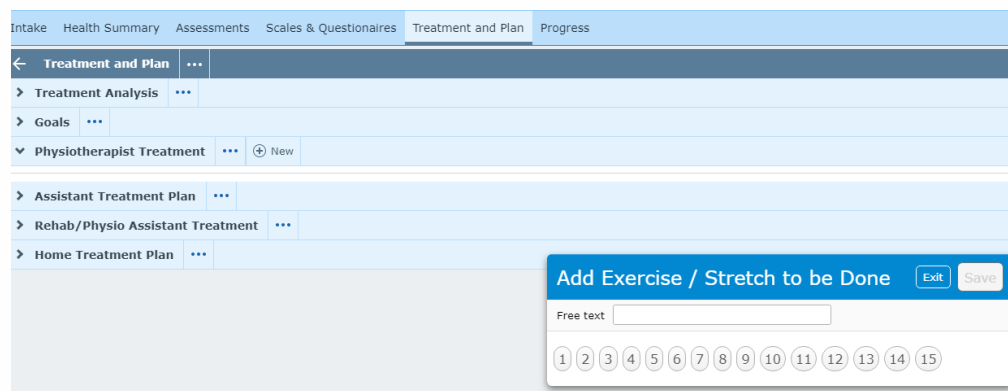


# CARE4 MODULE NAME: AMBULATORY

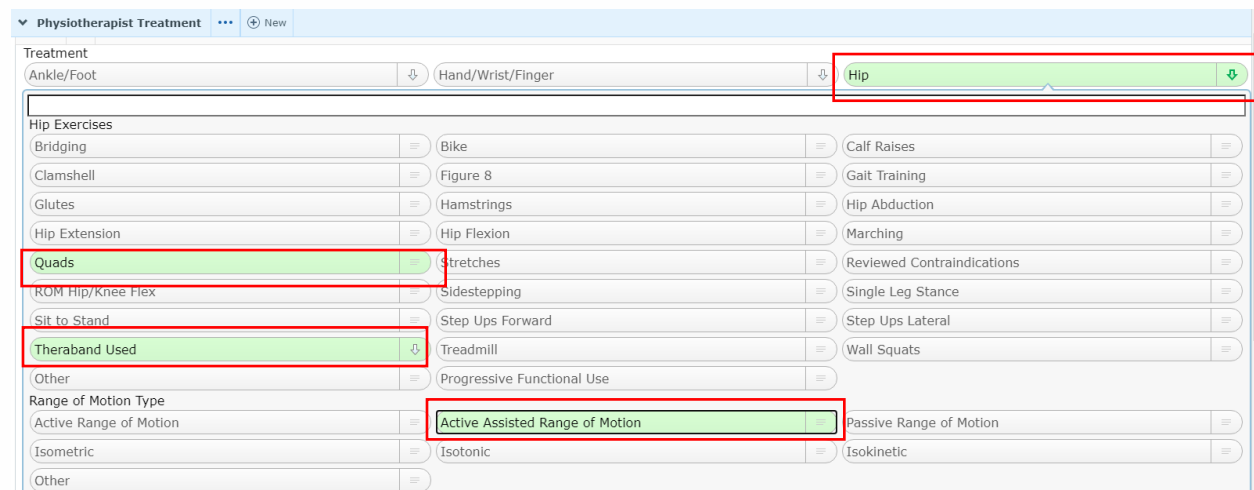
## Physiotherapy Treatment Documentation

### The steps to adding a treatment completed by physiotherapist in Expense documentation

1. Under physiotherapist treatment choose which number of treatment you are documenting 1-15. If more than 15 required then add extra numbers in the "free text" area. \*Note it will only allow you to choose each number once in each document



2. Choose the area in which treatment applies to; ankle/foot, hand/wrist/finger, hip, knee, spine, upper extremity, or other (being ice/heat, ultrasound, whirlpool....)
3. Choose which treatment/exercise/stretch is being performed, and if needed the type of ROM.



