

Safe Life at HomeSM Fall Prevention Program

Fall Prevention and Patient Education Guide

Fall Prevention Program Clinician's Guidelines

VISIT FREQUENCY & DURATION RECOMMENDATION BASED ON BALANCE ASSESSMENT SCORES					
Tinetti Balance & Gait Score 0 – 28	Number of Visits Recommended	Frequency & Duration	Falls Risk Score 0 – 35 > 10 High Risk	Number of Visits Recommended	Frequency & Duration
25 – 28	0	Low Risk	0 – 9	0	Low Risk
19 – 24	8 – 12	5w2, 2w1	10 – 17	8 – 12	5w2, 2w1
10 – 18	14 – 18	5w2, 3w2, 2w1	18 – 25	14 – 18	5w2, 3w2, 2w1
0 – 9	19 – 24	5w2, 3w2, 2w3, 1w2 / Re-cert?	26 – 35	19 – 24	5w2, 3w2, 2w3, 1w2 / Re-cert?

The Safe Life care map is intended to be used only as a guide for management of balance problems related to benign paroxysmal positional vertigo and other common balance and gait disorders. The map does not replace the skills or professional judgment of the clinician in the evaluation and treatment of the patient. The clinician is responsible for the identification of any contraindications to treatment and to alter the care map accordingly. Visit intensity and frequency may need to be adjusted to a patient's specific needs. The map does not replace or alter the need to physician orders.

OUTCOME MEASUREMENTS
Base line measurements of balance, gait, and ADL functional levels must be collected and documented on the 1st assessment visit with the patient. The initial assessment base line measurements form the foundation of the outcome measurements to follow.
Outcome measurements must be collected every 5th visit as long as the patient is in the program, and at discharge. The outcome measurements demonstrate the patient's progress and will be reported to the referring physician as requested by the physician, and/or weekly, and at discharge.

PATIENT SCORE CARD
The patient score card is generated from the outcome measurements collected at the initial evaluation visit, every fifth visit after evaluation, and at discharge. The score card is critical in demonstrating progress of the patient during the program.
The score allows the physician to see objective measurements of improvement. The score card may be provided to the patient, referral source, and used as care coordination information.

Tinetti Assessment Tool — Balance Discharge Visit

The patient is seated in a hard, armless chair. The following maneuvers are tested.

Task	Description of Balance	Balance Score
1. Sitting balance	Leans or slides in chair Steady, safe	= 0 = 1 _____
2. Arises	Unable without help Able, uses arms to help Able without using arms	= 0 = 1 = 2 _____
3. Attempts to arise	Unable without help Able, requires > 1 attempt Able to arise, 1 attempt	= 0 = 1 = 2 _____
4. Immediate Standing Balance	(first five seconds) Unsteady (swaggers, moves feet, sway) Steady but uses walker/other support Steady without walker/other support	= 0 = 1 = 2 _____
5. Standing balance	Unsteady Steady but wide stance (medial heels > 4 in. apart), uses cane or other support Narrow stance without support	= 0 = 1 = 2 _____
6. Nudged	(subject at maximum position with feet as close together as possible, examiner pushes lightly on subject's sternum with palm of hand 3 times) Begins to fall Staggers, grabs, catches self Steady	= 0 = 1 = 2 _____
7. Eyes Closed	(at maximum position No. 6) Unsteady Steady	= 0 = 1 _____
8. Turning 360 degrees	Discontinuous Steps Continuous Unsteady (grabs, staggers) Steady	= 0 = 1 = 0 = 1 _____
9. Sitting down	Unsafe (misjudges distance, falls into chair) Uses arms or not a smooth motion Safe, smooth motion	= 0 = 1 = 2 _____
Balance Score:		_____ /16

Discharge Summary

PT Note OT Note

Patient Name _____ Services began ___/___/___ Date of Discharge ___/___/___

DOB _____ Cert Period _____ to _____

Physician _____ Diagnosis _____

SERVICES PROVIDED: PT _____ OT _____ Aide _____ MSW _____

REASON FOR DISCHARGE:

- Goals Met Progress Plateau Moved from service area Patient request Physician request
 Expired Transferred to SNF No longer homebound Hospitalized

PROGRESS TOWARDS GOALS	MET	NOT MET	REASONS NOT MET
Patient independent in Vestibular H.E.P.			
Pain Management effective, patient able to effectively manage			
Patient attained goals:			
Transfer goal			
Ambulation goal on level surface			
Step negotiation goal			
Gait goal			
Balance goal			
ADLs goal			
Falls Risk Assessment indicates improvement			
Tinetti scale shows improvement in gait and balance			
Pt. verbalizes reduced dizziness			
Pt. demonstrated and increase in activity level			
Patient / Caregiver agree with Discharge Plans			

Discharge Summary: _____

THANK YOU FOR THE OPPORTUNITY TO CARE FOR YOUR PATIENT. WE APPRECIATE YOUR TRUST.

Clinician: _____ Date _____

Patient Signature: _____ Date _____ Time in _____ Time out _____

VISIT 1 Fall Prevention Program

PT Assessment OT Assessment

Homebound Status: ___ Difficult & Taxing to Leave Home ___ Limited Endurance ___ Post-Op Restrictions
 Other Specify: _____

Subjective: (Include negative findings) / Response to Teaching

 Cert Period: _____ to _____ DOB: _____

Equipment Needs: _____
 Primary Dx: _____
 Treatment Dx: _____
 Chief Complaint: _____

BPPV ASSESSMENTS	BPPV TREATMENTS
Hall Pike / Epley Maneuver (Pos ✓) R Post Canal ___ L Post Canal ___ Side Lying Test (Pos ✓) R Post ___ L Post Canal ___ Roll Test Horizontal Canal R ___ L ___ CTSIB Test ___ Fukuda Step Test ___	Positive Hall Pike / Side Lying Test: Epley Exercises R ___ L ___ Sermont Manuever R ___ L ___ Positive Roll Test: 360 degree Roll R ___ L ___ Gufoni's Manuever R ___ L ___
Visual Optical Reflex VOR Testing Gaze Stabilization (Nystagmus) _____ Smooth Pursuit (Saccades) R ___ L ___ Bilateral ___ Head Thrust Test (Saccades) R ___ L ___ Head Shaking Test (vision degrades by > 2 lines) _____	Positive VOR Tests exercises: Target Viewing x 1 ___ x 2 ___ Target x 2 ___ Walking with Head movements ___ Compliant surface walking & target viewing ___
VITAL SIGNS (supine) B/P _____ P _____ R _____ (standing) B/P _____ (sitting) _____	PAIN Location: _____ Severity (1-10): _____ Duration: _____ Frequency: _____ Sensation: _____
TRANSFERS Assess / Observe sit-to-stand transfers _____ _____ Assess / Observe other transfers _____ _____ Teach safe transfer procedure to pt / cgiver _____	ADL Training & Safety Instruction: _____ _____ _____ _____
GAIT/ W/C MOBILITY Assess gait pattern (teach as needed) _____ Teach safe ambulation _____ Assess activity level _____ Assess / Teach safe stair climbing _____ Assess / Teach safe w/c mobility _____ Other: _____	Device: _____ Surface: _____ Assistance: _____ Cueing: _____ Distance: _____
BALANCE Perform / teach balance activities _____ _____ _____	TREATMENT PERFORMED Specify: _____ _____ _____
SAFETY Teach use and care of adaptive equipment / DME _____ Make appropriate recommendations for safe environment _____ Assess for Falls Risk _____ Instruct in fall prevention and recovery _____ Review emergency plan _____	_____
CARE COORDINATION Communicate with physician _____ Communicate with Clinical Manager / team members _____ Discuss discharge plans with pt / caregiver _____	Topic: _____ Results: _____

Patient Name: _____ Medical Record # _____ Date _____

Therapy Services Assessment and Plan of Care

BASE LINE PERFORMANCE MEASURES	SCORE	GOAL	INTERVENTIONS
Sit-to-stand from Chair Independent = 5 Contact guard = 4 Min = 3 Mod = 2 Max = 1 Unable = 0			<input type="checkbox"/> Lower Extremity Strengthening Exercise <input type="checkbox"/> Upper Extremity Strengthening Exercise <input type="checkbox"/> Trunk Strengthening Exercise <input type="checkbox"/> Coordination Exercise <input type="checkbox"/> Balance Training <input type="checkbox"/> Compliant & Uneven Surface Exercises <input type="checkbox"/> Gait Training <input type="checkbox"/> Home Exercise Program Instruction <input type="checkbox"/> Vestibular Rehab <input type="checkbox"/> Transfer Training <input type="checkbox"/> ADLs Training
Sit-to-stand from bed Independent = 5 Contact guard = 4 Min = 3 Mod = 2 Max = 1 Unable = 0			
Able to Induce Positional Vertigo (Yes = 0 / No = 1)			
Spontaneous Vertigo / Dizziness (Yes = 0 / No = 1) / Freq	/		
Level Surface Distance > 100 feet (Yes = 1 / No = 0) Independent & Safely with Assistive Device			
Un-level Surfaces Distance > 75 feet (Yes = 1 / No = 0) Independent & Safely with Assistive Device			
Assistance for Stairs Independent = 5 Contact guard = 4 Min = 3 Mod = 2 Max = 1 Unable = 0			

ROM	EVALUATION	GOAL	MMT EVALUATION	GOAL
Hip abd (0-45) A / P	L R	L R	L R	L R
Hip ext (0-30) A / P	L R	L R	L R	L R
Knee flex (135) A / P	L R	L R	L R	L R
Knee ext (0) A / P	L R	L R	L R	L R
Ankle DF(0-20) A / P	L R	L R	L R	L R
Shoulder abd (170) A / P	L R	L R	L R	L R
Shoulder flex (170) A / P	L R	L R	L R	L R
Shoulder ext (45) A / P	L R	L R	L R	L R
Elbow ext (0) A / P	L R	L R	L R	L R
Elbow flex (140) A / P	L R	L R	L R	L R
Wrist flex (0-45) A / P	L R	L R	L R	L R
Wrist ext (0-35) A / P	L R	L R	L R	L R
Hand grip (fingers tucked)	L R	L R	L R	L R

BASE LINE PERFORMANCE MEASUREMENT GOALS:

- Tinetti gait & balance score will improve from ___ to ___ in ___ weeks to improve safety for ADLs.
- Falls risk assessment will improve from ___ to ___ in ___ weeks to reduce the risk of injury related to falling in the home during functional ADLs.
- Positional vertigo symptoms will be resolved in ___ weeks.
- The frequency of spontaneous vertigo/dizziness symptoms will decline from ___ times per ___ to ___ times per ___.
- Independent safe ambulation with assistive device on level surfaces will improve from ___ feet to ___ feet to restore independence for ADLs in the home.
- Independent safe ambulation with assistive device on Un-level surfaces will improve from ___ feet to ___ feet to restore independence for ADLs & accessing transportation.

