



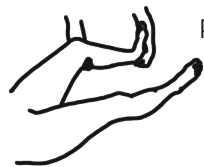
PATIENT NAME:

START DATE:

SUBJECTIVE



OBJECTIVE ANALYSIS

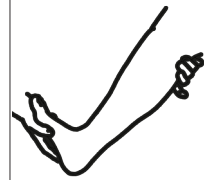


Right Hemiplegia increased tone?

Reduced ROM?



Knee contracture?



A.O.2 Sit to stand?



Right Hemiplegia low tone?



Shoulder subluxation?



Ankle contracture?



Standing hoist transfers?



Left Hemiplegia increased tone?



Shoulder pain?



Poor rolling ability?



Poor standing balance?



Left Hemiplegia low tone?



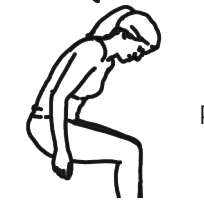
Elbow contracture?



Poor pelvic tilting?



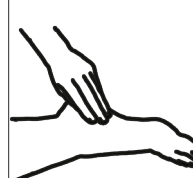
Supervised mobility?



Poor sitting balance?



Wrist contracture?



A.O.1 Bed transfers?



Wheelchair mobility?



Reduced proprioception?



Hand flexion contracture?



A.O.2 Bed transfers?



Poor stepping ability?



Reduced sensation?



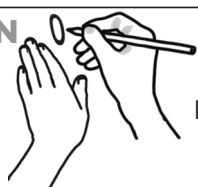
Hip contracture



A.O.1 Sit to stand?

TREATMENT

PLAN



Repeat assessment on next visit

DISCHARGE DATE:

OUTCOME: