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Physical therapy evaluation is the foundation of effective treatment. By conducting a thorough assessment, PTs can accurately diagnose conditions, establish baselines, and create personalized treatment plans that drive better patient outcomes. A clear, organized evaluation not only enhances clinical decision-making but also ensures compliance with documentation standards and improves communication between providers. In this blog post, we'll break down the key components of a physical therapy evaluation and provide an example evaluation to illustrate the importance of clear and thorough reporting for skilled physical therapy services. We will also give an overview of how Empower EMR's software simplifies, optimizes, and speeds up physical therapy evaluations while helping physical therapists ensure compliance with legal guidelines.

**Main Takeaways From This Article:** A well-structured physical therapy evaluation is crucial for accurate diagnosis, effective treatment, and compliance with documentation standards. Key components of an evaluation include patient history, clinical examination, functional limitation assessment, and a tailored treatment plan. Creating clear and thorough reports relies on standardization, clarity, regular audits, and the adoption of advanced technology. Empower EMR's software enhances evaluation recording through automated data entry, real-time compliance checks, and streamlined workflows. What Is a Physical Therapy Evaluation? A physical therapy evaluation is a comprehensive examination wherein a licensed physical therapist assesses a patient's physical condition, functional capabilities, and limitations. This evaluation is used to diagnose the patient's issues, which in turn informs the treatment plan. What Makes This Evaluation So Important? The physical therapy evaluation is critical to creating the clinical documentation that protects both the patient's rights and the therapist's professional integrity. It guarantees compliance with all necessary treatment protocols and regulatory standards and ensures the therapist is on the right path to guide the patient to the best recovery possible. This evaluation isn't just the therapist's clinical observations; it also integrates feedback and input from the patient, giving the therapist a comprehensive and holistic view of the patient's goals. It also constitutes an official record that is a part of the patient's medical record. Key Elements of a Physical Therapy Evaluation A physical therapy evaluation consists of several key elements that contribute to a comprehensive understanding of the patient's condition. These components are as follows:

- Patient History:** Construction worker/Medical History: No prior surgeries, no chronic illnesses. Tony occasionally deals with seasonal allergies.
- Patient's Primary Complaint:** Tony reports that he has been experiencing right shoulder pain for the past three months after lifting a heavy load at work. Here, we gathered this information to learn about Tony's condition and lifestyle and create an accurate diagnosis for a tailored treatment plan.
- Subjective Findings:** In the subjective examination, the therapist engages Tony in a conversation to elicit more personal insights regarding his pain. This portion of the evaluation includes the following key aspects:
  - Pain Level:** Tony rates his shoulder pain as a 6 out of 10 on a visual analog scale, stating it increases to an 8 during overhead lifting.
  - Nature of Pain:** He describes the pain as sharp, which radiates to his upper arm, especially with certain movements.
  - Functional Limitations:** David notes challenges with activities such as reaching overhead to install fixtures and lifting objects above waist height.
  - Goals:** David expresses a desire to return to full duties at work without pain and to resume recreational activities, such as playing basketball with friends.
- Lived Experience:** Understanding Tony's lived experience can determine the evaluation complexity and help tailor the subsequent treatment plan to better align with his goals.
- Objective Findings:** Next, the therapist conducts thorough, objective tests to gather data regarding Tony's condition:
  - Range of Motion (ROM):** Assessment: Active ROM: Forward flexion is limited to 120 degrees (normal is 180 degrees). Abduction is limited to 90 degrees (normal is 180 degrees). Internal and external rotation are also assessed.
  - Strength Testing:** Manual muscle testing shows a 4/5 strength in shoulder abduction and external rotation, indicating weakness compared to the left shoulder.
  - Special Tests:** Positive Hawkins-Kendery test, indicating possible shoulder impingement. The apprehension test is negative.
  - Postural Assessment:** Examination reveals rounded shoulders, a forward head posture, and a slightly elevated right shoulder, which can contribute to shoulder dysfunction.
- Diagnostic Reasoning:** This objective data corroborates Tony's subjective complaints and provides clinical reasoning for understanding the severity and nature of his shoulder issue.
- Clinical Analysis and Diagnosis:** After synthesizing the subjective and objective data, the therapist conducts clinical analysis to reach a preliminary diagnosis of the patient's primary complaint: **Diagnosis:** Right shoulder impingement syndrome, likely exacerbated by postural issues and overuse in a physically demanding occupation.
- Contributing Factors:** Poor posture and muscular imbalances appear to be contributing to functional limitations and pain.
- This diagnostic clarity allows the therapist to formulate a treatment plan to address both the symptoms and their root causes.**
- Treatment Plan and Goals:** With a diagnosis in hand, the therapist collaborates with Tony to formulate a treatment plan that reflects his needs, preferences, and goals:
  - Treatment Plan:** Pain Management: Soft tissue mobilization, joint mobilizations, and modalities such as ice or electrical stimulation to reduce inflammation.
  - Postural Correction:** Strengthening exercises to improve scapular stability and address forward head posture.
  - Range of Motion & Strengthening:** A progressive exercise program focusing on rotator cuff strengthening, shoulder stabilization drills, and mobility exercises to restore function.
  - Functional Training:** Work-specific movement drills to safely reintroduce lifting mechanics and overhead reaching.
- Patient Education:** Ergonomic advice and home exercise program to reinforce therapy progress and prevent recurrence.
- Short-term Goals (one to two weeks):** Reduce pain levels to 4 out of 10 during activity. Improve shoulder range of motion by 15 degrees in flexion and abduction.
- Long-term Goals (four to six weeks):** Achieve full, pain-free, active and passive range of motion in the right shoulder.
- Restore shoulder strength to at least 80% of the left shoulder.**
- Enable David to return to work duties without restrictions and resume basketball activities.**

