

# ROADMAP TO COMPLIANT DOCUMENTATION

## PATIENT SCENARIO # 1

### Summary:

Patient is a 65 y/o male diagnosed with a R MCA CVA and resulting L hemiplegia. Patient also has co-morbidities of uncontrolled diabetes, diabetic retinopathy as well as hypertension uncontrolled.

### Deficits:

- L UE strength 2/5 shoulder, 2/5 elbow, 1/5 wrist and digits.
- L LE strength: L knee extension 3/5 and ankle DF 2+/5
- L UE + LE 2/5 on Modified Ashworth Scale
- Decreased stride length L LE
- Decreased Heel strike L LE
- Decreased stance phase L LE with L knee/hip flexion
- L LE circumduction as swing phase
- Ambulates 10 ft. with hemi walker requires Mod A with tactile cues to initiate L LE swing phase
- Unable to feed, dress, bathe, groom requires mod A
- Perseverates and follows-commands inconsistently
- Tinetti score: 10/28

### Activities and Participation:

- Married with 3 children
- Works as an economics professor at University, plans to resume work
- Plays golf and tennis, plans to continue

*Using the information above, create a Reason for Referral, 3 LT goals, list 3 interventions that you plan to use and document them showing skill and that what you are doing is reasonable & necessary*

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## PATIENT SCENARIO # 2

### **Summary:**

Patient is a 74 y/o female diagnosed Herpes Zoster, DM, Diabetic Retinopathy and hypertension

*Using the information above, what do you want to evaluate further? Why may she require rehabilitation? Why would it be reasonable & necessary and how would you show skill?*

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## PATIENT SCENARIO # 3

### Patient Scenarios # 3

1. **Clinical Note:** Patient recently suffered a R CVA and has a past history of L RCT with adhesive capsulitis. Pt reports pain in L shoulder 6-8/10. Pt also has decreased grip strength and coordination which affects participation in ADLs.
2. **Clinical Note:** Patient has decreased ability to participate in ADL's due to painful RA in wrist and digits. Pt also had difficulty sleeping at night secondary to hand pain.
3. **Clinical Note:** Patient recently suffered a L cerebellar CVA and presents with ataxic gait, falling to L, poor coordination, L sided hearing loss.

*Please add skilled statements to the above scenarios*