

MEDICAL RECORD -- SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-400; the proponent agency is the Office of the Surgeon General.

REPORT TITLE <p style="text-align: center;">PHYSICAL THERAPY POST-OPERATIVE EVALUATION</p>	OTSG APPROVED (Date)
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PART I - SUBJECTIVE

1. Age	2. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	3. Occupation	4. Date of surgery	5. Surgeon
6. Procedure		7. Findings		
8. Post-op restrictions (in addition to protocol) <input type="checkbox"/> None				9. Pain at rest ____ / 10
11. Past medical history				10. Pain with ROM ____ / 10
12. Patient's goal				

PART II - OBJECTIVE

13. Barriers to learning <input type="checkbox"/> None	14. Extremity involved	
15. Observations		
a. Swelling:	b. Ecchymosis:	c. Portholes/incision:
16. Function	17. Brace <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Range of motion
19. Strength	20. Neurovascular status <input type="checkbox"/> Intact <input type="checkbox"/> Deficit:	
21. Other		

PART III - ASSESSMENT

22. Post-operative day	23. Procedure	24. Rehabilitation potential
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PART IV - PLAN

25. The patient or significant other was instructed in post-operative standing operating procedure, and has demonstrated or verbalized understanding of the exercise program, precautions and use of ice. Will comply with treatment plan. _____ (Initials)
26. Treatment goals, options, risks and benefits were discussed with the patient or significant other. The patient or significant other concurs with the treatment plan and goals. _____ (Initials)
27. Discharge criteria: meeting established goals, maximum benefit achieved, and/or as per protocol. _____ (Initials)
28. In-clinic treatment: (Select all that apply) <input type="checkbox"/> N/A <input type="checkbox"/> See MEDDAC Form 696, Physical Therapy Treatment Note <input type="checkbox"/> Daily <input type="checkbox"/> Three times per week <input type="checkbox"/> Two times per week
29. Follow up on:

PART V - GOALS

30. Short-term goal. Patient demonstrated exercises properly and can verbalize precautions. <input type="checkbox"/> Achieved <input type="checkbox"/> Not achieved
31. Long-term goal

(Continue on reverse)

PREPARED BY (Signature & Title)	DEPARTMENT/SERVICE/CLINIC	DATE
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PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)

- HISTORY/PHYSICAL FLOW CHART
- OTHER EXAMINATION OR EVALUATION OTHER (Specify)
- DIAGNOSTIC STUDIES
- TREATMENT