Treatment		
Ankle/Foot	Hand/Wrist/Finger	Hip
Hip Exercises		
Bridging	Bike	Calf Raises
Clamshell	Figure 8	Gait Training
Glutes	Hamstrings	Hip Abduction
Hip Extension	Hip Flexion	Marching
Quads	Stretches	Reviewed Contraindications
ROM Hip/Knee Flex	Sidestepping	Single Leg Stance
Sit to Stand	Step Ups Forward	Step Ups Lateral
Theraband Used	Treadmill	Wall Squats
Other	Progressive Functional Use	
Range of Motion Type		
Active Range of Motion	Active Assisted Range of Motion	Passive Range of Motion
Isometric	Isotonic	Isokinetic
Other		

4. Then enter weight used in pounds, the number of reps completed, set completed, the frequency (if required), any special instructions that were given, and if the patient was given a handout for education

Position  
 Prone  Sitting  Supine  
 Standing  Sidelying  Other

Weight Used (lbs)

Number of Reps

Number of Sets

Frequency Exercise to be Completed

Recommendations / Instructions

Include any other exercise specifications not mentioned above.

Exercise Handout Given to Patient  
 Yes  No

Treatment Completed This Visit?  
 Yes  No

5. Document if the treatment was completed and how it was tolerated.

Treatment Completed This Visit?  
 Yes  No

Tolerance  
 Excellent  Good  Fair  
 Poor

Comment

Treatment Completed This Visit?  
 Yes  No

Reason Not Completed  
 Assessment Only This Visit  Brace/Cast/Splint  Behaviour/Cognition  
 Pain  Refusal  Spinal Orthosis  
 Time Constraints  Within Functional Limits  Other

You are able to add the number of exercises you are planning to do and then fill in the rest of the information when able.

▼ Physiotherapist Treatment

> 1

> 2

> 3

This is what it will look like on the report:

**Treatment and Plan**

**Physiotherapist Treatment**

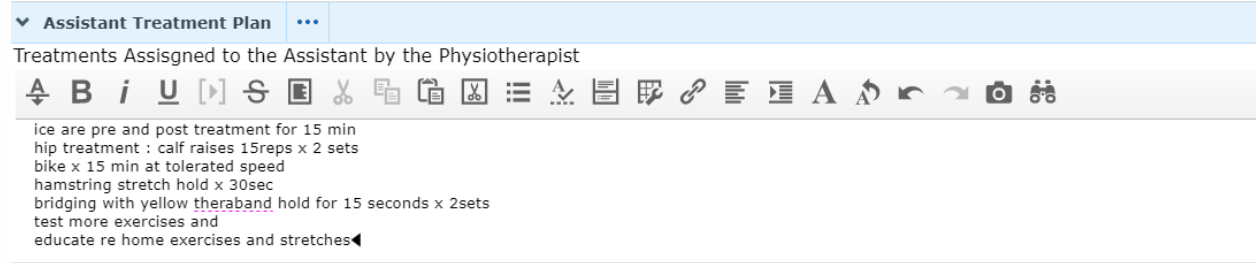
1:	
Treatment	Hip , Quads and Theraband Used , Range of Motion Type: Active Assisted Range of Motion
Position	Prone
Weight Used (lbs)	5 Pounds
Number of Reps	10 Reps
Frequency Exercise to be Completed	test test
Recommendations / Instructions	test again test again
Exercise Handout Given to Patient	No
Treatment Completed This Visit?	No

