

SOAP note - corrected

301527680 11/10/20

SUBJECTIVE

"Shellee" DOB: 2/14/70

50 y/o F referred by vascular surgeon for gait training.

CC: Pt is unsure why she is being referred for PT but reports on ulcer crinal ~ 3cm above (R) lateral malleolus.

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 as 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.

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

Meds: none

FMHx: unsure, maybe CAD

Occu: not working

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

PLOF: did chores around the house

CLOF: needs help w/ chores b/c of pain w/ walking

Pt goals: walk w/o pain

OBJECTIVE

Inspection: Kidney-bean shaped wound ~3cm above (R) lateral malleolus measuring 4 cm width x 2.5 cm ht. Discoloration and poor hygiene at (B) LE's

Palpation: palpated (R) fibular head down length of LE +: lateral malleolus - all not TTP
no reports of tenderness or pain surrounding wound

Vital signs: Seated: 122/80 mmHg, 130 bpm HR, 12 bpm (breaths)

<u>ROM</u> :	<u>R</u>	<u>L</u>
AROM		
hip flex	WNL	WNL
Knee flex	WNL	WNL
Knee ext	WNL	WNL
ankle DF	WNL	WNL
ankle PF	WNL	WNL

No PROM tested due to AROM WNL

Strength: Gross muscle strength OK to ambulate for bilateral: traps, deltoids, biceps, triceps, grip, quads, hamstrings, ankle DF/PF

Gait: Pt ambulated w/ single pt cane and presented w/ unsteady 2 pt gait - needed stand by assist - cane was used on (L) side - ambulated 10' x 1
Pt switched to std walker - improved sit $\leftrightarrow$ stand transfer as well as gait - used 3 pt gait pattern w/ stand by assist - ambulated 10' x 1

Bed mobility/transfers: Pt struggled w/ sit $\leftrightarrow$ supine transfer as well as supine $\leftrightarrow$ sit - she received education about transfer safety but needed additional eving. For sit $\leftrightarrow$ stand, Pt required mod assist

MISC:
light touch sensation exam $\rightarrow$ (B) LE intact
dull/sharp sensation exam $\rightarrow$ (B) LE intact
Great toe proprioception exam $\rightarrow$ (B) LE intact
Protective sensation exam $\rightarrow$ (B) LE intact

Today's Rx: - Pt performed sit $\leftrightarrow$ stand transfer x2 and sit $\leftrightarrow$ supine, supine $\leftrightarrow$ sit x1 - received education about safe bed mobility and transfers.
- Pt gait trained w/ single pt cane but switched to std walker for increased support due to unsteadiness.
- Pt received HEP: 2x10 bridges
20" x 3 ankle pumps (to promote blood healing)
2x/day sit $\leftrightarrow$ stand w/ walker
2x10 mini squats

ASSESSMENT

50 y/o F referred to PT by vascular surgeon presenting w/ large wound above (R) lateral malleolus that has impacted her gait as well as causing her pain especially while walking. Pt presents w/ unsteady gait w/ single pt cane and is unsafe and needs cng while transferring and while moving in bed. Pt has poor hygiene of (B) LE's that needs to be addressed and pt will also benefit from additional education on hygiene and wound management/prevention. Pt will benefit from skilled PT for wound management as well as gait training and will need to be ordered a standard or rolling walker. Rehab potential is fair for this pt due to supportive spouse but will need to take more interest in proper hygiene and observing her LE's more often.

PLAN

PT POC: 2 x/wk for 4 wks for therapeutic exercise and gait/transfer training

Pt will need to be ordered a std or rolling walker for unsteadiness during transfers and gait

STG: ① Pt will ambulate ~30' safely w/ stand by assist using std/rolling walker in 2 wks

② Pt will safely transfer sit $\leftrightarrow$ stand w/ stand by assist w/ walker as needed for support in 2 wks

③ Pt will take the necessary steps to address wounds whether it is by ~~with~~ a specialist wound care, etc. in 2 wks

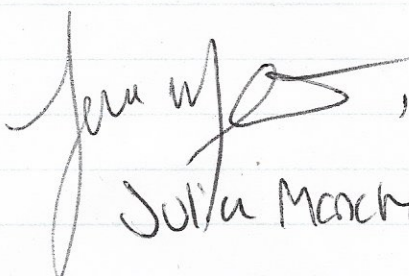
LTC: ① Pt will ambulate ~30' safely (I) using walker or while progressing to a quad or std cane in 4 wks

② Pt will safely transfer (I) sit $\leftrightarrow$ stand and in bed w/ walker as needed for support in 4 wks

③ Pt's wound will be healing/healed in 4 wks

D/C plan: plan to d/c to home where pt will receive support from spouse as needed. will touch base w/ pt once she has a follow up w/ vascular surgeon to address wound management. plan to d/c when pt is (I) w/ transfers and ambulation.

Signature:

 , SPT

Julia Manchester, SPT