OTHER GOALS:

Frequency/ Duration _____ Effective _____

Clinician _____ Date _____

Patient Signature _____ Date _____ Time in _____ Time out _____

Physician Signature _____ Date _____

Discharge Visit — Fall Prevention Program

PT Note OT Note

Homebound Status: ___ Difficult & Taxing to Leave Home ___ Limited Endurance ___ Post-Op Restrictions
 Other Specify: _____

Subjective: (Include negative findings) / Response to Teaching

FINAL INSTRUCTIONS	VITAL SIGNS
Instruct / Observe / Reinforce HEP _____	(supine) B/P _____ P _____ R _____
Instruct / Observe / Reinforce VOR exercises _____	(standing) B/P _____
Instruct / Observe / Reinforce Safety with gait & transfers _____	(sitting) _____
Instruct / Observe / Reinforce pain management techniques _____	PAIN Location: _____
Instruct / Observe / Reinforce medication compliance _____	Severity (1-10): _____
TRANSFERS Observe/Reinforce sit-to-stand transfers _____	Duration: _____
Observe/Reinforce other transfers _____	Frequency: _____
Reinforce safe transfer procedure to Patient / caregiver _____	ADL Training & Safety Instruction: _____
GAIT/ W/C MOBILITY Assess gait pattern (teach as needed) _____	Device: _____
Observe/Reinforce safe gait / ambulation _____	Surface: _____
Observe/Reinforce safe stair climbing _____	Assistance: _____
Observe/Reinforce safe w/c mobility _____	Cueing: _____
Other: _____	Distance: _____
Therapeutic Exercises _____	_____
_____	_____
_____	_____
_____	_____

FUNCTIONAL ASSESSMENT OF BALANCE	SCORE	GUIDELINES	GOAL MET	NOT MET	REASON CODE
Sit-to-stand from Chair Independent = 5 Contact guard = 4 Min = 3 Mod = 2 Max = 1 Unable = 0		< 4 High Risk			
Sit-to-stand from bed Independent = 5 Contact guard = 4 Min = 3 Mod = 2 Max = 1 Unable = 0		< 4 High Risk			
Able to Induce Positional Vertigo (Yes = 0 / No = 1)		Yes High Risk			
Spontaneous Vertigo / Dizziness (Yes = 0 / No = 1) / Freq	/	Yes High Risk			
Level Surface Distance > 100 feet (Yes = 1 / No = 0) Independent & Safely with Assistive Device		< 100 feet High Risk			
Un-level Surfaces Distance > 75 feet (Yes = 1 / No = 0) Independent & Safely with Assistive Device		< 75 feet High Risk			
Assistance for Stairs Independent = 5 Contact guard = 4 Min = 3 Mod = 2 Max = 1 Unable = 0		< 4 High Risk			
REASON CODES: (Place appropriate number in the in reason code column to explain goals not met) 1. Equipment Failure 2. Equipment Unavailable 3. Environmental Condition 4. Patient Condition 5. Patient Cognitive Status 6. Caregiver Difficulty 7. Patient Decision 8. Psychosocial Status 9. Physician Order 10. Progress Plateau					

Patient Name: _____ Medical Record # _____ Date _____

Tinetti Assessment Tool — Gait Visit # 25

Subject stands with examiner, walks down hallway or across room, first at "usual" pace, then back at "rapid, but safe" pace (using usual walking aids).

Task	Description of Gait	Balance Score
10. Initiation of gait	(immediately after told to go) Any hesitancy or multiple attempts to start No hesitancy	= 0 = 1 _____
11. Step length and height	Does not pass left stance foot with step Passes left stance foot	= 0 = 1 _____
a. Right swing foot	Right foot step does not clear floor completely Right foot completely clears floor	= 0 = 1 _____
b. Left swing foot	Does not pass left stance foot with step Passes left stance foot Right foot step does not clear floor completely Right foot completely clears floor	= 0 = 1 _____ = 0 = 1 _____
12. Step Symmetry	Right and left step length not equal – estimate Right and left step appear equal	= 0 = 1 _____
13. Step Continuity	Stopping or discontinuity between steps Steps appear continuous	= 0 = 1 _____
14. Path	(estimated in relation to floor tiles, 12 in. diameter; observe excursion of 1 foot over about 10 ft. of the course) Marked deviation Mild/moderate deviator or uses walking aid Straight without walking aid	 = 0 = 1 = 2 _____
15. Trunk	Marked sway or uses walking aid No sway but flexion of knees or back or spreads arms out while walking No sway, no flexion, no use of arms, and no use of walking aid	= 0 = 1 = 2 _____
16. Walking Time	Heels apart Heels almost touching while walking	= 0 = 1 _____
	Gait Score:	_____ /12
	Balance + Gait Score:	_____ /28

Tinetti Assessment Tool — Balance Visit # 1

The patient is seated in a hard, armless chair. The following maneuvers are tested.

Task	Description of Balance	Balance Score
1. Sitting balance	Leans or slides in chair Steady, safe	= 0 = 1 _____
2. Arises	Unable without help Able, uses arms to help Able without using arms	= 0 = 1 = 2 _____
3. Attempts to arise	Unable without help Able, requires > 1 attempt Able to arise, 1 attempt	= 0 = 1 = 2 _____
4. Immediate Standing Balance	(first five seconds) Unsteady (swaggers, moves feet, sway) Steady but uses walker/other support Steady without walker/other support	 = 0 = 1 = 2 _____
5. Standing balance	Unsteady Steady but wide stance (medial heels > 4 in. apart), uses cane or other support Narrow stance without support	= 0 = 1 = 2 _____
6. Nudged	(subject at maximum position with feet as close together as possible, examiner pushes lightly on subject's sternum with palm of hand 3 times) Begins to fall Staggers, grabs, catches self Steady	 = 0 = 1 = 2 _____
7. Eyes Closed	(at maximum position No. 6) Unsteady Steady	 = 0 = 1 _____
8. Turning 360 degrees	Discontinuous Steps Continuous Unsteady (grabs, staggers) Steady	= 0 = 1 = 0 = 1 _____
9. Sitting down	Unsafe (misjudges distance, falls into chair) Uses arms or not a smooth motion Safe, smooth motion	= 0 = 1 = 2 _____
	Balance Score:	_____ /16

Tinetti Assessment Tool — Gait Visit # 1

Subject stands with examiner, walks down hallway or across room, first at "usual" pace, then back at "rapid, but safe" pace (using usual walking aids).

Task	Description of Gait	Balance Score
10. Initiation of gait	(immediately after told to go) Any hesitancy or multiple attempts to start No hesitancy	= 0 = 1 _____
11. Step length and height	Does not pass left stance foot with step Passes left stance foot	= 0 = 1 _____
a. Right swing foot	Right foot step does not clear floor completely Right foot completely clears floor	= 0 = 1 _____
b. Left swing foot	Does not pass left stance foot with step Passes left stance foot Right foot step does not clear floor completely Right foot completely clears floor	= 0 = 1 _____ = 0 = 1 _____
12. Step Symmetry	Right and left step length not equal – estimate Right and left step appear equal	= 0 = 1 _____
13. Step Continuity	Stopping or discontinuity between steps Steps appear continuous	= 0 = 1 _____
14. Path	(estimated in relation to floor tiles, 12 in. diameter; observe excursion of 1 foot over about 10 ft. of the course) Marked deviation Mild/moderate deviator or uses walking aid Straight without walking aid	 = 0 = 1 = 2 _____
15. Trunk	Marked sway or uses walking aid No sway but flexion of knees or back or spreads arms out while walking No sway, no flexion, no use of arms, and no use of walking aid	= 0 = 1 = 2 _____
16. Walking Time	Heels apart Heels almost touching while walking	= 0 = 1 _____
	Gait Score:	_____ /12
	Balance + Gait Score:	_____ /28

Tinetti Assessment Tool — Balance Visit # 25

The patient is seated in a hard, armless chair. The following maneuvers are tested.

Task	Description of Balance	Balance Score
1. Sitting balance	Leans or slides in chair Steady, safe	= 0 = 1 _____
2. Arises	Unable without help Able, uses arms to help Able without using arms	= 0 = 1 = 2 _____
3. Attempts to arise	Unable without help Able, requires > 1 attempt Able to arise, 1 attempt	= 0 = 1 = 2 _____
4. Immediate Standing Balance	(first five seconds) Unsteady (swaggers, moves feet, sway) Steady but uses walker/other support Steady without walker/other support	 = 0 = 1 = 2 _____
5. Standing balance	Unsteady Steady but wide stance (medial heels > 4 in. apart), uses cane or other support Narrow stance without support	= 0 = 1 = 2 _____
6. Nudged	(subject at maximum position with feet as close together as possible, examiner pushes lightly on subject's sternum with palm of hand 3 times) Begins to fall Staggers, grabs, catches self Steady	 = 0 = 1 = 2 _____
7. Eyes Closed	(at maximum position No. 6) Unsteady Steady	 = 0 = 1 _____
8. Turning 360 degrees	Discontinuous Steps Continuous Unsteady (grabs, staggers) Steady	= 0 = 1 = 0 = 1 _____
9. Sitting down	Unsafe (misjudges distance, falls into chair) Uses arms or not a smooth motion Safe, smooth motion	= 0 = 1 = 2 _____
	Balance Score:	_____ /16

VISIT 25 Functional Measures

FUNCTIONAL ASSESSMENT OF BALANCE	SCORE	GUIDELINES	GOAL MET	NOT MET	REASON CODE
Sit-to-stand from Chair Independent = 5 Contact guard = 4 Min = 3 Mod = 2 Max = 1 Unable = 0		< 4 High Risk			
Sit-to-stand from bed Independent = 5 Contact guard = 4 Min = 3 Mod = 2 Max = 1 Unable = 0		< 4 High Risk			
Able to Induce Positional Vertigo (Yes = 0 / No = 1)		Yes High Risk			
Spontaneous Vertigo / Dizziness (Yes = 0 / No = 1) / Freq	/	Yes High Risk			
Level Surface Distance > 100 feet (Yes = 1 / No = 0) Independent & Safely with Assistive Device		< 100 feet High Risk			
Un-level Surfaces Distance > 75 feet (Yes = 1 / No = 0) Independent & Safely with Assistive Device		< 75 feet High Risk			
Assistance for Stairs Independent = 5 Contact guard = 4 Min = 3 Mod = 2 Max = 1 Unable = 0		< 4 High Risk			

REASON CODES: (Place appropriate number in the in reason code column to explain goals not met)

1. Equipment Failure
2. Equipment Unavailable
3. Environmental Condition
4. Patient Condition
5. Patient Cognitive Status
6. Caregiver Difficulty
7. Patient Decision
8. Psychosocial Status
9. Physician Order
10. Progress Plateau

NARRATIVE: _____

PTA/ Home Health Aide Supervision (circle): LPTA/Aide Present: Yes No

Care Plan Appropriate: Yes No Following POC No Changes

Revised POC / Instructions for PTA: _____

Plan for next visit / coordination/ communication: _____

Clinician: _____ **Date** _____

Patient Signature: _____ **Date** _____ **Time in** _____ **Time out** _____

Visit 2 – 4 Visit # _____ Fall Prevention Program PT Note OT Note

Homebound Status: <input type="checkbox"/> Difficult & Taxing to Leave Home <input type="checkbox"/> Limited Endurance <input type="checkbox"/> Post-Op Restrictions Other Specify: _____	
Subjective: (Include negative findings) / Response to Teaching _____ _____ _____ _____	
BPPV EXERCISES	VITAL SIGNS
Hall Pike / Epley Maneuver R____ L____ Sermont Maneuver R____ L____ Canalith self correction exercises R____ L____	(supine) B/P _____ P _____ R _____ (standing) B/P _____ (sitting) _____
VOR Exercises: Target viewing x 1____ x 2____ Target x 2 viewing____ Compliant surface target viewing x 1____ x 2____ Target x 2 viewing____ Tandem gait forward____ reverse____	PAIN Location: _____ Severity (1–10): _____ Duration: _____ Frequency: _____
TRANSFERS Assess / Observe sit-to-stand transfers _____ _____ Assess / Observe other transfers _____ _____ Teach safe transfer procedure to pt / cgiver _____ _____	ADL Training & Safety Instruction: _____ _____ _____ _____ _____
GAIT/ W/C MOBILITY Assess gait pattern (teach as needed) _____ Teach safe ambulation _____ Assess activity level _____ Assess / Teach safe stair climbing _____ Assess / Teach safe w/c mobility _____ Other: _____	Device: _____ Surface: _____ Assistance: _____ Cueing: _____ Distance: _____
BALANCE Assess / teach balance activities _____ _____ _____	TREATMENT PERFORMED Specify: _____ _____ _____
SAFETY Teach use and care of adaptive equipment / DME _____ Make appropriate recommendations for safe environment _____ Assess for Falls Risk _____ Instruct in fall prevention and recovery _____ Review emergency plan _____	_____ _____ _____ _____ _____
CARE COORDINATION Communicate with physician _____ Communicate with Clinical Manager / team members _____ Discuss discharge plans with pt / caregiver _____	Topic: _____ Results: _____ _____
OTHER TREATMENTS _____ _____ _____ _____ _____ _____ _____ _____ _____	

Patient Name: _____ **Medical Record #** _____ **Date** _____

Visit 2 – 4 Fall Prevention Program Progress Towards Goals

EXPECTED PROGRESS	MET	NOT MET	REASONS NOT MET/COMMENTS
Patient tolerates treatment well & demonstrates compliance with instructions			
Pain management effective, patient able to participate in therapy			
Patient is progressing towards goals:			
Transfers goal			
Ambulation goal on level surface			
Step negotiation goal			
ADL goals			
Balance goals			
Pt / cg. reports no falls.			
Pt. verbalizes an increase in activity level			
Patient demonstrates appropriate use of assistive device			
Patient/Caregiver accepts discharge plans.			