- Documentation Summary:** Finally, the therapist compiles all this information into a clear and comprehensive document, ensuring it meets all regulatory and documentation requirements.

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**Final Thoughts:** A well-structured physical therapy evaluation is the foundation of effective treatment. By conducting a thorough assessment, PTs can accurately diagnose conditions, establish baselines, and create personalized treatment plans that drive better patient outcomes. A clear, organized evaluation not only enhances clinical decision-making but also ensures compliance with documentation standards and improves communication between providers. In this blog post, we'll break down the key components of a physical therapy evaluation and provide an example evaluation to illustrate the importance of clear and thorough reporting for skilled physical therapy services. We will also give an overview of how Empower EMR's software simplifies, optimizes, and speeds up physical therapy evaluations while helping physical therapists ensure compliance with legal guidelines.

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approach provides therapists with a template to accurately and efficiently collect this information. A few of the topics that should be covered during the subjective examination include, but are not limited to:Chief patient complaints; Previous level of function; Mechanism of injury (MOI);Etiology and work history; Medical and surgical history; andSINSS (which stands for severity, irritability, nature, stage, and stability regarding the patient's condition).Gathering intel via the SINSS model will create a clear picture of why the patient has come to you and where you can start working toward their road to recovery.Objective Measures in a Patient ExaminationWith all the subjective examination data collected, you can now use all those skills you learned from PT school to gather the relevant information pertaining to your patient's primary complaint, as well as any related deficits that will need to be addressed going forward. These factors include:Neighboring joints and systems screening;Active and passive range of motion collection;Muscle length testing;Manual muscle testing;Neurodynamic testing;Palpation and joint accessory motion testing;Additional outcome measures;Special tests; Gait analysis; andAnything else that is objectifiable.As you can see, the special tests are completed toward the end of the objective data collection. This is done intentionally to remind PTs that special tests are used to confirm or rule out a diagnosis based on the other data that was collected. Reliance on special tests for clinical decision-making is a pitfall many therapists have fallen prey to in the past, so trust in your clinical reasoning skills before leaning too heavily on a gamut of eponymously named special tests.AssessmentNow that all this subjective and objective data has been collected, it must be compiled into a succinct assessment of the patient's need for physical therapy, while also clearly stating the treatment diagnosis, prognosis, and goals. DiagnosisIn some instances, the diagnosis is already written on the prescription, but as many therapists know, the medical diagnosis on the prescription may not align with the treatment diagnosis. Or, perhaps the patient came to physical therapy via direct access with no prescription at all. To stay on task, focus on the treatment diagnosis representing the injury or condition that you—the therapist—are treating. This treatment diagnosis will be identified by an ICD-10 code.PrognosisWith every assessment of the patient, there must also include a statement of the patient's prognosis. Simply stating excellent, good, fair, or poor is no longer sufficient. Providing examples as to why you have assigned this prognosis is required. Some of these factors include:Motivation;Comorbidities and past medical history;Acuity of the injury or primary complaint; orNature of the dysfunction or related disease processes.GoalsProviding a list of goals for the patient to achieve as a result of skilled PT services is a required next step. For this, I recommend using SMART goals. Follow this model to ensure your patients' goals are:Specific about the who, what, where, when, and why;Measurable so that you can properly monitor progress;Attainable in a reasonable and necessary timeframe; Realistic in regards to achieving a specific function and purpose; andTime-bound in that they give limits and clear dates to measure progress.Goal setting is not a one-way street. This requires a conversation with your patient to determine which goals fit best into their personal therapy journey.Plan of CareFor Medicare beneficiaries receiving physical therapy, a POC is a regulatory must. For other insurers (or cash-pay practitioners) the rules differ. Regardless, the POC provides the evaluating PT a chance to