

Rehabilitation Services  
Physical Therapy  
Occupational Therapy



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**CARE PLAN / RECERTIFICATION/ MONTHLY SUMMARY**

Patient's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ MR # \_\_\_\_\_

Diagnosis \_\_\_\_\_ Dr. \_\_\_\_\_

Onset Date \_\_\_\_\_ Birth Date \_\_\_\_\_ Pt. aware of DX \_\_\_\_ yes \_\_\_\_ no

Physician Referral Date \_\_\_\_\_

**TREATMENT**

- \_\_\_\_ Evaluate and Treat  
    PT / OT
- \_\_\_\_ Therapeutic Exercise
  - \_\_\_\_ Home Program
  - \_\_\_\_ Passive
  - \_\_\_\_ Active Assistive
  - \_\_\_\_ Active
  - \_\_\_\_ PRE
  - \_\_\_\_ Neuromuscular Rehab
  - \_\_\_\_ Advanced Rehab
  - \_\_\_\_ Coordination (fine / gross)
  - \_\_\_\_ Cog / Perceptual Retraining
  - \_\_\_\_ ADL's
  - \_\_\_\_ Visual Training
- \_\_\_\_ Gait Training
- \_\_\_\_ Wound Care
- \_\_\_\_ Special Assessment
  - \_\_\_\_ Wheelchair Positioning
  - \_\_\_\_ Restorative Dining

**CERTIFICATION** From \_\_\_\_\_ to \_\_\_\_\_

- \_\_\_\_ Modalities
  - \_\_\_\_ Hot Pack
  - \_\_\_\_ Cold Packs
  - \_\_\_\_ Ultrasound
  - \_\_\_\_ Phonophoresis
  - \_\_\_\_ Iontophoresis
  - \_\_\_\_ Paraffin Bath
  - \_\_\_\_ Electrical Stimulation
    - \_\_\_\_ TENS
    - \_\_\_\_ IFC
  - \_\_\_\_ Massage
    - \_\_\_\_ Ice
    - \_\_\_\_ Therapeutic
    - \_\_\_\_ Edema
  - \_\_\_\_ Splinting
  - \_\_\_\_ Traction
    - \_\_\_\_ Cervical \_\_\_\_ Lumbar \_\_\_\_ Manual
- \_\_\_\_ Discharged \_\_\_\_ Continued Services

Other \_\_\_\_\_

Progress Summary \_\_\_\_\_

Frequency \_\_\_\_\_ Duration \_\_\_\_\_

Goals \_\_\_\_\_

Rehab Potential \_\_\_\_\_ Comments \_\_\_\_\_

Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_