REASON CODES: (Place appropriate number in the in reason code column to explain goals not met)

1. Equipment Failure 2. Equipment Unavailable 3. Environmental Condition 4. Patient Condition
 5. Patient Cognitive Status 6. Caregiver Difficulty 7. Patient Decision 8. Psychosocial Status
 9. Physician Order 10. Progress Plateau

NARRATIVE:

PTA/ Home Health Aide Supervision (circle): LPTA/Aide Present: ___ Yes ___ No

Care Plan Appropriate: ___ Yes ___ No ___ Following POC ___ No Changes

Revised POC / Instructions for LPTA:

Plan for next visit / coordination/ communication:

Clinician: _____ **Date** _____

Patient Signature: _____ **Date** _____ **Time in** _____ **Time out** _____

Visit 25 Fall Prevention Program

PT Note OT Note

Homebound Status: ___ Difficult & Taxing to Leave Home ___ Limited Endurance ___ Post-Op Restrictions Other Specify: _____	
Subjective: (Include negative findings) / Response to Teaching _____ _____ _____ _____	
BPPV TREATMENTS	VITAL SIGNS
Hall Pike / Epley Maneuver R___ L___ Sermont Maneuver R___ L___ Canalith self correction exercises R___ L___	(supine) B/P _____ P _____ R _____ (standing) B/P _____ (sitting) _____
VOR Exercises: Target viewing x 1___ x 2___ Target x 2 viewing___ Compliant surface target viewing x 1___ x 2___ Target x 2 viewing___ Tandem gait forward___ reverse___	PAIN Location: _____ Severity (1-10): _____ Duration: _____ Frequency: _____
TRANSFERS Assess / Observe sit-to-stand transfers _____ _____ Assess / Observe other transfers _____ _____ Teach safe transfer procedure to pt / cgiver _____ _____	ADL Training & Safety Instruction: _____ _____ _____ _____ _____
GAIT/ W/C MOBILITY Assess gait pattern (teach as needed) _____ Teach safe ambulation _____ Assess activity level _____ Assess / Teach safe stair climbing _____ Assess / Teach safe w/c mobility _____ Other: _____	Device: _____ Surface: _____ Assistance: _____ Cueing: _____ Distance: _____
BALANCE Perform / teach balance activities _____ _____ _____	Therapeutic Exercises Strengthening / ROM Specify: _____ _____ _____
SAFETY Teach use and care of adaptive equipment / DME _____ Make appropriate recommendations for safe environment _____ Assess for Falls Risk _____ Instruct in fall prevention and recovery _____ Review emergency plan _____	_____ _____ _____ _____ _____
CARE COORDINATION Communicate with physician _____ Communicate with Clinical Manager / team members _____ Discuss discharge plans with pt / caregiver _____	Topic: _____ Results: _____ _____
OTHER TREATMENTS _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	

Patient Name: _____ **Medical Record #** _____ **Date** _____

Visit 21 – 24 Fall Prevention Program Progress Towards Goals

EXPECTED PROGRESS	MET	NOT MET	REASONS NOT MET/COMMENTS
Patient tolerates treatment well & demonstrates compliance with instructions			
Pain management effective, patient able to participate in therapy			
Patient is progressing towards goals:			
Transfers goal			
Ambulation goal on level surface			
Step negotiation goal			
ADL goals			
Balance goals			
Pt / cg. reports no falls.			
Pt. verbalizes an increase in activity level			
Patient demonstrates appropriate use of assistive device			
Patient/Caregiver accepts discharge plans.			

REASON CODES: (Place appropriate number in the in reason code column to explain goals not met)

1. Equipment Failure 2. Equipment Unavailable 3. Environmental Condition 4. Patient Condition
 5. Patient Cognitive Status 6. Caregiver Difficulty 7. Patient Decision 8. Psychosocial Status
 9. Physician Order 10. Progress Plateau

NARRATIVE:

PTA/ Home Health Aide Supervision (circle): LPTA/Aide Present: ___ Yes ___ No

Care Plan Appropriate: ___ Yes ___ No ___ Following POC ___ No Changes

Revised POC / Instructions for LPTA:

Plan for next visit / coordination/ communication:

Clinician: _____ **Date** _____

Patient Signature: _____ **Date** _____ **Time in** _____ **Time out** _____

Visit 2 – 4 Visit # _____ Fall Prevention Program PT Note OT Note

Homebound Status: ___ Difficult & Taxing to Leave Home ___ Limited Endurance ___ Post-Op Restrictions Other Specify: _____	
Subjective: (Include negative findings) / Response to Teaching _____ _____ _____	
BPPV EXERCISES	VITAL SIGNS
Hall Pike / Epley Maneuver R___ L___	(supine) B/P _____ P _____ R _____
Sermont Maneuver R___ L___	(standing) B/P _____
Canalith self correction exercises R___ L___	(sitting) _____
VOR Exercises: Target viewing x 1___ x 2___ Target x 2 viewing___ Compliant surface target viewing x 1___ x 2___ Target x 2 viewing___ Tandem gait forward___ reverse___	PAIN Location: _____ Severity (1-10): _____ Duration: _____ Frequency: _____
TRANSFERS Assess / Observe sit-to-stand transfers _____ _____ Assess / Observe other transfers _____ _____ Teach safe transfer procedure to pt / cgiver _____ _____	ADL Training & Safety Instruction: _____ _____ _____ _____ _____
GAIT/ W/C MOBILITY Assess gait pattern (teach as needed) _____ Teach safe ambulation _____ Assess activity level _____ Assess / Teach safe stair climbing _____ Assess / Teach safe w/c mobility _____ Other: _____	Device: _____ Surface: _____ Assistance: _____ Cueing: _____ Distance: _____
BALANCE Assess / teach balance activities _____ _____ _____	TREATMENT PERFORMED Specify: _____ _____ _____
SAFETY Teach use and care of adaptive equipment / DME _____ Make appropriate recommendations for safe environment _____ Assess for Falls Risk _____ Instruct in fall prevention and recovery _____ Review emergency plan _____	_____ _____ _____ _____ _____
CARE COORDINATION Communicate with physician _____ Communicate with Clinical Manager / team members _____ Discuss discharge plans with pt / caregiver _____	Topic: _____ Results: _____ _____
OTHER TREATMENTS _____ _____ _____ _____ _____ _____ _____ _____ _____	

Patient Name: _____ **Medical Record #** _____ **Date** _____

Visit 2 – 4 Fall Prevention Program Progress Towards Goals

EXPECTED PROGRESS	MET	NOT MET	REASONS NOT MET/COMMENTS
Patient tolerates treatment well & demonstrates compliance with instructions			
Pain management effective, patient able to participate in therapy			
Patient is progressing towards goals:			
Transfers goal			
Ambulation goal on level surface			
Step negotiation goal			
ADL goals			
Balance goals			
Pt / cg. reports no falls.			
Pt. verbalizes an increase in activity level			
Patient demonstrates appropriate use of assistive device			
Patient/Caregiver accepts discharge plans.			

REASON CODES: (Place appropriate number in the in reason code column to explain goals not met)

1. Equipment Failure 2. Equipment Unavailable 3. Environmental Condition 4. Patient Condition
 5. Patient Cognitive Status 6. Caregiver Difficulty 7. Patient Decision 8. Psychosocial Status
 9. Physician Order 10. Progress Plateau

NARRATIVE:

PTA/ Home Health Aide Supervision (circle): LPTA/Aide Present: Yes No

Care Plan Appropriate: Yes No Following POC No Changes

Revised POC / Instructions for LPTA:

Plan for next visit / coordination/ communication:

Clinician: _____ **Date** _____

Patient Signature: _____ **Date** _____ **Time in** _____ **Time out** _____

Visit 21 – 24 Visit # ___ Fall Prevention Program PT Note OT Note

Homebound Status: <input type="checkbox"/> Difficult & Taxing to Leave Home <input type="checkbox"/> Limited Endurance <input type="checkbox"/> Post-Op Restrictions Other Specify: _____	
Subjective: (Include negative findings) / Response to Teaching _____ _____ _____ _____	
BPPV EXERCISES	VITAL SIGNS
Hall Pike / Epley Maneuver R___ L___ Sermont Maneuver R___ L___ Canalith self correction exercises R___ L___	(supine) B/P _____ P _____ R _____ (standing) B/P _____ (sitting) _____
VOR Exercises: Target viewing x 1___ x 2___ Target x 2 viewing___ Compliant surface target viewing x 1___ x 2___ Target x 2 viewing___ Tandem gait forward___ reverse___	PAIN Location: _____ Severity (1-10): _____ Duration: _____ Frequency: _____
TRANSFERS Assess / Observe sit-to-stand transfers _____ _____ Assess / Observe other transfers _____ _____ Teach safe transfer procedure to pt / cgiver _____ _____	ADL Training & Safety Instruction: _____ _____ _____ _____ _____
GAIT/ W/C MOBILITY Assess gait pattern (teach as needed) _____ Teach safe ambulation _____ Assess activity level _____ Assess / Teach safe stair climbing _____ Assess / Teach safe w/c mobility _____ Other: _____	Device: _____ Surface: _____ Assistance: _____ Cueing: _____ Distance: _____
BALANCE Assess / teach balance activities _____ _____ _____	TREATMENT PERFORMED Specify: _____ _____ _____ _____
SAFETY Teach use and care of adaptive equipment / DME _____ Make appropriate recommendations for safe environment _____ Assess for Falls Risk _____ Instruct in fall prevention and recovery _____ Review emergency plan _____	_____ _____ _____ _____ _____
CARE COORDINATION Communicate with physician _____ Communicate with Clinical Manager / team members _____ Discuss discharge plans with pt / caregiver _____	Topic: _____ Results: _____ _____
OTHER TREATMENTS _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	

Patient Name: _____ **Medical Record #** _____ **Date** _____

Visit 21 – 24 Fall Prevention Program Progress Towards Goals

EXPECTED PROGRESS	MET	NOT MET	REASONS NOT MET/COMMENTS
Patient tolerates treatment well & demonstrates compliance with instructions			
Pain management effective, patient able to participate in therapy			
Patient is progressing towards goals:			
Transfers goal			
Ambulation goal on level surface			
Step negotiation goal			
ADL goals			
Balance goals			
Pt / cg. reports no falls.			
Pt. verbalizes an increase in activity level			
Patient demonstrates appropriate use of assistive device			
Patient/Caregiver accepts discharge plans.			

