

PT 640: SOAP Note RubricName: Julia ManchesterGrader: Megan McCarthySubjective

- Chief Complaint 1 (1)
- Present Illness
 - Account of patient's problem 1 (1)
 - Symptoms
 - * Location 1 (1)
 - * Quality 1 (1)
 - * Quantity/ Severity 1 (1)
 - * Relieving Factors 1 (1)
 - * Aggravating Factors 1 (1)
 - * Associated Symptoms 1 (1)
 - Diagnostic Tests 1 (1)
 - Treatment to Date 1 (1)
- Past Medical History/Review of systems 1 (1)
- Current Medications 1 (1)
- Family History 1 (1)
- Personal and Social History 1 (1)
- Current Level of Function 1 (1)
- Prior Level of Function 1 (1)
- Patient's Goals 1 (1)

Objective

- Review of Systems 1 (1)
- Vital Signs 1 (1)
- Observation/Inspection 1 (1)
- Palpation 1 (1)
- ROM 1 (1)
- Strength 1 (1)
- Gait 1 (1)
- Neuro (sensation; reflexes) 1 (0)
- Misc (vascular) 1 (0)

Assessment

- Problem List 1 (1)
- Summary or Impression 1 (1)
- Rehab Potential/PT benefit; Need for Skilled Services 1 (1)
- Pattern/ ICD 10 Code 1 (1)
- Recommendations (equipment, referrals to other disciplines, etc.) 1 (1)

Plan

- Frequency 1 (1)
- Duration 1 (1)
- Short Term Goals (objective, functional, measurable) 0 (1)
- Long Term Goals (objective, functional, measurable) 0 (1)
- Treatment Plan 1 (1)
- D/C Plan 1 (1)

Score

Student's Name Julia Manchester
"Patient's" name Shellee Pelayo
Date 11/4/20

REF

SUBJECTIVE "Shellee" 50 yo F referred by vascular surgeon for gait training
cc: Pt is unsure why she is being referred for PT but reports
an ulcer cranial to (R) lateral malleolus. how far above?

HPI: Pt has had ulcer for "years" and foot/ankle becomes "achy" when she is walking a lot. She "doesn't pay attention" to her feet much and has not been treating her wound. At its worst, pain is 5/10 and usually subsides to a 1-2/10 w/ walking being the main aggravating factor. Pt reports she is not diabetic. She has noticed her legs turning "brown and dark" which is a recent change. She has been given a cane but doesn't like to use it. what parts of legs
now recent given by who, herself?

PMHx: (L) TKR 5 yr ago, (R) ankle fx 6 yr ago, CAD, varicose veins

Current Meds: ~~✓~~

FMHx: maybe CAD, unsure

OCLO: does not work

Home: lives w/ spouse in townhouse w/ 2 flights of stairs

PLOF: did chores around the house

CLOF: needs help w/ chores - pain w/ walking

Pt Goals: walk w/o pain

OBJECTIVE

Inspection Kidney-bean shaped wound above (R) lateral malleolus measuring 4cm width x 2.5 cm ht. Discoloration and poor hygiene of (B) LE's

Palpation (B) LE not TTP where all did you palpate? all of it?
Pt reported no tenderness/pain surrounding wound

Vital Signs sitting EOB 122/80 mmHg, 130 bpm HR, 12 bpm (breaths)

ROM (B) LE WNL

AROM OR PROM

hip, knee, and ankle or what specifically

Strength Gross muscle strength assessment ok for (R) traps, deltoids, biceps, triceps, grip, quads, hamstrings, ankle DF/PF
was the strength good?

Struggles from Sit $\leftrightarrow$ supine and supine $\leftrightarrow$ Sit
needs mod assist for Sit $\leftrightarrow$ stand.

Gait

Steady gait w/ Jm 11/14

which side was cane on?

Pt used cane first and was unsteady w/ 2 pt gait pattern and stood by x 10'.
Pt switched to standard walker which improved Sit $\leftrightarrow$ stand and gait w/ 3 pt pattern w/ stand by-assist x 10'.

Wkst

Today's Rx:

Pt performed Sit $\leftrightarrow$ stand transfer x 2 and received education about safe bed mobility when Sit $\leftrightarrow$ supine, supine $\leftrightarrow$ Sit. Pt gait trained w/ cane at first then switched to std walker for increased support. Pt received HEP: 2x10 bridges, 20x3 ankle pumps to promote wound healing, ST

Today's Rx:

Misc:

light touch exam $\rightarrow$ (B) LE intact
Serr dull/sharp exam $\rightarrow$ (B) LE intact
proprioception exam $\rightarrow$ (B) LE intact

protective sensation exam $\rightarrow$ (B) LE intact w/ wa
Z stand
Assist 2x du
2x10 mini squ

ASSESSMENT

Pattern:

ICD-10 Code:

50 y/o F referred to PT by vascular surgeon presents w/ large wound above (B) lateral malleolus that has impacted her gait and has been causing her pain. Pt presents w/ unsteady gait while not using walker and is generally unsafe and needs cuing while transferring and while laying down. Pt has poor hygiene of (B) LE's that needs to be addressed and will need to be educated on hygiene and wound prevention. Pt will benefit from skilled PT for wound management as well as gait training, and Pt will also benefit from a standard or rolling walker for initial gait training. Rehab potential is fair for this pt due to supportive spouse but will need to take more interest in proper hygiene + observing her LE's more.

PLAN

Pt will be seen 2x wk for 4 wks to start to address difficulties in transfers and ambulation as well as strengthening (B) LE's. Pt will need to be ordered a std/rolling walker to address unsteadiness and additional support w/ transfers. Pt will benefit from additional education on proper hygiene during these sessions. **goals you want to achieve, short & long term and their time you want to achieve by**

DC plan: Will touch base w/ pt once she has a follow up w/ vascular surgeon to address wound concerns. Will d/c when Pt is (I) w/ transfers and ambulation w/ no fall risk. **where are you d/c to, home?**

Signature:

Julia Manchester, SPT

Julia Manchester, SPT