

Post-Acute Hip Fracture Progress Assessment



Patient Info

Name: _____
 DOB: _____ / _____ / _____ MRN: _____
 Diagnosis: _____
 Procedure: _____
 Surgery Date: _____ / _____ / _____ DC Date from Acute Care: _____ / _____ / _____
 Admission to Post-Acute Care: _____ / _____ / _____ Follow-Up Apt Date: _____ / _____ / _____

Check one box that applies to patient for mobility and phase category:

FACILITY: _____

Functional Mobility Indicators/Post-Hip Fracture Phases of Recovery

Level	Description	Definition
<input type="checkbox"/>	7 Complete Independence	Fully independent
<input type="checkbox"/>	6 Modified Independence	Requires the use of a device but no physical help
<input type="checkbox"/>	5 Supervision	Requires only standby assistance or verbal prompt to help with set-up
<input type="checkbox"/>	4 Minimum Assistance	Requires incidental hands-on help only (patient performs greater than 75% of the task)
<input type="checkbox"/>	3 Moderate Assistance	Patient performs 50–75% of the task
<input type="checkbox"/>	2 Maximum Assistance	Patient provides less than half of the effort (25–49%)
<input type="checkbox"/>	1 Total Assistance	Patient contributes < 25% of the effort or is unable to do the task

PHASE ASSESSMENT

<input type="checkbox"/> Phase I (POD 4-5 and DC to facility)	<input type="checkbox"/> Phase II (Week 2)	<input type="checkbox"/> Phase III (Week 3-4 to Discharge)
<ul style="list-style-type: none"> Functional Mobility with minimal assist (4) Standing - minimal assist (4) Minimal assist - use of adaptive equipment (4) Minimal assist - bathing & dressing (4) Perform upper extremity exercises - minimal resistance (4) Walking 50-100' - minimal assist and rolling walker (4) 	<ul style="list-style-type: none"> Continue Phase I goals Functional mobility - supervision (5) Standing - supervision (5) Minimal assist for tub/shower transfers (4) Perform exercises in lying, sitting, standing (4) Walking 200' -supervision and rolling walker (5) 	<ul style="list-style-type: none"> Continue Phase II goals Perform home assessment for safety Independent - functional mobility (6-7) Standing - modified Independence (6) Independent dressing and bathing (6-7) Independent - adaptive equipment (6-7) Walking 300' at modified independent level with appropriate Assistive Device (6-7)

DVT Prophylaxis: Continue or Discontinue Notes: _____

Medical Management

Medications: _____

 Complications: _____

 Comments of Physician: _____

Therapist Signature

Physician Signature