REASON CODES: (Place appropriate number in the in reason code column to explain goals not met)

1. Equipment Failure 2. Equipment Unavailable 3. Environmental Condition 4. Patient Condition
 5. Patient Cognitive Status 6. Caregiver Difficulty 7. Patient Decision 8. Psychosocial Status
 9. Physician Order 10. Progress Plateau

NARRATIVE: _____

PTA/ Home Health Aide Supervision (circle): LPTA/Aide Present: ___ Yes ___ No

Care Plan Appropriate: ___ Yes ___ No ___ Following POC ___ No Changes

Revised POC / Instructions for LPTA: _____

Plan for next visit / coordination/ communication: _____

Clinician: _____ **Date** _____

Patient Signature: _____ **Date** _____ **Time in** _____ **Time out** _____

Visit 2 – 4 Visit # _____ Fall Prevention Program PT Note OT Note

Homebound Status: ___ Difficult & Taxing to Leave Home ___ Limited Endurance ___ Post-Op Restrictions Other Specify: _____	
Subjective: (Include negative findings) / Response to Teaching _____ _____ _____	
BPPV EXERCISES	VITAL SIGNS
Hall Pike / Epley Maneuver R___ L___ Sermont Maneuver R___ L___ Canalith self correction exercises R___ L___	(supine) B/P _____ P _____ R _____ (standing) B/P _____ (sitting) _____
VOR Exercises: Target viewing x 1___ x 2___ Target x 2 viewing___ Compliant surface target viewing x 1___ x 2___ Target x 2 viewing___ Tandem gait forward___ reverse___	PAIN Location: _____ Severity (1–10): _____ Duration: _____ Frequency: _____
TRANSFERS Assess / Observe sit-to-stand transfers _____ _____ Assess / Observe other transfers _____ _____ Teach safe transfer procedure to pt / cgiver _____ _____	ADL Training & Safety Instruction: _____ _____ _____ _____
GAIT/ W/C MOBILITY Assess gait pattern (teach as needed) _____ Teach safe ambulation _____ Assess activity level _____ Assess / Teach safe stair climbing _____ Assess / Teach safe w/c mobility _____ Other: _____	Device: _____ Surface: _____ Assistance: _____ Cueing: _____ Distance: _____
BALANCE Assess / teach balance activities _____ _____ _____	TREATMENT PERFORMED Specify: _____ _____ _____
SAFETY Teach use and care of adaptive equipment / DME _____ Make appropriate recommendations for safe environment _____ Assess for Falls Risk _____ Instruct in fall prevention and recovery _____ Review emergency plan _____	_____ _____ _____ _____
CARE COORDINATION Communicate with physician _____ Communicate with Clinical Manager / team members _____ Discuss discharge plans with pt / caregiver _____	Topic: _____ Results: _____ _____
OTHER TREATMENTS _____ _____ _____ _____ _____ _____ _____ _____	

Patient Name: _____ **Medical Record #** _____ **Date** _____

Visit 2 – 4 Fall Prevention Program Progress Towards Goals

EXPECTED PROGRESS	MET	NOT MET	REASONS NOT MET/COMMENTS
Patient tolerates treatment well & demonstrates compliance with instructions			
Pain management effective, patient able to participate in therapy			
Patient is progressing towards goals:			
Transfers goal			
Ambulation goal on level surface			
Step negotiation goal			
ADL goals			
Balance goals			
Pt / cg. reports no falls.			
Pt. verbalizes an increase in activity level			
Patient demonstrates appropriate use of assistive device			
Patient/Caregiver accepts discharge plans.			

REASON CODES: (Place appropriate number in the in reason code column to explain goals not met)

1. Equipment Failure 2. Equipment Unavailable 3. Environmental Condition 4. Patient Condition
 5. Patient Cognitive Status 6. Caregiver Difficulty 7. Patient Decision 8. Psychosocial Status
 9. Physician Order 10. Progress Plateau

NARRATIVE: _____

PTA/ Home Health Aide Supervision (circle): LPTA/Aide Present: ___ Yes ___ No

Care Plan Appropriate: ___ Yes ___ No ___ Following POC ___ No Changes

Revised POC / Instructions for LPTA: _____

Plan for next visit / coordination/ communication: _____

Clinician: _____ **Date** _____

Patient Signature: _____ **Date** _____ **Time in** _____ **Time out** _____

Visit 21 – 24 Visit # ___ Fall Prevention Program PT Note OT Note

Homebound Status: ___ Difficult & Taxing to Leave Home ___ Limited Endurance ___ Post-Op Restrictions Other Specify: _____	
Subjective: (Include negative findings) / Response to Teaching _____ _____ _____	
BPPV EXERCISES	VITAL SIGNS
Hall Pike / Epley Maneuver R___ L___ Sermont Maneuver R___ L___ Canalith self correction exercises R___ L___	(supine) B/P _____ P _____ R _____ (standing) B/P _____ (sitting) _____
VOR Exercises: Target viewing x 1___ x 2___ Target x 2 viewing___ Compliant surface target viewing x 1___ x 2___ Target x 2 viewing___ Tandem gait forward___ reverse___	PAIN Location: _____ Severity (1-10): _____ Duration: _____ Frequency: _____
TRANSFERS Assess / Observe sit-to-stand transfers _____ _____ Assess / Observe other transfers _____ _____ Teach safe transfer procedure to pt / cgiver _____ _____	ADL Training & Safety Instruction: _____ _____ _____ _____
GAIT/ W/C MOBILITY Assess gait pattern (teach as needed) _____ Teach safe ambulation _____ Assess activity level _____ Assess / Teach safe stair climbing _____ Assess / Teach safe w/c mobility _____ Other: _____	Device: _____ Surface: _____ Assistance: _____ Cueing: _____ Distance: _____
BALANCE Assess / teach balance activities _____ _____ _____	TREATMENT PERFORMED Specify: _____ _____ _____
SAFETY Teach use and care of adaptive equipment / DME _____ Make appropriate recommendations for safe environment _____ Assess for Falls Risk _____ Instruct in fall prevention and recovery _____ Review emergency plan _____	_____ _____ _____ _____
CARE COORDINATION Communicate with physician _____ Communicate with Clinical Manager / team members _____ Discuss discharge plans with pt / caregiver _____	Topic: _____ Results: _____ _____
OTHER TREATMENTS _____ _____ _____ _____ _____ _____ _____ _____	

Patient Name: _____ **Medical Record #** _____ **Date** _____

Visit 21 – 24 Fall Prevention Program Progress Towards Goals

EXPECTED PROGRESS	MET	NOT MET	REASONS NOT MET/COMMENTS
Patient tolerates treatment well & demonstrates compliance with instructions			
Pain management effective, patient able to participate in therapy			
Patient is progressing towards goals:			
Transfers goal			
Ambulation goal on level surface			
Step negotiation goal			
ADL goals			
Balance goals			
Pt / cg. reports no falls.			
Pt. verbalizes an increase in activity level			
Patient demonstrates appropriate use of assistive device			
Patient/Caregiver accepts discharge plans.			

REASON CODES: (Place appropriate number in the in reason code column to explain goals not met)
 1. Equipment Failure 2. Equipment Unavailable 3. Environmental Condition 4. Patient Condition
 5. Patient Cognitive Status 6. Caregiver Difficulty 7. Patient Decision 8. Psychosocial Status
 9. Physician Order 10. Progress Plateau

NARRATIVE: _____

PTA/ Home Health Aide Supervision (circle): LPTA/Aide Present: ___ Yes ___ No
 Care Plan Appropriate: ___ Yes ___ No ___ Following POC ___ No Changes
 Revised POC / Instructions for LPTA: _____

Plan for next visit / coordination/ communication: _____

Clinician: _____ Date _____

Patient Signature: _____ Date _____ Time in _____ Time out _____

Visit 5 Fall Prevention Program

PT Note OT Note

Homebound Status: ___ Difficult & Taxing to Leave Home ___ Limited Endurance ___ Post-Op Restrictions Other Specify: _____	
Subjective: (Include negative findings) / Response to Teaching _____ _____ _____	
BPPV TREATMENTS	VITAL SIGNS
Hall Pike / Epley Maneuver R___ L___ Sermont Maneuver R___ L___ Canalith self correction exercises R___ L___	(supine) B/P _____ P _____ R _____ (standing) B/P _____ (sitting) _____
VOR Exercises: Target viewing x 1___ x 2___ Target x 2 viewing___ Compliant surface target viewing x 1___ x 2___ Target x 2 viewing___ Tandem gait forward___ reverse___	PAIN Location: _____ Severity (1-10): _____ Duration: _____ Frequency: _____
TRANSFERS Assess / Observe sit-to-stand transfers _____ _____ Assess / Observe other transfers _____ _____ Teach safe transfer procedure to pt / cgiver _____ _____	ADL Training & Safety Instruction: _____ _____ _____ _____
GAIT/ W/C MOBILITY Assess gait pattern (teach as needed) _____ Teach safe ambulation _____ Assess activity level _____ Assess / Teach safe stair climbing _____ Assess / Teach safe w/c mobility _____ Other: _____	Device: _____ Surface: _____ Assistance: _____ Cueing: _____ Distance: _____
BALANCE Perform / teach balance activities _____ _____ _____	Therapeutic Exercises Strengthening / ROM Specify: _____ _____ _____
SAFETY Teach use and care of adaptive equipment / DME _____ Make appropriate recommendations for safe environment _____ Assess for Falls Risk _____ Instruct in fall prevention and recovery _____ Review emergency plan _____	_____ _____ _____ _____
CARE COORDINATION Communicate with physician _____ Communicate with Clinical Manager / team members _____ Discuss discharge plans with pt / caregiver _____	Topic: _____ Results: _____ _____
OTHER TREATMENTS _____ _____ _____ _____ _____ _____ _____ _____	

Patient Name: _____ Medical Record # _____ Date _____

Visit 21 – 24 Fall Prevention Program Progress Towards Goals

EXPECTED PROGRESS	MET	NOT MET	REASONS NOT MET/COMMENTS
Patient tolerates treatment well & demonstrates compliance with instructions			
Pain management effective, patient able to participate in therapy			
Patient is progressing towards goals:			
Transfers goal			
Ambulation goal on level surface			
Step negotiation goal			
ADL goals			
Balance goals			
Pt / cg. reports no falls.			
Pt. verbalizes an increase in activity level			
Patient demonstrates appropriate use of assistive device			
Patient/Caregiver accepts discharge plans.			

REASON CODES: (Place appropriate number in the in reason code column to explain goals not met)

1. Equipment Failure 2. Equipment Unavailable 3. Environmental Condition 4. Patient Condition
 5. Patient Cognitive Status 6. Caregiver Difficulty 7. Patient Decision 8. Psychosocial Status
 9. Physician Order 10. Progress Plateau

NARRATIVE: _____

PTA/ Home Health Aide Supervision (circle): LPTA/Aide Present: ___ Yes ___ No

Care Plan Appropriate: ___ Yes ___ No ___ Following POC ___ No Changes

Revised POC / Instructions for LPTA: _____

Plan for next visit / coordination/ communication: _____

Clinician: _____ **Date** _____

Patient Signature: _____ **Date** _____ **Time in** _____ **Time out** _____

Tinetti Assessment Tool — Balance Visit # 5

The patient is seated in a hard, armless chair. The following maneuvers are tested.

