Kennedy Krieger Institute

Patient Progress Notes

Al-Yasin, Haya

KKI 12-19-07 [illegible]
AL YASIN, HAYA
JHH 8 4336 43
6/09/03 A F [illegible]
P 7/07/08 [illegible]

3:40PM

7/10/08 (Date / Time Entered) **Physical Therapy Daily Note**

**Date of Service:** 07/09/08 **Treatment Time:** 10^00 - 10^30

**Subjective:** Response to previous treatment: No concerns.

(Patient) / Family / Caregiver Concerns ___ None

**Pain:** ____None **Pain Number** 1 2 3 4 5 6 7 8 9 10 **Face:** 1 2 3 4 5

Description/ Location/ Management Regimen and Effectiveness: Pt demonstrated facial grimace during end of session. Pt distracted from pain and/or discomfort by room surroundi Mom stated, Haya bites blanket when her head hurts.

Source: (patient) therapist / caregiver / parent / nurse / other _____

**Objective:** The client was treated today according to plan of care as follows:

- [x] Functional Activities
- [ ] Mat/bed mobility
- [x] Transfers/transitions
- [ ] Gait training
- [ ] Stairs / Ramps /Curbs
- [ ] Safety/community skills
- [ ] W/C mobility
- [ ] Balance / coordination
- [ ] ROM exercises
- [ ] Electrical Stimulation
- [ ] Taping
- [ ] Other

- [ ] Therapeutic exercises
- [ ] Manual therapy
- [ ] Developmental Handling
- [ ] Cardiopulmonary Techniques
- [ ] Splints/casts/Braces/Orthotics
- [ ] Equipment assessment/modification
- [ ] Assistive device assessment/modification
- [ ] Stander / Glider x _____ min.
- [ ] Functional Electrical Stimulation Ergometry
- [ ] Treadmill: _____ MPH _____Time ____ grade
- [ ] Supervision of aide program
- [ ] Communicated (written / verbally) with _____ re: plan of care

**Patient/Caregiver training** __Yes ✓No. **Regarding:**

**Method:** ____ Demonstration _____Handout provided _____Verbal instruction

**Patient/Caregiver:** ____ expressed verbal understanding _____ returned demonstration

**Object Functional status:**

✓ As previously documented in last progress note or initial evaluation

**Objective section comments:** Mom present during session. Diaper change. Sitting balance at EOB; minimal perturbations c trunk and B LE responses to righting; PROM B hips assessed; Test patch of Kinesiotape applied to L upper back.

**Assessment:** ✓ As previously documented in last progress note or initial evaluation

**Treatment Tolerance:**

✓ Patient tolerated treatment with no adverse reactions, or signs of pain.

**Plan:** ✓Continue Physical Therapy per plan of care __Plan of care will change as follows:

**Therapist Signature:** Leslie A. White ISPT **Maryland License#:** 21730

B-H C-S ISPT

Al-Yasin, Haya

Kennedy Krieger Institute

Patient Progress Notes

KKI 12-19-03 [illegible]
AL YASIN, HAYA
JHH 8 4336149
[illegible] X F [illegible]
[illegible] [illegible] B32 [illegible]

3:40PM

7/10/08 (Date / Time Entered) **Physical Therapy Daily Note**

**Date of Service:** 07/09/08 **Treatment Time:** 330 - 400

**Subjective:** Response to previous treatment:

(Patient) Family / Caregiver Concerns ___ None No concerns.

**Pain:** ____None Pain Number 1 2 3 4 5 6 7 8 9 10 Face: 1 2 3 4 5

Description/ Location/ Management Regimen and Effectiveness: Pt. fussy throughout this session c occasional distraction from muscal toys and mom.

Source: patient / therapist / caregiver / parent / nurse / other _____

**Objective:** The client was treated today according to plan of care as follows:

| | | | |
|---|---|---|---|
| | Functional Activities | | Therapeutic exercises |
| | Mat/bed mobility | | Manual therapy |
| ✓ | Transfers/transitions | | Developmental Handling |
| ✓ | Gait training | | Cardiopulmonary Techniques |
| | Stairs / Ramps /Curbs | | Splints/casts/Braces/Orthotics |
| | Safety/community skills | | Equipment assessment/modification |
| | W/C mobility | | Assistive device assessment/modification |
| | Balance / coordination | | Stander / Glider x _____ min. |
| | ROM exercises | | Functional Electrical Stimulation Ergometry |
| | Electrical Stimulation | | Treadmill: _____ MPH _____Time ____ grade |
| | Taping | | Supervision of aide program |
| | Other | | Communicated (written / verbally) with _____ re: plan of care |

**Patient/Caregiver training** ✓Yes __No. **Regarding:** hand placement and facilitation during transitions (e.g. - sit → stand) and ambulation

**Method:** ✓ Demonstration _____Handout provided ✓Verbal instruction

**Patient/Caregiver:** ✓ expressed verbal understanding _____ returned demonstration

**Object Functional status:**

✓ As previously documented in last progress note or initial evaluation

**Objective section comments:** Mother was present during session; attempted transitions (sit → stand) on mat c max A at hips and pelvis; ambulated 10-15' x 4 progressing from A at trunk → hips → hand hold A.

**Assessment:** ✓ As previously documented in last progress note or initial evaluation

**Treatment Tolerance:**

✓ Patient tolerated treatment with no adverse reactions, or signs of pain.

**Plan:** ✓ Continue Physical Therapy per plan of care __Plan of care will change as follows:

**Therapist Signature:** Leslie A. White, SPT **Maryland License#:** 21752

B of C SPT, DPT