**Assistant Treatment Plan**

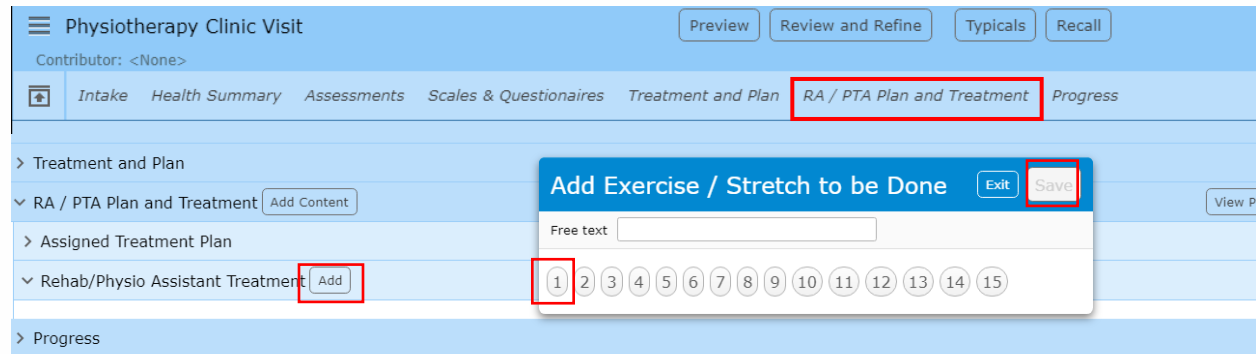
Treatments Assigned to the Assistant by the Physiotherapist	ice are pre and post treatment for 15 min hip treatment : calf raises 15reps x 2 sets bike x 15 min at tolerated speed hamstring stretch hold x 30sec bridging with yellow theraband hold for 15 seconds x 2sets test more exercises and educate re home exercises and stretches
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**There are two ways that Treatment can be assigned to rehab assistants.**

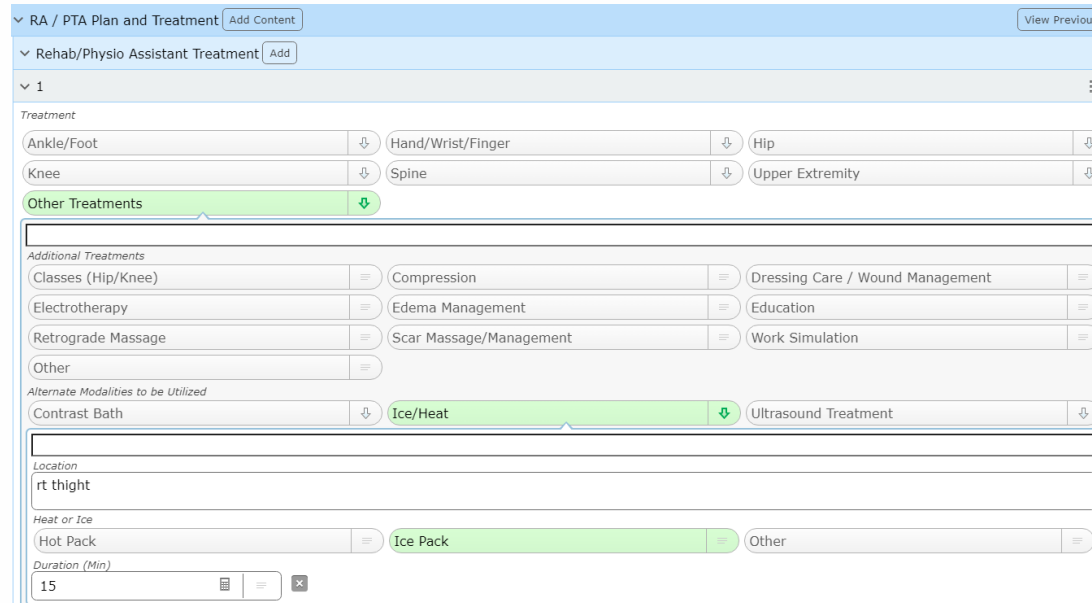
1. Free text in the **assistant treatment plan** text box for assistant to pull into the documentation on the next visit via the Preview and Recall function.