Task	Description of Balance	Balance Score
1. Sitting balance	Leans or slides in chair Steady, safe	= 0 = 1 _____
2. Arises	Unable without help Able, uses arms to help Able without using arms	= 0 = 1 = 2 _____
3. Attempts to arise	Unable without help Able, requires > 1 attempt Able to arise, 1 attempt	= 0 = 1 = 2 _____
4. Immediate Standing Balance	(first five seconds) Unsteady (swaggers, moves feet, sway) Steady but uses walker/other support Steady without walker/other support	= 0 = 1 = 2 _____
5. Standing balance	Unsteady Steady but wide stance (medial heels > 4 in. apart), uses cane or other support Narrow stance without support	= 0 = 1 = 2 _____
6. Nudged	(subject at maximum position with feet as close together as possible, examiner pushes lightly on subject's sternum with palm of hand 3 times) Begins to fall Staggers, grabs, catches self Steady	= 0 = 1 = 2 _____
7. Eyes Closed	(at maximum position No. 6) Unsteady Steady	= 0 = 1 _____
8. Turning 360 degrees	Discontinuous Steps Continuous Unsteady (grabs, staggers) Steady	= 0 = 1 = 0 = 1 _____
9. Sitting down	Unsafe (misjudges distance, falls into chair) Uses arms or not a smooth motion Safe, smooth motion	= 0 = 1 = 2 _____
Balance Score:		_____ /16

Tinetti Assessment Tool — Gait Visit # 5

Subject stands with examiner, walks down hallway or across room, first at "usual" pace, then back at "rapid, but safe" pace (using usual walking aids).

Task	Description of Gait	Balance Score
10. Initiation of gait	(immediately after told to go) Any hesitancy or multiple attempts to start No hesitancy	= 0 = 1 _____
11. Step length and height	Does not pass left stance foot with step Passes left stance foot	= 0 = 1 _____
a. Right swing foot	Right foot step does not clear floor completely Right foot completely clears floor	= 0 = 1 _____
b. Left swing foot	Does not pass left stance foot with step Passes left stance foot Right foot step does not clear floor completely Right foot completely clears floor	= 0 = 1 _____ = 0 = 1 _____ = 0 = 1 _____
12. Step Symmetry	Right and left step length not equal – estimate Right and left step appear equal	= 0 = 1 _____
13. Step Continuity	Stopping or discontinuity between steps Steps appear continuous	= 0 = 1 _____
14. Path	(estimated in relation to floor tiles, 12 in. diameter; observe excursion of 1 foot over about 10 ft. of the course) Marked deviation Mild/moderate deviator or uses walking aid Straight without walking aid	= 0 = 1 _____ = 2 _____
15. Trunk	Marked sway or uses walking aid No sway but flexion of knees or back or spreads arms out while walking No sway, no flexion, no use of arms, and no use of walking aid	= 0 = 1 _____ = 2 _____
16. Walking Time	Heels apart Heels almost touching while walking	= 0 = 1 _____
	Gait Score:	_____ /12
	Balance + Gait Score:	_____ /28

Visit 21 – 24 Visit # ___ Fall Prevention Program PT Note OT Note

Homebound Status: ___ Difficult & Taxing to Leave Home ___ Limited Endurance ___ Post-Op Restrictions Other Specify: _____	
Subjective: (Include negative findings) / Response to Teaching _____ _____ _____	
BPPV EXERCISES	VITAL SIGNS
Hall Pike / Epley Maneuver R___ L___	(supine) B/P _____ P _____ R _____
Sermont Maneuver R___ L___	(standing) B/P _____
Canalith self correction exercises R___ L___	(sitting) _____
VOR Exercises: Target viewing x 1___ x 2___ Target x 2 viewing___ Compliant surface target viewing x 1___ x 2___ Target x 2 viewing___ Tandem gait forward___ reverse___	PAIN Location: _____ Severity (1–10): _____ Duration: _____ Frequency: _____
TRANSFERS Assess / Observe sit-to-stand transfers _____ _____ Assess / Observe other transfers _____ _____ Teach safe transfer procedure to pt / cgiver _____ _____	ADL Training & Safety Instruction: _____ _____ _____ _____
GAIT/ W/C MOBILITY Assess gait pattern (teach as needed) _____ Teach safe ambulation _____ Assess activity level _____ Assess / Teach safe stair climbing _____ Assess / Teach safe w/c mobility _____ Other: _____	Device: _____ Surface: _____ Assistance: _____ Cueing: _____ Distance: _____
BALANCE Assess / teach balance activities _____ _____ _____	TREATMENT PERFORMED Specify: _____ _____ _____
SAFETY Teach use and care of adaptive equipment / DME _____ Make appropriate recommendations for safe environment _____ Assess for Falls Risk _____ Instruct in fall prevention and recovery _____ Review emergency plan _____	_____ _____ _____ _____
CARE COORDINATION Communicate with physician _____ Communicate with Clinical Manager / team members _____ Discuss discharge plans with pt / caregiver _____	Topic: _____ Results: _____ _____
OTHER TREATMENTS _____ _____ _____ _____ _____ _____ _____ _____	

Patient Name: _____ Medical Record # _____ Date _____

Tinetti Assessment Tool — Gait Visit # 20

Subject stands with examiner, walks down hallway or across room, first at "usual" pace, then back at "rapid, but safe" pace (using usual walking aids).

Task	Description of Gait	Balance Score
10. Initiation of gait	(immediately after told to go) Any hesitancy or multiple attempts to start No hesitancy	= 0 = 1 _____
11. Step length and height	Does not pass left stance foot with step Passes left stance foot	= 0 = 1 _____
a. Right swing foot	Right foot step does not clear floor completely Right foot completely clears floor	= 0 = 1 _____
b. Left swing foot	Does not pass left stance foot with step Passes left stance foot Right foot step does not clear floor completely Right foot completely clears floor	= 0 = 1 _____ = 0 = 1 _____
12. Step Symmetry	Right and left step length not equal – estimate Right and left step appear equal	= 0 = 1 _____
13. Step Continuity	Stopping or discontinuity between steps Steps appear continuous	= 0 = 1 _____
14. Path	(estimated in relation to floor tiles, 12 in. diameter; observe excursion of 1 foot over about 10 ft. of the course) Marked deviation Mild/moderate deviator or uses walking aid Straight without walking aid	= 0 = 1 = 2 _____
15. Trunk	Marked sway or uses walking aid No sway but flexion of knees or back or spreads arms out while walking No sway, no flexion, no use of arms, and no use of walking aid	= 0 = 1 = 2 _____
16. Walking Time	Heels apart Heels almost touching while walking	= 0 = 1 _____
Gait Score:		<u> </u> /12
Balance + Gait Score:		<u> </u> /28

Visit 6 – 9 Visit # _____ Fall Prevention Program PT Note OT Note

Homebound Status: ___Difficult & Taxing to Leave Home ___Limited Endurance ___Post-Op Restrictions Other Specify: _____		
Subjective: (Include negative findings) / Response to Teaching _____ _____ _____		
BPPV EXERCISES		VITAL SIGNS
Hall Pike / Epley Maneuver	R___ L___	(supine) B/P _____ P _____ R _____
Sermont Maneuver	R___ L___	(standing) B/P _____
Canalith self correction exercises	R___ L___	(sitting) _____
VOR Exercises: Target viewing x 1___ x 2___ Target x 2 viewing___ Compliant surface target viewing x 1___ x 2___ Target x 2 viewing___ Tandem gait forward___ reverse___		PAIN Location: _____ Severity (1–10): _____ Duration: _____ Frequency: _____
TRANSFERS Assess / Observe sit-to-stand transfers _____ Assess / Observe other transfers _____ Teach safe transfer procedure to pt / caregiver _____		ADL Training & Safety Instruction: _____ _____ _____
GAIT/ W/C MOBILITY Assess gait pattern (teach as needed) _____ Teach safe ambulation _____ Assess activity level _____ Assess / Teach safe stair climbing _____ Assess / Teach safe w/c mobility _____ Other: _____		Device: _____ Surface: _____ Assistance: _____ Cueing: _____ Distance: _____
BALANCE Assess / teach balance activities _____		TREATMENT PERFORMED Specify: _____ _____
SAFETY Teach use and care of adaptive equipment / DME _____ Make appropriate recommendations for safe environment _____ Assess for Falls Risk _____ Instruct in fall prevention and recovery _____ Review emergency plan _____		_____ _____ _____
CARE COORDINATION Communicate with physician _____ Communicate with Clinical Manager / team members _____ Discuss discharge plans with pt / caregiver _____		Topic: _____ Results: _____ _____
OTHER TREATMENTS _____ _____ _____ _____ _____ _____ _____		

Visit 6 – 9 Fall Prevention Program Progress Towards Goals

EXPECTED PROGRESS	MET	NOT MET	REASONS NOT MET/COMMENTS
Patient tolerates treatment well & demonstrates compliance with instructions			
Pain management effective, patient able to participate in therapy			
Patient is progressing towards goals:			
Transfers goal			
Ambulation goal on level surface			
Step negotiation goal			
ADL goals			
Balance goals			
Pt / cg. reports no falls.			
Pt. verbalizes an increase in activity level			
Patient demonstrates appropriate use of assistive device			
Patient/Caregiver accepts discharge plans.			

REASON CODES: (Place appropriate number in the in reason code column to explain goals not met)

1. Equipment Failure 2. Equipment Unavailable 3. Environmental Condition 4. Patient Condition
 5. Patient Cognitive Status 6. Caregiver Difficulty 7. Patient Decision 8. Psychosocial Status
 9. Physician Order 10. Progress Plateau

NARRATIVE: _____

PTA/ Home Health Aide Supervision (circle): LPTA/Aide Present: ___ Yes ___ No

Care Plan Appropriate: ___ Yes ___ No ___ Following POC ___ No Changes

Revised POC / Instructions for LPTA: _____

Plan for next visit / coordination/ communication: _____

Clinician: _____ **Date** _____

Patient Signature: _____ **Date** _____ **Time in** _____ **Time out** _____

Tinetti Assessment Tool — Balance Visit # 20

The patient is seated in a hard, armless chair. The following maneuvers are tested.

