**Tazewell Mason Counties Special Education**

**300 Cedar Street Pekin, IL 61554**

***Phone: 309/347-5164; Fax: 309/346-0440***

**PHYSICAL THERAPY ANNUAL REVIEW**

**20\_\_- 20\_\_**

|  |  |
| --- | --- |
| Name:  | Date of Meeting: |
| BD: | Medical Diagnosis: |
| CA: | Medication: |
| Gender: | Doctor: |
| Therapist: | Precautions: |

**BACKGROUND INFORMATION**:

|  |  |
| --- | --- |
| School/District: | Teacher: |
| Grade/ Program:  | Educational Eligibility: Autism, Deaf Blindness, Developmental Delay, Hearing Impaired, Orthopedic Impairment, Specific Learning Disability, Traumatic Brain Injury, Intellectual Disability, Deafness, Emotional Disability, Multiple Disabilities, Other Health Impairment, Speech and Language Impairment, Visual Impairment, 504 |
| Last Full and Individual Evaluation: | Last PT Evaluation:  |
| Related Services: | Current Service Level:  |

Medical Information:

**SUBJECTIVE**: Paraphrased information from the student, family, or teacher. It should reflect the point of view of the child. Also, it is specific to his/her reason for receiving PT services. Include student behavior and/or attendance information that affects therapy and/or treatment.

**OBJECTIVE:** Factual observation, it will be the longest section of the report.

Focus of Interventions: gait training (gait training,walker, kaye walker), stair training, balance training, transfer training, wheelchair mobility training, postural control, core strengthening, lower extremity strengthening, range of motion, gross motor development, motor planning, assist with classroom motor programming (positioning, standing, stretching program)

Goal Performance: PT IEP goals and progress or summary. (see IEP goals update)

\_\_\_\_\_\_\_\_\_\_\_has met \_\_ /\_\_ objectives to improve \_\_\_\_\_\_\_\_ skills. (See Progress Report, Goals and Objectives/Benchmarks)

Gross Motor- Childs current gross motor skills and how they access school environment; including assistance needed, safety concerns, balance etc.

Neuromuscular: Area of increase or decrease range of motion (see attached chart). Include muscle tone and strength information.

Adaptive Equipment: Adaptive equipment and techniques used by student in therapy and equipment recommended by PT for the classroom. Examples- supine stander, AFO’s, wheelchair, adaptive chair, visual supports.

**ASSESSMENT:** Analysis of Subjective and Objective portions of the report. Summarize the goal performance improvements, maintained skills and deficits. What are student’s weaknesses and strengths and how does this affect performance? How does behavior affect therapy? Include ROM changes. Recommend continue or discontinue of therapy services as they relate to the student’s educational needs.

**PLAN:** Physical Therapy services for minutes per week ( visits) and minutes per semester ( visits) supervision to focus on…… (Goal areas)

OR

Physical Therapy services are not recommended at this time as it relates to (insert students name) educational programming.

**Classroom/Home Suggestions:**

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Insert your name), PTA | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amanda Kelly PT |
| Physical Therapist Assistant | Physical Therapist |

*Revised 5/16 Z=TM²C*