describe how physical therapy is going to solve a particular patient's functional problems. The assessment has fulfilled much of the POC's requirements. What remains is to state the frequency and duration for which the patient will need services and the planned interventions you think will benefit this patient most in achieving their goals.Evaluation ComplexityThe evaluation is nearly complete, but there is one final step: designating the complexity of the evaluation. Federal and commercial payers started requiring more specific CPT codes for evaluations in 2017 to better quantify and reflect the complexity of patients' injuries, and thus their prescribed treatment. There are three CPT codes that define complexities as low (97161), moderate (97162), or high (97163). To assist you in choosing the right code for a given case, five categories are used to qualify each level of complexity:Duration;History;Examination;Clinical presentation; andDecision making. For more insight on this topic, check out our one-page guide on how to select the right complexity for your evaluations.So we have covered the basics of a good physical therapy evaluation, but for any visual learners out there, here is an example of one. For simplicity's sake, we kept it in a standard SOAP format.SubjectiveMichael comes to therapy reporting a sudden onset of calf pain following the recent "Dunder Mifflin Scranton Meredith Palmer Memorial Celebrity Rabies Awareness Pro-Am Fun Run Race for the Cure." He states that after starting out too fast, he felt a sudden pulling and cramping sensation deep within the calf muscle and had to walk the rest of the race. Using a SINSS model, the evaluating therapist concludes the following:Severity: using the visual analog scale (VAS), pain is rated a 3/10 presently, 6/10 at worst, and 1/10 at best.Irritability: pain is worse with climbing stairs, stretching the calf, sitting to a low surface, and running. Pain is alleviated with rest, ice, and massage.Nature: there do not appear to be any red or yellow flags, pain appears mechanical in nature.Stage: the injury occurred two weeks ago, and is in the late acute stage of healing.Stability: the patient states they are improving.Michael's past medical history is significant for a right foot burn two years ago (on a George Foreman grill), anxiety, and hypertension. He has completed an outcome measure via his digital intake forms and scored a 68/80 on the Lower Extremity Functional Scale (LEFS). Objective Tests and MeasuresThe following deficits were found in Michael's examination:AssessmentMichael presents with pain and stiffness following an acute strain to the medial gastrocnemius muscle suffered two weeks ago with deficits in range of motion and strength in the lower limb as well as an abnormal gait pattern, and intolerance to functional activities of running, stairs, and sitting to low surfaces. He would benefit from skilled physical therapy services to address these impairments and restore normal ROM and strength in the lower limb while reducing pain and improving activity participation. Due to his motivation to run again and return to a pain-free prior level of function, Michael has a good prognosis.Michael's goals are as follows:Improve active and passive ROM into dorsiflexion to at least 15 degrees in order to ambulate with a normalized heel strike at initial contact in three weeks.In three weeks' time, Michael will no longer complain of pain when ascending steps over the course of an eight-hour work day.Improve calf strength to perform 25 unilateral heel raises on the involved side for improved ability to propel himself when running and negotiating steps by six weeks.Improve the LEFS by at least 9 points to match the minimal clinically important difference for return to normal function by six weeks.Plan of CareTo meet these goals, Michael would benefit most from skilled therapy to be received twice a week for six weeks. Skilled PT interventions will consist of: Therapeutic exercise (97110); Therapeutic activity (97530);Neuromuscular re-education (97112);Manual therapy (97140); Gait training (97116);Therapeutic modalities using cryotherapy and thermotherapy PRN (97010); andUnattended electrical stimulation for pain control PRN (G0283).ComplexityLow complexity evaluation (97161) due to a 20-minute duration, a past medical history without any personal factors and/or comorbidities that could impact the POC, examination of body systems completed on one to two elements, the patient presents with a stable condition, and clinical decision making using the LEFS was of low complexity.Well, there you have it. The what, how, when, why, and practically every other question in between answered on how to craft a comprehensive and defensible physical therapy evaluation. Have any additional evaluation tips, tricks, or just a simple question? Drop us a line in the comment section below and our team will do their best to answer them.