Task	Description of Balance	Balance Score
1. Sitting balance	Leans or slides in chair Steady, safe	= 0 = 1 _____
2. Arises	Unable without help Able, uses arms to help Able without using arms	= 0 = 1 = 2 _____
3. Attempts to arise	Unable without help Able, requires > 1 attempt Able to arise, 1 attempt	= 0 = 1 = 2 _____
4. Immediate Standing Balance	(first five seconds) Unsteady (swaggers, moves feet, sway) Steady but uses walker/other support Steady without walker/other support	= 0 = 1 = 2 _____
5. Standing balance	Unsteady Steady but wide stance (medial heels > 4 in. apart), uses cane or other support Narrow stance without support	= 0 = 1 = 2 _____
6. Nudged	(subject at maximum position with feet as close together as possible, examiner pushes lightly on subject's sternum with palm of hand 3 times) Begins to fall Staggers, grabs, catches self Steady	= 0 = 1 = 2 _____
7. Eyes Closed	(at maximum position No. 6) Unsteady Steady	= 0 = 1 _____
8. Turning 360 degrees	Discontinuous Steps Continuous Unsteady (grabs, staggers) Steady	= 0 = 1 = 0 = 1 _____
9. Sitting down	Unsafe (misjudges distance, falls into chair) Uses arms or not a smooth motion Safe, smooth motion	= 0 = 1 = 2 _____
Balance Score:		_____ /16

VISIT 20 Functional Measures

FUNCTIONAL ASSESSMENT OF BALANCE	SCORE	GUIDELINES	GOAL MET	NOT MET	REASON CODE
Sit-to-stand from Chair Independent = 5 Contact guard = 4 Min = 3 Mod = 2 Max = 1 Unable = 0		< 4 High Risk			
Sit-to-stand from bed Independent = 5 Contact guard = 4 Min = 3 Mod = 2 Max = 1 Unable = 0		< 4 High Risk			
Able to Induce Positional Vertigo (Yes = 0 / No = 1)		Yes High Risk			
Spontaneous Vertigo / Dizziness (Yes = 0 / No = 1) / Freq	/	Yes High Risk			
Level Surface Distance > 100 feet (Yes = 1 / No = 0) Independent & Safely with Assistive Device		< 100 feet High Risk			
Un-level Surfaces Distance > 75 feet (Yes = 1 / No = 0) Independent & Safely with Assistive Device		< 75 feet High Risk			
Assistance for Stairs Independent = 5 Contact guard = 4 Min = 3 Mod = 2 Max = 1 Unable = 0		< 4 High Risk			

REASON CODES: (Place appropriate number in the in reason code column to explain goals not met)

1. Equipment Failure
2. Equipment Unavailable
3. Environmental Condition
4. Patient Condition
5. Patient Cognitive Status
6. Caregiver Difficulty
7. Patient Decision
8. Psychosocial Status
9. Physician Order
10. Progress Plateau

NARRATIVE: _____

PTA/ Home Health Aide Supervision (circle): LPTA/Aide Present: Yes No

Care Plan Appropriate: Yes No Following POC No Changes

Revised POC / Instructions for PTA: _____

Plan for next visit / coordination/ communication: _____

Clinician: _____ **Date** _____

Patient Signature: _____ **Date** _____ **Time in** _____ **Time out** _____

Visit 6 – 9 Visit # _____ Fall Prevention Program PT Note OT Note

Homebound Status: <input type="checkbox"/> Difficult & Taxing to Leave Home <input type="checkbox"/> Limited Endurance <input type="checkbox"/> Post-Op Restrictions Other Specify: _____	
Subjective: (Include negative findings) / Response to Teaching _____ _____ _____ _____	
BPPV EXERCISES	VITAL SIGNS
Hall Pike / Epley Maneuver R____ L____ Sermont Maneuver R____ L____ Canalith self correction exercises R____ L____	(supine) B/P _____ P _____ R _____ (standing) B/P _____ (sitting) _____
VOR Exercises: Target viewing x 1____ x 2____ Target x 2 viewing____ Compliant surface target viewing x 1____ x 2____ Target x 2 viewing____ Tandem gait forward____ reverse____	PAIN Location: _____ Severity (1-10): _____ Duration: _____ Frequency: _____
TRANSFERS Assess / Observe sit-to-stand transfers _____ _____ Assess / Observe other transfers _____ _____ Teach safe transfer procedure to pt / cgiver _____ _____	ADL Training & Safety Instruction: _____ _____ _____ _____ _____
GAIT/ W/C MOBILITY Assess gait pattern (teach as needed) _____ Teach safe ambulation _____ Assess activity level _____ Assess / Teach safe stair climbing _____ Assess / Teach safe w/c mobility _____ Other: _____	Device: _____ Surface: _____ Assistance: _____ Cueing: _____ Distance: _____
BALANCE Assess / teach balance activities _____ _____ _____	TREATMENT PERFORMED Specify: _____ _____ _____
SAFETY Teach use and care of adaptive equipment / DME _____ Make appropriate recommendations for safe environment _____ Assess for Falls Risk _____ Instruct in fall prevention and recovery _____ Review emergency plan _____	_____ _____ _____ _____ _____
CARE COORDINATION Communicate with physician _____ Communicate with Clinical Manager / team members _____ Discuss discharge plans with pt / caregiver _____	Topic: _____ Results: _____ _____
OTHER TREATMENTS _____ _____ _____ _____ _____ _____ _____ _____ _____	

Patient Name: _____ **Medical Record #** _____ **Date** _____

Visit 6 – 9 Fall Prevention Program Progress Towards Goals

EXPECTED PROGRESS	MET	NOT MET	REASONS NOT MET/COMMENTS
Patient tolerates treatment well & demonstrates compliance with instructions			
Pain management effective, patient able to participate in therapy			
Patient is progressing towards goals:			
Transfers goal			
Ambulation goal on level surface			
Step negotiation goal			
ADL goals			
Balance goals			
Pt / cg. reports no falls.			
Pt. verbalizes an increase in activity level			
Patient demonstrates appropriate use of assistive device			
Patient/Caregiver accepts discharge plans.			

REASON CODES: (Place appropriate number in the in reason code column to explain goals not met)

1. Equipment Failure 2. Equipment Unavailable 3. Environmental Condition 4. Patient Condition
 5. Patient Cognitive Status 6. Caregiver Difficulty 7. Patient Decision 8. Psychosocial Status
 9. Physician Order 10. Progress Plateau

NARRATIVE: _____

PTA/ Home Health Aide Supervision (circle): LPTA/Aide Present: ___ Yes ___ No

Care Plan Appropriate: ___ Yes ___ No ___ Following POC ___ No Changes

Revised POC / Instructions for LPTA: _____

Plan for next visit / coordination/ communication: _____

Clinician: _____ **Date** _____

Patient Signature: _____ **Date** _____ **Time in** _____ **Time out** _____

Visit 16 – 19 Visit # ___ Fall Prevention Program PT Note OT Note

Homebound Status: ___ Difficult & Taxing to Leave Home ___ Limited Endurance ___ Post-Op Restrictions Other Specify: _____	
Subjective: (Include negative findings) / Response to Teaching _____ _____ _____ _____	
BPPV EXERCISES	VITAL SIGNS
Hall Pike / Epley Maneuver R ___ L ___	(supine) B/P _____ P _____ R _____
Sermont Maneuver R ___ L ___	(standing) B/P _____
Canalith self correction exercises R ___ L ___	(sitting) _____
VOR Exercises: Target viewing x 1 ___ x 2 ___ Target x 2 viewing ___ Compliant surface target viewing x 1 ___ x 2 ___ Target x 2 viewing ___ Tandem gait forward ___ reverse ___	PAIN Location: _____ Severity (1–10): _____ Duration: _____ Frequency: _____
TRANSFERS Assess / Observe sit-to-stand transfers _____ _____ Assess / Observe other transfers _____ _____ Teach safe transfer procedure to pt / cgiver _____ _____	ADL Training & Safety Instruction: _____ _____ _____ _____ _____
GAIT/ W/C MOBILITY Assess gait pattern (teach as needed) _____ Teach safe ambulation _____ Assess activity level _____ Assess / Teach safe stair climbing _____ Assess / Teach safe w/c mobility _____ Other: _____	Device: _____ Surface: _____ Assistance: _____ Cueing: _____ Distance: _____
BALANCE Assess / teach balance activities _____ _____ _____	TREATMENT PERFORMED Specify: _____ _____ _____ _____
SAFETY Teach use and care of adaptive equipment / DME _____ Make appropriate recommendations for safe environment _____ Assess for Falls Risk _____ Instruct in fall prevention and recovery _____ Review emergency plan _____	_____ _____ _____ _____ _____
CARE COORDINATION Communicate with physician _____ Communicate with Clinical Manager / team members _____ Discuss discharge plans with pt / caregiver _____	Topic: _____ Results: _____ _____ _____
OTHER TREATMENTS _____ _____ _____ _____ _____ _____ _____ _____ _____	

Patient Name: _____ **Medical Record #** _____ **Date** _____

Visit 6 – 9 Fall Prevention Program Progress Towards Goals

EXPECTED PROGRESS	MET	NOT MET	REASONS NOT MET/COMMENTS
Patient tolerates treatment well & demonstrates compliance with instructions			
Pain management effective, patient able to participate in therapy			
Patient is progressing towards goals:			
Transfers goal			
Ambulation goal on level surface			
Step negotiation goal			
ADL goals			
Balance goals			
Pt / cg. reports no falls.			
Pt. verbalizes an increase in activity level			
Patient demonstrates appropriate use of assistive device			
Patient/Caregiver accepts discharge plans.			

REASON CODES: (Place appropriate number in the in reason code column to explain goals not met)

1. Equipment Failure 2. Equipment Unavailable 3. Environmental Condition 4. Patient Condition
 5. Patient Cognitive Status 6. Caregiver Difficulty 7. Patient Decision 8. Psychosocial Status
 9. Physician Order 10. Progress Plateau

NARRATIVE: _____

PTA/ Home Health Aide Supervision (circle): LPTA/Aide Present: ___ Yes ___ No

Care Plan Appropriate: ___ Yes ___ No ___ Following POC ___ No Changes

Revised POC / Instructions for LPTA: _____

Plan for next visit / coordination/ communication: _____

Clinician: _____ **Date** _____

Patient Signature: _____ **Date** _____ **Time in** _____ **Time out** _____

Visit 16 – 19 Visit # ___ Fall Prevention Program PT Note OT Note

Homebound Status: ___ Difficult & Taxing to Leave Home ___ Limited Endurance ___ Post-Op Restrictions Other Specify: _____	
Subjective: (Include negative findings) / Response to Teaching _____ _____ _____	
BPPV EXERCISES	VITAL SIGNS
Hall Pike / Epley Maneuver R ___ L ___ Sermont Maneuver R ___ L ___ Canalith self correction exercises R ___ L ___	(supine) B/P _____ P _____ R _____ (standing) B/P _____ (sitting) _____
VOR Exercises: Target viewing x 1 ___ x 2 ___ Target x 2 viewing ___ Compliant surface target viewing x 1 ___ x 2 ___ Target x 2 viewing ___ Tandem gait forward ___ reverse ___	PAIN Location: _____ Severity (1–10): _____ Duration: _____ Frequency: _____
TRANSFERS Assess / Observe sit-to-stand transfers _____ _____ Assess / Observe other transfers _____ _____ Teach safe transfer procedure to pt / cgiver _____ _____	ADL Training & Safety Instruction: _____ _____ _____ _____
GAIT/ W/C MOBILITY Assess gait pattern (teach as needed) _____ Teach safe ambulation _____ Assess activity level _____ Assess / Teach safe stair climbing _____ Assess / Teach safe w/c mobility _____ Other: _____	Device: _____ Surface: _____ Assistance: _____ Cueing: _____ Distance: _____
BALANCE Assess / teach balance activities _____ _____ _____	TREATMENT PERFORMED Specify: _____ _____ _____
SAFETY Teach use and care of adaptive equipment / DME _____ Make appropriate recommendations for safe environment _____ Assess for Falls Risk _____ Instruct in fall prevention and recovery _____ Review emergency plan _____	_____ _____ _____ _____
CARE COORDINATION Communicate with physician _____ Communicate with Clinical Manager / team members _____ Discuss discharge plans with pt / caregiver _____	Topic: _____ Results: _____ _____
OTHER TREATMENTS _____ _____ _____ _____ _____ _____ _____ _____	

Patient Name: _____ **Medical Record #** _____ **Date** _____

VISIT 10 Functional Measures

FUNCTIONAL ASSESSMENT OF BALANCE	SCORE	GUIDELINES	GOAL MET	NOT MET	REASON CODE
Sit-to-stand from Chair Independent = 5 Contact guard = 4 Min = 3 Mod = 2 Max = 1 Unable = 0		< 4 High Risk			
Sit-to-stand from bed Independent = 5 Contact guard = 4 Min = 3 Mod = 2 Max = 1 Unable = 0		< 4 High Risk			
Able to Induce Positional Vertigo (Yes = 0 / No = 1)		Yes High Risk			
Spontaneous Vertigo / Dizziness (Yes = 0 / No = 1) / Freq	/	Yes High Risk			
Level Surface Distance > 100 feet (Yes = 1 / No = 0) Independent & Safely with Assistive Device		< 100 feet High Risk			
Un-level Surfaces Distance > 75 feet (Yes = 1 / No = 0) Independent & Safely with Assistive Device		< 75 feet High Risk			
Assistance for Stairs Independent = 5 Contact guard = 4 Min = 3 Mod = 2 Max = 1 Unable = 0		< 4 High Risk			

