Recommendations: RW and Shower chair**

## PLAN

**Frequency:** 1X/day – 3-4X/week
**Duration:** 1 week of until DC from hospital care
**Goals:** all achieved in 1 week or by D/C from acute care setting

- Pt will be able to perform rolling side to side and scooting at a SBA level to mimic home assistance and environment
- Pt will be able to perform sup → sit at a SBA level to mimic home surfaces
- Pt will be able to perform sit → stand from mult surfaces at a SBA level to mimic home and community surfaces
- Pt will be able to amb > or equal to 150' to mimic home amb distances w/ LRAD at a SBA level.
- Pt will be able to perform 3 steps w/ 1 hand railing at a min A level to mimic home entrance/ext.

**POC:**
Review HEP to promote (I) w/ mobility, carryover, and blood flow
Perform gait training w/ RW to maximize safety w/ mobility and quality
Step training when appropriate to ensure safe entry/exit of home

**Old Dominion University** **Program in Physical Therapy**
**PT 640 Patient Evaluation I** **(Circle type) Docu Vitals Card/Resp Vascular**
**DC Recs:** HH w/ 24/7 assist or SNF if unable.

Signature: Clayton Harrington, SPT