Kennedy Krieger Institute

Patient Progress Notes

Al-Yasin, Haya

KKI 12-19-03 1479710C12
AL YASIN, HAYA
JHH R 4336149
6/04/03 X F COSW
F 7x7x- B32

7/10/08 3:40PM (Date / Time Entered) **Physical Therapy Daily Note**

Date of Service: 07/08/08 **Treatment Time:** 1000 - 1030

Subjective: Response to previous treatment:

(Patient) / Family / Caregiver Concerns ___ None No PT error/LAW concerns. Mother and nurse stated pt. had seizure this morning at 5:00am and has been tired since.

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:
~~No indicated~~ PT error/LAW No pain indicated.

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

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

- ___ Functional Activities
- ___ Mat/bed mobility
- ___ 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 was present during session; ambulated 10' x 5 c initial mod A x1 for lateral weight shift onto stance LE progressed to hand-held A c proprioceptive feedback at hips/pelvis to just hand-held 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 Leslie A. White, SPT, DPT **Maryland License#:** 21782

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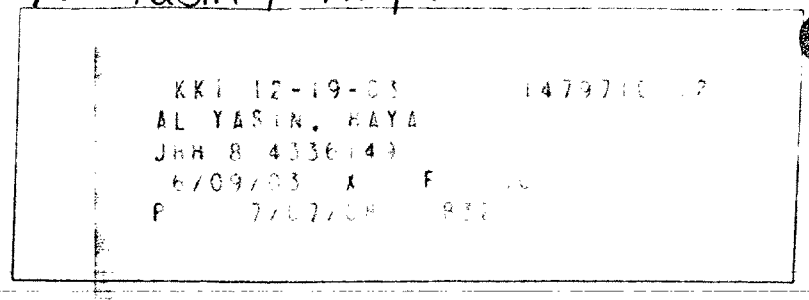

7/10/08 3:40 PM (Date / Time Entered) **Physical Therapy Daily Note**

Date of Service: 07/08/08 **Treatment Time:** 300 - 330 co-tx c OT

Subjective: Response to previous treatment:

(Patient) / Family / Caregiver Concerns ___ None No concerns. Father commented on Haya's decrease in energy during session.

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:

No pain indicated.

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:**

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 and dad each present for half the session; transitions: sit → stand c mod - max A; sit → ½ kneel → stand c mod - max A at pelvis and LE; B LE weight shifts c focus on foot positio

Assessment: ✓ As previously documented in last progress note or initial evaluation and knee flexion.

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#:** 21942

B-J C SPT, DPT

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