

# PHYSICAL THERAPY WEEKLY PATIENT PROGRESS NOTE

Name: \_\_\_\_\_ Diagnosis: \_\_\_\_\_ Date: \_\_\_\_\_

Initial Evaluation: \_\_\_\_\_ Number of Sessions: \_\_\_\_\_

Number of Cancellations: \_\_\_\_\_ Number of No Shows: \_\_\_\_\_

### Progress:

- Good improvement with treatment \_\_\_\_\_
- Slight improvement with treatment \_\_\_\_\_
- No improvement with treatment \_\_\_\_\_

### Recommendations:

- Return to work \_\_\_\_\_
- Continue therapy \_\_\_\_\_
- Discontinue therapy \_\_\_\_\_
- Approximate discharge date \_\_\_\_\_

### Patient's Participation In Therapy:

- Motivated
- Slightly Motivated
- Not Motivated

### Problems:

- Decreased range of motion
- Increased pain
- Decreased strength
- Decreased ability to perform job
- Sensory changes
- Radiculopathy

### Treatment Interventions:

- Range of motion/stretching
  - Strengthening
  - Work Simulation
  - Ergonomic Techniques/Postural Education
  - Modalities
- \_\_\_\_\_
- \_\_\_\_\_

**New Prescription Required**

\_\_\_\_\_ sessions

**New C-9 Required**

\_\_\_\_\_ sessions \_\_\_\_\_ dates \_\_\_\_\_

**Other:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Therapist:** \_\_\_\_\_ **Phone #:** 216-363-2564

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MR.PTWEEKLY

SVPOD-180 (6/07)

PATIENT LABEL