REASON CODES: (Place appropriate number in the in reason code column to explain goals not met)

1. Equipment Failure 2. Equipment Unavailable 3. Environmental Condition 4. Patient Condition
5. Patient Cognitive Status 6. Caregiver Difficulty 7. Patient Decision 8. Psychosocial Status
9. Physician Order 10. Progress Plateau

NARRATIVE: _____

PTA/ Home Health Aide Supervision (circle): LPTA/Aide Present: ___ Yes ___ No
 Care Plan Appropriate: ___ Yes ___ No ___ Following POC ___ No Changes
 Revised POC / Instructions for PTA: _____

Plan for next visit / coordination/ communication: _____

Clinician: _____ **Date** _____

Patient Signature: _____ **Date** _____ **Time in** _____ **Time out** _____

Visit 16 – 19 Visit # ___ Fall Prevention Program PT Note OT Note

Homebound Status: ___ Difficult & Taxing to Leave Home ___ Limited Endurance ___ Post-Op Restrictions Other Specify: _____	
Subjective: (Include negative findings) / Response to Teaching _____ _____ _____ _____	
BPPV EXERCISES	VITAL SIGNS
Hall Pike / Epley Maneuver R___ L___	(supine) B/P _____ P _____ R _____
Sermont Maneuver R___ L___	(standing) B/P _____
Canalith self correction exercises R___ L___	(sitting) _____
VOR Exercises: Target viewing x 1___ x 2___ Target x 2 viewing___ Compliant surface target viewing x 1___ x 2___ Target x 2 viewing___ Tandem gait forward___ reverse___	PAIN Location: _____ Severity (1-10): _____ Duration: _____ Frequency: _____
TRANSFERS Assess / Observe sit-to-stand transfers _____ _____ Assess / Observe other transfers _____ _____ Teach safe transfer procedure to pt / cgiver _____ _____	ADL Training & Safety Instruction: _____ _____ _____ _____ _____
GAIT/ W/C MOBILITY Assess gait pattern (teach as needed) _____ Teach safe ambulation _____ Assess activity level _____ Assess / Teach safe stair climbing _____ Assess / Teach safe w/c mobility _____ Other: _____	Device: _____ Surface: _____ Assistance: _____ Cueing: _____ Distance: _____
BALANCE Assess / teach balance activities _____ _____ _____	TREATMENT PERFORMED Specify: _____ _____ _____ _____
SAFETY Teach use and care of adaptive equipment / DME _____ Make appropriate recommendations for safe environment _____ Assess for Falls Risk _____ Instruct in fall prevention and recovery _____ Review emergency plan _____	_____
CARE COORDINATION Communicate with physician _____ Communicate with Clinical Manager / team members _____ Discuss discharge plans with pt / caregiver _____	Topic: _____ Results: _____
OTHER TREATMENTS _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	

Patient Name: _____ **Medical Record #** _____ **Date** _____

Visit 16 – 19 Fall Prevention Program Progress Towards Goals

EXPECTED PROGRESS	MET	NOT MET	REASONS NOT MET/COMMENTS
Patient tolerates treatment well & demonstrates compliance with instructions			
Pain management effective, patient able to participate in therapy			
Patient is progressing towards goals:			
Transfers goal			
Ambulation goal on level surface			
Step negotiation goal			
ADL goals			
Balance goals			
Pt / cg. reports no falls.			
Pt. verbalizes an increase in activity level			
Patient demonstrates appropriate use of assistive device			
Patient/Caregiver accepts discharge plans.			

REASON CODES: (Place appropriate number in the in reason code column to explain goals not met)

1. Equipment Failure 2. Equipment Unavailable 3. Environmental Condition 4. Patient Condition
 5. Patient Cognitive Status 6. Caregiver Difficulty 7. Patient Decision 8. Psychosocial Status
 9. Physician Order 10. Progress Plateau

NARRATIVE: _____

PTA/ Home Health Aide Supervision (circle): LPTA/Aide Present: ___ Yes ___ No

Care Plan Appropriate: ___ Yes ___ No ___ Following POC ___ No Changes

Revised POC / Instructions for LPTA: _____

Plan for next visit / coordination/ communication: _____

Clinician: _____ **Date** _____

Patient Signature: _____ **Date** _____ **Time in** _____ **Time out** _____

Tinetti Assessment Tool — Balance Visit # 10

The patient is seated in a hard, armless chair. The following maneuvers are tested.

Task	Description of Balance	Balance Score
1. Sitting balance	Leans or slides in chair Steady, safe	= 0 = 1 _____
2. Arises	Unable without help Able, uses arms to help Able without using arms	= 0 = 1 = 2 _____
3. Attempts to arise	Unable without help Able, requires > 1 attempt Able to arise, 1 attempt	= 0 = 1 = 2 _____
4. Immediate Standing Balance	(first five seconds) Unsteady (swaggers, moves feet, sway) Steady but uses walker/other support Steady without walker/other support	= 0 = 1 = 2 _____
5. Standing balance	Unsteady Steady but wide stance (medial heels > 4 in. apart), uses cane or other support Narrow stance without support	= 0 = 1 = 2 _____
6. Nudged	(subject at maximum position with feet as close together as possible, examiner pushes lightly on subject's sternum with palm of hand 3 times) Begins to fall Staggers, grabs, catches self Steady	= 0 = 1 = 2 _____
7. Eyes Closed	(at maximum position No. 6) Unsteady Steady	= 0 = 1 _____
8. Turning 360 degrees	Discontinuous Steps Continuous Unsteady (grabs, staggers) Steady	= 0 = 1 = 0 = 1 _____
9. Sitting down	Unsafe (misjudges distance, falls into chair) Uses arms or not a smooth motion Safe, smooth motion	= 0 = 1 = 2 _____
Balance Score:		_____ /16

Tinetti Assessment Tool — Gait Visit # 10

Subject stands with examiner, walks down hallway or across room, first at "usual" pace, then back at "rapid, but safe" pace (using usual walking aids).

Task	Description of Gait	Balance Score
10. Initiation of gait	(immediately after told to go) Any hesitancy or multiple attempts to start No hesitancy	= 0 = 1 _____
11. Step length and height	Does not pass left stance foot with step Passes left stance foot	= 0 = 1 _____
a. Right swing foot	Right foot step does not clear floor completely Right foot completely clears floor	= 0 = 1 _____
b. Left swing foot	Does not pass left stance foot with step Passes left stance foot Right foot step does not clear floor completely Right foot completely clears floor	= 0 = 1 _____ = 0 = 1 _____ = 0 = 1 _____
12. Step Symmetry	Right and left step length not equal – estimate Right and left step appear equal	= 0 = 1 _____
13. Step Continuity	Stopping or discontinuity between steps Steps appear continuous	= 0 = 1 _____
14. Path	(estimated in relation to floor tiles, 12 in. diameter; observe excursion of 1 foot over about 10 ft. of the course) Marked deviation Mild/moderate deviator or uses walking aid Straight without walking aid	= 0 = 1 = 2 _____
15. Trunk	Marked sway or uses walking aid No sway but flexion of knees or back or spreads arms out while walking No sway, no flexion, no use of arms, and no use of walking aid	= 0 = 1 = 2 _____
16. Walking Time	Heels apart Heels almost touching while walking	= 0 = 1 _____
	Gait Score:	_____ /12
	Balance + Gait Score:	_____ /28

Visit 16 – 19 Visit # ___ Fall Prevention Program PT Note OT Note

Homebound Status: ___ Difficult & Taxing to Leave Home ___ Limited Endurance ___ Post-Op Restrictions Other Specify: _____	
Subjective: (Include negative findings) / Response to Teaching _____ _____ _____	
BPPV EXERCISES	VITAL SIGNS
Hall Pike / Epley Maneuver R___ L___	(supine) B/P _____ P _____ R _____
Sermont Maneuver R___ L___	(standing) B/P _____
Canalith self correction exercises R___ L___	(sitting) _____
VOR Exercises: Target viewing x 1___ x 2___ Target x 2 viewing___ Compliant surface target viewing x 1___ x 2___ Target x 2 viewing___ Tandem gait forward___ reverse___	PAIN Location: _____ Severity (1-10): _____ Duration: _____ Frequency: _____
TRANSFERS Assess / Observe sit-to-stand transfers _____ _____ Assess / Observe other transfers _____ _____ Teach safe transfer procedure to pt / caregiver _____ _____	ADL Training & Safety Instruction: _____ _____ _____ _____
GAIT/ W/C MOBILITY Assess gait pattern (teach as needed) _____ Teach safe ambulation _____ Assess activity level _____ Assess / Teach safe stair climbing _____ Assess / Teach safe w/c mobility _____ Other: _____	Device: _____ Surface: _____ Assistance: _____ Cueing: _____ Distance: _____
BALANCE Assess / teach balance activities _____ _____ _____	TREATMENT PERFORMED Specify: _____ _____ _____
SAFETY Teach use and care of adaptive equipment / DME _____ Make appropriate recommendations for safe environment _____ Assess for Falls Risk _____ Instruct in fall prevention and recovery _____ Review emergency plan _____	_____ _____ _____ _____
CARE COORDINATION Communicate with physician _____ Communicate with Clinical Manager / team members _____ Discuss discharge plans with pt / caregiver _____	Topic: _____ Results: _____ _____
OTHER TREATMENTS _____ _____ _____ _____ _____ _____ _____ _____	

Patient Name: _____ Medical Record # _____ Date _____

Tinetti Assessment Tool — Gait Visit # 15

Subject stands with examiner, walks down hallway or across room, first at "usual" pace, then back at "rapid, but safe" pace (using usual walking aids).

