

**CONSULTATION EN PHYSIOTHÉRAPIE  
PHYSIOTHERAPY REFERRAL**

**DIAGNOSTIC & MOTIF POUR LA CONSULTATION  
DIAGNOSIS & REASON FOR REFERRAL**

Date: 2017-10-11

76F brought to ED after daughter noted worsened memory and wandering while visiting in USA. (pt lives alone here in MI and felt by daughter to be unsafe to return safely). Your kind eval appreciated. Thanks

Service: \_\_\_\_\_

Signature: \_\_\_\_\_

*[Handwritten initials]*

**LISTE DES PROBLÈMES & PLAN DE TRAITEMENT  
PROBLEM LIST & TREATMENT PLAN**

Date: 2017/10/11

O/ Stairs: Mobilizes 10 steps w close (S), hand on railing and slow, reciprocal gait pattern ascend/descend. Unable to fully extend LEs when going up.

A/ Problems

- ① ↓ Activity tolerance
- ② ↓ dynamic balance
- ③ Ambulates 40m (S)
- ④ Mobilizes 10 steps w close (S)

Goals

- ① Prevent additional decondition
- ② Ambulate (E) w device as needed
- ③ Mobilize 10 steps (E) w device as needed
- ④ Facilitate d/c planning

76 yr old lady ret at baseline nor safe to return home. At ↑ risk for wandering - ensure antiwander bracelet upon admission. OT following as well. Would benefit from SW (C) as well. Will require CISC home eval to optimize support service at home but may also require relocation.

- P/
- ① Transfers
  - ② Ambulation
  - ③ Stair mobility

④ Disposition

Signature: \_\_\_\_\_

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ID: 76 yr old lady admitted 2017/10/11

HPI: Brought to ER by her daughter - reports patient has been showing ↑ confusion/disorientation as well as wandering. Patient was in USA visiting daughter - wandered out of apartment, brought to (H) by paramedics. Upon return to Montreal, daughter brought patient to MGH ER.

PMHx: HTN, Thyroid disease, Colorect Sx

Meds: See RN Korden

Tests: See OACIS

Social: Lives alone in split-level dwelling (1 step outside, 7 steps to each level). (I) ADL/IADL and mobilizes w/o device.

S/ Consents to An, voices of concerns/complaints but needs ++ cueing to open up however responds to instructions.

O/ Obsv: Sitting in chair - NAD but appears very thin. Daughter at bedside.

MS: Awake and cooperative but slightly withdrawn. Does not verbalize much and mild delay when she answers back.

ROMs: UE → WFL (B) (Shoulder, elbow, wrist/hand)  
LE → WFL (B) (Hip, knee, ankle)

Strength: LE → Hip flex (4/5 (B)), Knee ext (4/5 (B)),  
Knee flex (4/5 (B)), Ankle df (3/5 (B))

Transfers: Sit ↔ stand (I)

Gait: Ambulates ~ 40m (S); fair cadence but alternating gait (shuffling, scissoring) and mild

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side swaying. Patient easily distracted and keeps hands against her chest when mobilizing.