# 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. | | | | *Multiply by 3* | 0 = Able to independently transfer.<br>1 = Able to transfer with minimal human assistance or with use of an assistive device.<br>2 = Able to bear weight and pivot during the transfer process but unable to transfer self.<br>3 = Unable to transfer self and is unable to bear weight or pivot when transferred by another person.<br>4 = Bedfast, unable to transfer but is able to turn and position self in bed.<br>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. | | | | *Multiply by 3* | 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).<br>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.<br>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.<br>3 = Able to walk only with the supervision or assistance of another person at all times.<br>4 = Chairfast, <u>unable</u> to ambulate but is able to wheel self independently.<br>5 = Chairfast, unable to ambulate and is <u>unable</u> to wheel self.<br>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<br>1 = When walking more than 20 feet, climbing stairs<br>2 = With moderate exertion (for example, while dressing, using commode or bedpan, walking distances less than 20 feet)<br>3 = With minimal exertion (for example, while eating, talking, or performing other ADLs) or with agitation<br>4 = At rest (during day or night) |
| **Frequency of Pain** Interfering with patient's activity or movement: | | | | | 0 = Patient has no pain<br>1 = Patient has pain that does not interfere with activity or movement<br>2 = Less often than daily<br>3 = Daily, but not constantly<br>4 = All of the time |
| **Objective Measure** | ████ | | | | Tinetti: **(2)** <u>&lt;</u>18 (high fall risk) **(1)** 19-23 (moderate fall risk) **(0)** <u>&gt;</u>24 (low fall risk)<br>Berg: **(2)** 0-20 (wheelchair bound) **(1)** 21-40 (walking with assist) **(0)** 41-56 (independent)<br>**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<br>No = 0 |
| **Risk for Hospitalization:** Which of the following signs or symptoms characterize this patient as at risk for hospitalization? **(Mark all that apply.)** *INSTRUCTION: 1 POINT FOR EACH RISK IDENTIFIED* | | | | | (  ) - History of falls (2 or more falls – or any fall with an injury – in the past 12 months)<br>(  ) - Multiple hospitalizations (2 or more) in the past 6 months<br>(  ) - Diagnosis of Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, or Diabetes Mellitus |
| ████████████████ | | | | | ←Sum of column (ODCP Score) |

Employee Signature: _____ Date: _____