Task	Description of Gait	Balance Score
10. Initiation of gait	(immediately after told to go) Any hesitancy or multiple attempts to start No hesitancy	= 0 = 1 _____
11. Step length and height	Does not pass left stance foot with step Passes left stance foot	= 0 = 1 _____
a. Right swing foot	Right foot step does not clear floor completely Right foot completely clears floor	= 0 = 1 _____
b. Left swing foot	Does not pass left stance foot with step Passes left stance foot Right foot step does not clear floor completely Right foot completely clears floor	= 0 = 1 _____ = 0 = 1 _____
12. Step Symmetry	Right and left step length not equal – estimate Right and left step appear equal	= 0 = 1 _____
13. Step Continuity	Stopping or discontinuity between steps Steps appear continuous	= 0 = 1 _____
14. Path	(estimated in relation to floor tiles, 12 in. diameter; observe excursion of 1 foot over about 10 ft. of the course) Marked deviation Mild/moderate deviator or uses walking aid Straight without walking aid	= 0 = 1 = 2 _____
15. Trunk	Marked sway or uses walking aid No sway but flexion of knees or back or spreads arms out while walking No sway, no flexion, no use of arms, and no use of walking aid	= 0 = 1 = 2 _____
16. Walking Time	Heels apart Heels almost touching while walking	= 0 = 1 _____
Gait Score:		_____/12
Balance + Gait Score:		_____/28

Visit 11 – 14 Visit # ___ Fall Prevention Program PT Note OT Note

Homebound Status: ___ Difficult & Taxing to Leave Home ___ Limited Endurance ___ Post-Op Restrictions Other Specify: _____	
Subjective: (Include negative findings) / Response to Teaching _____ _____ _____	
BPPV EXERCISES	VITAL SIGNS
Hall Pike / Epley Maneuver R___ L___	(supine) B/P _____ P _____ R _____
Sermont Maneuver R___ L___	(standing) B/P _____
Canalith self correction exercises R___ L___	(sitting) _____
VOR Exercises: Target viewing x 1___ x 2___ Target x 2 viewing___ Compliant surface target viewing x 1___ x 2___ Target x 2 viewing___ Tandem gait forward___ reverse___	PAIN Location: _____ Severity (1-10): _____ Duration: _____ Frequency: _____
TRANSFERS Assess / Observe sit-to-stand transfers _____ _____ Assess / Observe other transfers _____ _____ Teach safe transfer procedure to pt / cgiver _____ _____	ADL Training & Safety Instruction: _____ _____ _____ _____
GAIT/ W/C MOBILITY Assess gait pattern (teach as needed) _____ Teach safe ambulation _____ Assess activity level _____ Assess / Teach safe stair climbing _____ Assess / Teach safe w/c mobility _____ Other: _____	Device: _____ Surface: _____ Assistance: _____ Cueing: _____ Distance: _____
BALANCE Assess / teach balance activities _____ _____ _____	TREATMENT PERFORMED Specify: _____ _____ _____
SAFETY Teach use and care of adaptive equipment / DME _____ Make appropriate recommendations for safe environment _____ Assess for Falls Risk _____ Instruct in fall prevention and recovery _____ Review emergency plan _____	_____ _____ _____ _____
CARE COORDINATION Communicate with physician _____ Communicate with Clinical Manager / team members _____ Discuss discharge plans with pt / caregiver _____	Topic: _____ Results: _____ _____
OTHER TREATMENTS _____ _____ _____ _____ _____ _____ _____	

Patient Name: _____ Medical Record # _____ Date _____

Visit 11 – 14 Fall Prevention Program Progress Towards Goals

EXPECTED PROGRESS	MET	NOT MET	REASONS NOT MET/COMMENTS
Patient tolerates treatment well & demonstrates compliance with instructions			
Pain management effective, patient able to participate in therapy			
Patient is progressing towards goals:			
Transfers goal			
Ambulation goal on level surface			
Step negotiation goal			
ADL goals			
Balance goals			
Pt / cg. reports no falls.			
Pt. verbalizes an increase in activity level			
Patient demonstrates appropriate use of assistive device			
Patient/Caregiver accepts discharge plans.			

REASON CODES: (Place appropriate number in the in reason code column to explain goals not met)

1. Equipment Failure 2. Equipment Unavailable 3. Environmental Condition 4. Patient Condition
 5. Patient Cognitive Status 6. Caregiver Difficulty 7. Patient Decision 8. Psychosocial Status
 9. Physician Order 10. Progress Plateau

NARRATIVE: _____

PTA/ Home Health Aide Supervision (circle): LPTA/Aide Present: ___ Yes ___ No

Care Plan Appropriate: ___ Yes ___ No ___ Following POC ___ No Changes

Revised POC / Instructions for LPTA: _____

Plan for next visit / coordination/ communication: _____

Clinician: _____ **Date** _____

Patient Signature: _____ **Date** _____ **Time in** _____ **Time out** _____

Tinetti Assessment Tool — Balance Visit # 15

The patient is seated in a hard, armless chair. The following maneuvers are tested.

Task	Description of Balance	Balance Score
1. Sitting balance	Leans or slides in chair Steady, safe	= 0 = 1 _____
2. Arises	Unable without help Able, uses arms to help Able without using arms	= 0 = 1 = 2 _____
3. Attempts to arise	Unable without help Able, requires > 1 attempt Able to arise, 1 attempt	= 0 = 1 = 2 _____
4. Immediate Standing Balance	(first five seconds) Unsteady (swaggers, moves feet, sway) Steady but uses walker/other support Steady without walker/other support	= 0 = 1 = 2 _____
5. Standing balance	Unsteady Steady but wide stance (medial heels > 4 in. apart), uses cane or other support Narrow stance without support	= 0 = 1 = 2 _____
6. Nudged	(subject at maximum position with feet as close together as possible, examiner pushes lightly on subject's sternum with palm of hand 3 times) Begins to fall Staggers, grabs, catches self Steady	= 0 = 1 = 2 _____
7. Eyes Closed	(at maximum position No. 6) Unsteady Steady	= 0 = 1 _____
8. Turning 360 degrees	Discontinuous Steps Continuous Unsteady (grabs, staggers) Steady	= 0 = 1 = 0 = 1 _____
9. Sitting down	Unsafe (misjudges distance, falls into chair) Uses arms or not a smooth motion Safe, smooth motion	= 0 = 1 = 2 _____

Balance Score: _____ /16

Visit 11 – 14 Fall Prevention Program Progress Towards Goals

EXPECTED PROGRESS	MET	NOT MET	REASONS NOT MET/COMMENTS
Patient tolerates treatment well & demonstrates compliance with instructions			
Pain management effective, patient able to participate in therapy			
Patient is progressing towards goals:			
Transfers goal			
Ambulation goal on level surface			
Step negotiation goal			
ADL goals			
Balance goals			
Pt / cg. reports no falls.			
Pt. verbalizes an increase in activity level			
Patient demonstrates appropriate use of assistive device			
Patient/Caregiver accepts discharge plans.			

REASON CODES: (Place appropriate number in the in reason code column to explain goals not met)

1. Equipment Failure 2. Equipment Unavailable 3. Environmental Condition 4. Patient Condition
 5. Patient Cognitive Status 6. Caregiver Difficulty 7. Patient Decision 8. Psychosocial Status
 9. Physician Order 10. Progress Plateau

NARRATIVE: _____

PTA/ Home Health Aide Supervision (circle): LPTA/Aide Present: ___ Yes ___ No

Care Plan Appropriate: ___ Yes ___ No ___ Following POC ___ No Changes

Revised POC / Instructions for LPTA: _____

Plan for next visit / coordination/ communication: _____

Clinician: _____ **Date** _____

Patient Signature: _____ **Date** _____ **Time in** _____ **Time out** _____

Visit 15 Fall Prevention Program

PT Note OT Note

Homebound Status: ___ Difficult & Taxing to Leave Home ___ Limited Endurance ___ Post-Op Restrictions Other Specify: _____	
Subjective: (Include negative findings) / Response to Teaching _____ _____ _____	
BPPV TREATMENTS	VITAL SIGNS
Hall Pike / Epley Maneuver R ___ L ___ Sermont Maneuver R ___ L ___ Canalith self correction exercises R ___ L ___	(supine) B/P _____ P _____ R _____ (standing) B/P _____ (sitting) _____
VOR Exercises: Target viewing x 1 ___ x 2 ___ Target x 2 viewing ___ Compliant surface target viewing x 1 ___ x 2 ___ Target x 2 viewing ___ Tandem gait forward ___ reverse ___	PAIN Location: _____ Severity (1-10): _____ Duration: _____ Frequency: _____
TRANSFERS Assess / Observe sit-to-stand transfers _____ _____ Assess / Observe other transfers _____ _____ Teach safe transfer procedure to pt / cgiver _____ _____	ADL Training & Safety Instruction: _____ _____ _____ _____
GAIT/ W/C MOBILITY Assess gait pattern (teach as needed) _____ Teach safe ambulation _____ Assess activity level _____ Assess / Teach safe stair climbing _____ Assess / Teach safe w/c mobility _____ Other: _____	Device: _____ Surface: _____ Assistance: _____ Cueing: _____ Distance: _____
BALANCE Perform / teach balance activities _____ _____ _____	Therapeutic Exercises Strengthening / ROM Specify: _____ _____ _____
SAFETY Teach use and care of adaptive equipment / DME _____ Make appropriate recommendations for safe environment _____ Assess for Falls Risk _____ Instruct in fall prevention and recovery _____ Review emergency plan _____	_____ _____ _____ _____
CARE COORDINATION Communicate with physician _____ Communicate with Clinical Manager / team members _____ Discuss discharge plans with pt / caregiver _____	Topic: _____ Results: _____ _____
OTHER TREATMENTS _____ _____ _____ _____ _____ _____ _____ _____	

Patient Name: _____ **Medical Record #** _____ **Date** _____

Visit 11 – 14 Fall Prevention Program Progress Towards Goals

EXPECTED PROGRESS	MET	NOT MET	REASONS NOT MET/COMMENTS
Patient tolerates treatment well & demonstrates compliance with instructions			
Pain management effective, patient able to participate in therapy			
Patient is progressing towards goals:			
Transfers goal			
Ambulation goal on level surface			
Step negotiation goal			
ADL goals			
Balance goals			
Pt / cg. reports no falls.			
Pt. verbalizes an increase in activity level			
Patient demonstrates appropriate use of assistive device			
Patient/Caregiver accepts discharge plans.			

REASON CODES: (Place appropriate number in the in reason code column to explain goals not met)

1. Equipment Failure 2. Equipment Unavailable 3. Environmental Condition 4. Patient Condition
 5. Patient Cognitive Status 6. Caregiver Difficulty 7. Patient Decision 8. Psychosocial Status
 9. Physician Order 10. Progress Plateau

NARRATIVE: _____

PTA/ Home Health Aide Supervision (circle): LPTA/Aide Present: ___ Yes ___ No

Care Plan Appropriate: ___ Yes ___ No ___ Following POC ___ No Changes

Revised POC / Instructions for LPTA: _____

Plan for next visit / coordination/ communication: _____

Clinician: _____ **Date** _____

Patient Signature: _____ **Date** _____ **Time in** _____ **Time out** _____

Visit 11 – 14 Visit # ___ Fall Prevention Program PT Note OT Note

Homebound Status: ___ Difficult & Taxing to Leave Home ___ Limited Endurance ___ Post-Op Restrictions Other Specify: _____	
Subjective: (Include negative findings) / Response to Teaching _____ _____ _____	
BPPV EXERCISES	VITAL SIGNS
Hall Pike / Epley Maneuver R___ L___	(supine) B/P _____ P _____ R _____
Sermont Maneuver R___ L___	(standing) B/P _____
Canalith self correction exercises R___ L___	(sitting) _____
VOR Exercises: Target viewing x 1___ x 2___ Target x 2 viewing___ Compliant surface target viewing x 1___ x 2___ Target x 2 viewing___ Tandem gait forward___ reverse___	PAIN Location: _____ Severity (1-10): _____ Duration: _____ Frequency: _____
TRANSFERS Assess / Observe sit-to-stand transfers _____ _____ Assess / Observe other transfers _____ _____ Teach safe transfer procedure to pt / cgiver _____ _____	ADL Training & Safety Instruction: _____ _____ _____ _____
GAIT/ W/C MOBILITY Assess gait pattern (teach as needed) _____ Teach safe ambulation _____ Assess activity level _____ Assess / Teach safe stair climbing _____ Assess / Teach safe w/c mobility _____ Other: _____	Device: _____ Surface: _____ Assistance: _____ Cueing: _____ Distance: _____
BALANCE Assess / teach balance activities _____ _____ _____	TREATMENT PERFORMED Specify: _____ _____ _____
SAFETY Teach use and care of adaptive equipment / DME _____ Make appropriate recommendations for safe environment _____ Assess for Falls Risk _____ Instruct in fall prevention and recovery _____ Review emergency plan _____	_____ _____ _____ _____
CARE COORDINATION Communicate with physician _____ Communicate with Clinical Manager / team members _____ Discuss discharge plans with pt / caregiver _____	Topic: _____ Results: _____
OTHER TREATMENTS _____ _____ _____ _____ _____ _____ _____ _____	

Patient Name: _____ **Medical Record #** _____ **Date** _____