

Appendix A: Functional Outcomes Data Collection Form

Patient ID:	Age:	Gender: F/M
Evaluating Physical Therapist:		
Date of Initial Evaluation:		<i>Date of Last Visit:</i>
Physician:		
Preferred Practice Pattern:		
Body Part: cervical spine, shoulder, elbow, wrist/hand, thoracic spine, lumbar spine, hip, knee, ankle/foot; other		
Stage of Healing: Acute/Subacute/Chronic		
<i># of Visits:</i>	Initial PF-10 Score:	<i>Discharge PF-10 Score:</i>
Condition Specific Tool Used: NDI, DASH, ODI, LEFS		
Initial Score:		<i>Discharge Score:</i>
<i>Total Number of Units of Each Treatment Procedure Performed During Duration of PT</i>		
Superficial Heat/Cold Treatments _____ includes: hot pack, cold pack, whirlpool Electrical Stimulation Treatments _____ includes: interferential electrical stimulation, high volt galvanic electrical stimulation, functional electrical stimulation Ultrasound Treatments _____ only ultrasound treatments Phonophoresis Treatments _____ only phonophoresis treatments Iontophoresis Treatments _____ only iontophoresis treatments		Manual Therapy Treatments _____ includes: soft tissue/joint mobilization, manipulation, massage, muscle energy, myofascial release, craniosacral, trigger point therapy, basically anything billed as manual therapy Exercise Treatments _____ includes: gait training, neuromuscular re-education, strengthening, range of motion, flexibility, therapeutic activities, aquatic therapy, therapeutic exercise Mechanical Traction Treatments _____ includes lumbar and cervical mechanical traction

Reason for Discharge: _____ Goals met
 _____ Discontinued – minimal progress/plateau
 _____ Referred back to physician – further assessment required
 _____ Never returned
 _____ Insurance issues
 _____ Moved
 _____ Poor attendance (3 no shows)
 _____ Services inappropriate