

**MOBILITY TESTING**

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**General Mobility Tests**

Rolling Right	Minimum Assist
Rolling Left	Minimum Assist
Supine / Sit	Moderate Assistance
Sit / Stand	Moderate Assistance

**Transfers**

Chair to Chair	Max Assist
Chair to Bed	Max Assist
Chair to Toilet	Max Assist
Shower.	Max Assist
Tub.	Max Assist

**W/C Skills**

Propulsion	NT
Parts Management	NT

Comments

**ADL / IADL**

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**ADL / IADL Test**

Feeding	Supervision
Grooming	Supervision
UB Bathing	Minimal Assistance
LB Bathing	Maximum Assistance
UB Dressing	Minimal Assistance
LB Dressing	Maximum Assistance
Toileting	Maximum Assistance
Light Meal Prep	Dependent
Snack / Beverage Prep	Dependent
Homemaking	Dependent
Money Management	NT

Comments:

**COGNITION**

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**Cognition Tests**

**Oriented to:**

Person	X
Place	
Time	X

STM	Impaired
LTM	Impaired
Safety / Judgement	Impaired
Problem Solving	Impaired
Following Directions	Intact
Attention	Intact

Comments:

Pt was able to recall the day and month, but was not able to recall where she lived before the fall. Pt stated that she was "confused".

**Treatment Plan Summary**

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**Communication Status:** Within Functional Limits

**Cognitive Status:** Impaired

**Hearing:** Within Normal Limits

**Vision:** Within Normal Limits

**Comment:**

**Patient/Family Goals/Comments/Expectation:**

"to be able to return home"

**Rehab Potential:** Good

**Rehab Potential Comment:**

**Is this an Evaluation Only:** No

**Treatment Plan Comment:**