

*Weakness/Malaise*

**CLIENT CARE PLAN**

**Client:** \*Pathways , CarePlan

**Client ID#:** 1165425300  
**Admission Date:** 12-06-2006

27 Neuro-Musculo-Skeletal Function Potential Problem Individual

**Admission Rating**                      **K**      **B**      **S**  
**Desired Outcome**                      **K**      **B**      **S**

| <i>Cat.</i> | <i>Target</i>      | <i>Care Description Note</i>  |
|-------------|--------------------|---|
| TGC         | Other              | Other<br>Rehabilitation<br>GOAL: Patient and caregivers will understand concepts of pacing daily activities, importance of regular ambulation and exercise program and it's benefits to return to prior activity level.<br>TIME FRAME: 1-2 visits                                 |
| TP          | Mobility/Transfers | Other<br>GOAL: Patient will demonstrate independent transfers from bed, chair, car, bath or instruct caregiver if independence is not attainable. Discuss transfers from floor to stand with caregiver if patient is high risk for falling.<br>TIME FRAME: 6-8 visits             |
| TP          | Gait Training      | Other<br>GOAL: Patient will be able to ambulate 200 feet on level and manage stairs as necessary, both with assistive device which is most appropriate for independence, instruct caregivers in progression of ambulation program between PT sessions.<br>TIME FRAME: 8-10 visits |
| TP          | Exercises          | Active<br>GOAL: Patient and caregiver will be independent with exercise program. Ongoing progression of home program as patient advances.<br>TIME FRAME: 8-10 visits  |
| TP          | Personal Hygiene   | Other<br>GOAL: HHA will provide assist with personal care as ordered. Supervise HHA as required.<br>TIME FRAME: Ongoing.  |

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_