

PHYSICAL THERAPY OUTCOME DRIVEN CARE PLAN

Client Name: _____

Functional Areas	Prior Level of Function (PLOF)	Current Level of Function (CLOF) ***	Goal	CLOF (minus) Goal	Scoring Key *** At DC only complete CLOF Column
Transferring: Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.				<i>Multiply by 3</i>	0 = Able to independently transfer. 1 = Able to transfer with minimal human assistance or with use of an assistive device. 2 = Able to bear weight and pivot during the transfer process but unable to transfer self. 3 = Unable to transfer self and is unable to bear weight or pivot when transferred by another person. 4 = Bedfast, unable to transfer but is able to turn and position self in bed. 5 = Bedfast, unable to transfer and is unable to turn and position self.
Ambulation/Locomotion : Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.				<i>Multiply by 3</i>	0 = Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically: needs no human assistance or assistive device). 1 = With the use of a one-handed device (for example, cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings. 2 = Requires use of a two-handed device (for example, walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces. 3 = Able to walk only with the supervision or assistance of another person at all times. 4 = Chairfast, <u>unable</u> to ambulate but is able to wheel self independently. 5 = Chairfast, unable to ambulate and is <u>unable</u> to wheel self. 6 = Bedfast, unable to ambulate or be up in a chair.
When is the patient dyspneic or noticeably Short of Breath?					0 = Patient is not short of breath 1 = When walking more than 20 feet, climbing stairs 2 = With moderate exertion (for example, while dressing, using commode or bedpan, walking distances less than 20 feet) 3 = With minimal exertion (for example, while eating, talking, or performing other ADLs) or with agitation 4 = At rest (during day or night)
Frequency of Pain Interfering with patient's activity or movement:					0 = Patient has no pain 1 = Patient has pain that does not interfere with activity or movement 2 = Less often than daily 3 = Daily, but not constantly 4 = All of the time
Objective Measure					Tinetti: (2) ≤18 (high fall risk) (1) 19-23 (moderate fall risk) (0) ≥24 (low fall risk) Berg: (2) 0-20 (wheelchair bound) (1) 21-40 (walking with assist) (0) 41-56 (independent) Other:
Did patient receive post-acute (skilled nursing facility, inpatient rehabilitation facility, long term care hospital, or inpatient psychiatric facility) care in the 14 days prior to the HH admission					Yes = 2 No = 0
Risk for Hospitalization: Which of the following signs or symptoms characterize this patient as at risk for hospitalization? (Mark all that apply.) <i>INSTRUCTION: 1 POINT FOR EACH RISK IDENTIFIED</i>					() - History of falls (2 or more falls – or any fall with an injury – in the past 12 months) () - Multiple hospitalizations (2 or more) in the past 6 months () - Diagnosis of Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, or Diabetes Mellitus
					← Sum of column (ODCP Score)

Employee Signature: _____ Date: _____

Physical Therapy - GG Assessment

Client Name: _____ Client DOB: _____ Date: _____

Therapist Name/Title (Printed): _____

Therapist Signature/Title: _____

1. SOC/ROC Performance	2. DC goal/ DC Performance	*** At DC only complete the DC performance column	
Enter Codes in Boxes			
<input type="text"/>	<input type="text"/>	A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed.	
<input type="text"/>	<input type="text"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.	
<input type="text"/>	<input type="text"/>	C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.	
<input type="text"/>	<input type="text"/>	D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.	
<input type="text"/>	<input type="text"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).	
<input type="text"/>	<input type="text"/>	F. Toilet transfer: The ability to get on and off a toilet or commode.	
<input type="text"/>	<input type="text"/>	G. Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.	
<input type="text"/>	<input type="text"/>	H. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb)	
<input type="text"/>	<input type="text"/>	I. Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.	
<input type="text"/>	<input type="text"/>	J. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.	
<input type="text"/>	<input type="text"/>	K. Walk 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.	
<input type="text"/>	<input type="text"/>	L. 1 step (curb): The ability to go up and down a curb and/or up and down one step. If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.	
<input type="text"/>	<input type="text"/>	M. 4 steps: The ability to go up and down four steps with or without a rail. If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.	
<input type="text"/>	<input type="text"/>	N. 12 steps: The ability to go up and down 12 steps with or without a rail.	
<input type="text"/>	<input type="text"/>	O. Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	P. Does patient use wheelchair and/or scooter? 0. No → Skip GG0170R, GG0170RR1, GG0170S, and GG0170SS1. 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns.
<input type="text"/>	<input type="text"/>	Q. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	QQ1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized
<input type="text"/>	<input type="text"/>	R. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	RR1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

GG0130. Self-Care

Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).

Coding:

Safety and Quality of Performance – If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

- 06. **Independent** – Patient completes the activity by him/herself with no assistance from a helper
- 05. **Set-up or clean-up assistance** – helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.
- 04. **Supervision or touching assistance** – Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.
- 03. **Partial/moderate assistance** – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs and provides, but provides less than half the effort.
- 02. **Substantial/maximal assistance** – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- 01. **Dependent** – Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

If activity was not attempted, code reason

- 07. **Patient Refused**
- 09. **Not applicable** – not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.
- 10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
- 88. **Not attempted due to medical conditions or safety concerns**