2. You fill in the information in the **“RA/PTA Plan and Treatment”** section of the document and the assistant can also pull this information into their document at the next visit.



You would fill in the fields the same way you would fill in your own treatment. The assistant would Preview and Recall the information into their documentation on the next visit and are then able alter if needed and add comments to indicate how the treatment went.



Prone     Sitting     Supine  
 Standing     Sidelying     Other

Weight Used (lbs)

Number of Reps

Number of Sets

Frequency Exercise to be Completed

Recommendations / Instructions

Treatment Completed This Visit?

Yes  No

Tolerance

Excellent     Good     Fair

Poor

Follow-Up Required with Physiotherapist?

Yes     No

Exercise Handout Given to Patient

Yes     No

Means that there is a comment attached to the answer

Rehab/Physio Assistant Treatment

2

Treatment

Ankle/Foot     Hand/Wrist/Finger     Hip

Hip Exercises		
<input type="radio"/> Bridging	<input type="radio"/> Bike	<input checked="" type="radio"/> Calf Raises
<input type="radio"/> Clamshell	<input type="radio"/> Figure 8	<input type="radio"/> Gait Training
<input type="radio"/> Glutes	<input type="radio"/> Hamstrings	<input type="radio"/> Hip Abduction
<input type="radio"/> Hip Extension	<input type="radio"/> Hip Flexion	<input type="radio"/> Marching
<input type="radio"/> Quads	<input type="radio"/> Stretches	<input type="radio"/> Reviewed Contraindications
<input type="radio"/> ROM Hip/Knee Flex	<input type="radio"/> Sidestepping	<input type="radio"/> Single Leg Stance
<input type="radio"/> Sit to Stand	<input type="radio"/> Step Ups Forward	<input type="radio"/> Step Ups Lateral
<input type="radio"/> Theraband Used	<input type="radio"/> Treadmill	<input type="radio"/> Wall Squats
<input type="radio"/> Other	<input type="radio"/> Progressive Functional Use	
Range of Motion Type		
<input checked="" type="radio"/> Active Range of Motion	<input type="radio"/> Active Assisted Range of Motion	<input type="radio"/> Passive Range of Motion
<input type="radio"/> Isometric	<input type="radio"/> Isotonic	<input type="radio"/> Isokinetic
<input type="radio"/> Other		

Position

Prone     Sitting     Supine  
 Standing     Sidelying     Other

Weight Used (lbs)

Number of Reps

Number of Sets

Frequency Exercise to be Completed

Recommendations / Instructions

Treatment Completed This Visit?

Yes  No

Tolerance

Excellent

Good

Fair

patient on able to use 1 pound weight in each hand and do 8 reps

Poor

Follow-Up Required with Physiotherapist?

Yes  No

Exercise Handout Given to Patient

Yes  No

Below you will see what the assistant documentation would look like if they recall treatment plan and document treatment performed at visit.

### Treatment and Plan

#### Assistant Treatment Plan

Treatments Assigned to the Assistant by the Physiotherapist

- ice pre and post treatment for 15 min
- hip treatment : calf raises 15reps x 2 sets
- bike x 15 min at tolerated speed
- hamstring stretch hold x 30sec
- bridging with yellow theraband hold for 15 seconds x 2sets
- test more exercises and
- educate re home exercises and stretches

#### Rehab/Physio Assistant Treatment

1:

Treatment

Other Treatments , Alternate Modalities to be Utilized: Ice/Heat Location: rt thigh  
Ice Pack Duration (Min): 15 Minutes

Position

Prone

Treatment Completed This Visit?

Yes Tolerance: Excellent

2:

Treatment

Hip , Calf Raises , Range of Motion Type: Active Range of Motion

Position

Standing

Weight Used (lbs)

2 (in each hand)

Number of Reps

10

Number of Sets

1

Treatment Completed This Visit?

Yes Tolerance: Good (patient on able to use 1 pound weight in each hand and do 8 reps)