You may insert your agency's name and contact information in the header

Name: *Insert Client's Name*

Date of Birth: *Insert Client's Date of Birth*

SS #: *Insert Last 4 digits of Client's SS#*

Date of Report: *Insert Date of Report*

Report Covers: ***(date of previous annual re-eval) through (current date)***

Physical Therapist's Name: *Insert your name and credentials*

Case Manager: *Insert Case Manager's Name*

Case Manager's Agency: *Insert Case Manager's Agency*

Background Information:

Insert referral information; diagnosis that are pertinent to your service (if you are not including all this individual's diagnosis, note in this section that not all diagnosis are listed, just those related to physical therapy); you may include other identifying information about the individual

Changes in Living Arrangements or Day Activities:

Insert information regarding any changes in living arrangements or day activities that occurred during the previous year that are significant for physical therapy and your therapy related response to those changes

Recommendations from Outside the IDT:

Insert information regarding any recommendations made by outside entities (SAFE Clinic, CPR, PCP, et cetera) during the prior year and your therapy related response to those recommendations

Physical Therapy Re-evaluation:

Insert information regarding functional status of any area addressed by your therapy during the prior year. Include information regarding the assessment tools used or the method used to gather information. For example, if you have addressed ambulation skills during the past year include assessment of current ambulation status in measurable terms such as the distance the individual was able to walk at the beginning of the year and the distance the individual can walk currently.

Physical Therapy Goals and Objectives:

Insert Physical Therapy Goal(s) and supporting measurable objectives (If you have more than one goal for this individual repeat for each goal). Indicate the status of each objective (i.e. Completed, Progress made, No progress)

Assistive Technology:

Insert a list of assistive technology provided or monitored by physical therapy

Written Direct Support Instructions:

Insert a list of current Written Direct Support Instructions (WDSIs) with an indication of the status of training on each. This may be done in a table format such as seen below:

WDSI	Recommendation regarding continuation	Training C=complete IP=in process N=needed in all areas

Other Areas Assessed:

Insert information about areas related to physical therapy that were not addressed in the previous year but should be noted by the IDT. These areas may fall into one or more of the systems review areas covered in the Physical Therapy Guide to Practice listed below:

Systems Review

CARDIOVASCULAR/PULMONARY SYSTEM *__ Not Impaired __ Impaired*

Heart rate: _____

Respiratory rate: _____

Blood pressure: _____

***Edema:* _____**

INTEGUMENTARY SYSTEM *__ Not Impaired __ Impaired*

Integrity

Pliability (texture): _____

Presence of scar formation: _____

Skin color: _____

Skin integrity: _____

MUSCULOSKELETAL SYSTEM

Gross Range of Motion *__ Not Impaired __ Impaired*

Gross Strength *__ Not Impaired __ Impaired*

Gross Symmetry *__ Not Impaired __ Impaired*

Standing: _____

Sitting: _____

Activity specific: _____

Other:_____

Height: _____

Weight: _____

NEUROMUSCULAR SYSTEM

Gross Coordinated Movements

Balance __ Not Impaired __ Impaired

Gait __ Not Impaired __ Impaired

Locomotion __ Not Impaired __ Impaired

Transfers __ Not Impaired __ Impaired

Transitions __ Not Impaired __ Impaired

Motor function *(motor control, motor learning) __ Not Impaired __ Impaired*

Recommendations Regarding Physical Therapy

Insert your recommendations regarding discontinuation, fading or ongoing physical therapy for this individual.

Therapist's Signature *Insert Date Report Was Signed*

_____

Insert printed Therapist's Name and Credentials

Insert Name of Therapy Agency

Insert Therapy Agency Phone #

Insert Distribution List