

Appendix A Power Mobility Device (PMD) - Face-To-Face Evaluation H & P Tool

Patient: _____ Date of Birth: _____
 SS#: _____ MR#: _____
 Insurance: _____ Policy #: _____
 Referring Doctor: _____ Date of Examination: _____

FACE-TO-FACE EVALUATION FOLLOW-UP – POST SPECIALTY EVALUATION

CHIEF COMPLAINTS & HISTORY OF PRESENT PROBLEM:

Patient is a ____ year old ____ left-handed / right-handed male / female who presents for a Face-to-Face evaluation complaining of _____

See Table(s) 1, 2, and/or 3 for detailed description(s).

1. Functional: 2. Pain: 3. Other Complaints:

The noted complaint(s) and following conditions contribute to significantly limiting the performance of MRADLS. [See Table [] 4 for Current MRADL Status.]

Related Past Medical History:

Related Prior Hospitalization - Yes/ No; Date: _____ Reason: _____

Related Prior Medical / Surgical Management: MD/ orthopedic surgeon/ physiatrist/ chiropractor/ acupuncturist/neurologist/neurosurgeon: _____

For further detail refer to the following tables:

5. Pharmacotherapy: 6. Past Medical Histories (PMH, FMH, Allergies):

7. Surgical History: 8. Additional Therapies:

Diagnostic and Functional Test Results: (See Table [] 9 for further detail)

Cardiac Stress Test – (+)VO2-Max	
PFTs – (+) O2 Sat	
CT Scan &/or MRI	
6 Min. Walk Test	
Falls Risk Assessment	

<u>Related Diagnosis:</u> (See Table [] 10)		
<input type="checkbox"/> Cerebral Vascular Disease / CVA	<input type="checkbox"/> Heart Failure	<input type="checkbox"/> Osteoarthritis
<input type="checkbox"/> Hemiplegia / Hemiparesis	<input type="checkbox"/> Coronary Heart Disease / Angina	<input type="checkbox"/> Multiple Sclerosis
<input type="checkbox"/> Paraplegia / paresis	<input type="checkbox"/> Renal Failure	<input type="checkbox"/> Muscular Dystrophy
<input type="checkbox"/> Parkinson's Disease	<input type="checkbox"/> Diabetes with Sequelea	<input type="checkbox"/> Amputation
<input type="checkbox"/> COPD	<input type="checkbox"/> Degenerative Joint Disease	<input type="checkbox"/> Other Neurologic / Neuromuscular Condition
<input type="checkbox"/> Cerebral Vascular Disease / CVA	<input type="checkbox"/> Rheumatoid Arthritis	<input type="checkbox"/> Other _____

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Psychosocial History: (See Table [] 11)

Review of System: See CC above [] (See Table [] 12)

PHYSICAL EXAMINATION:

A. General Medical Examination: Obese, overweight, normal weight, underweight _____ lbs

Vital Signs: BP- ____/____ PR- ____/min RR- ____/min

Pain Status (On a scale of 1 – 10) _____

HEENT: _____

Neck _____ Chest/Lungs _____

Heart _____

Abdomen _____ CVA Tenderness _____

Extremities- gross deformity/fracture, laceration, swelling, limb girth asymmetry, Homan's sign _____

Trophic skin changes/ temperature changes/ signs of stasis Left/ Right

B. Neurological Examination:

Cerebrum _____

Cranial Nerves _____

Cerebellum _____

Sensory intact decreased pinprick light touch _____

Gait- Limping/ antalgic ataxic hemiplegic waddling/ clumsy steppage

hysterical drunken/ staggering trendelenberg other _____

Assistive device _____

Motor Testing:

Pain with Movement- Yes/ No

Strength	Shoulder		Elbow		Wrist		Grip		Hip		Knee		Ankle	
	R	L	R	L	R	L	R	L	R	L	R	L	R	L
Normal	5/5	5/5	5/5	5/5	5/5	5/5	5/5	5/5	5/5	5/5	5/5	5/5	5/5	5/5
Flexion														
Extension														

C. Musculoskeletal Examination: (grimacing, groaning, limping, screaming, sweating, apprehension)

Spine: _____ scoliosis _____ lordosis- cervical/ lumbar _____ kyphosis,

Cervical Spine: _____

Lumbar Spine: _____

Limbs:

a. **Shoulder-** _____

b. **Elbow-** _____

C. Musculoskeletal Examination (Cont.):

c. **Wrist-** _____

d. **Hands-** _____

Thumb and Fingers- _____

e. **Hip-** _____

f. **Knee-** _____

g. **Ankle** _____

h. **Great toe** _____

i. **Toes** _____

Range of Motion: (See Range of Motion Chart)

Review of Records: (Specialty Evaluation)

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Assessment Regarding Use of Medical Assist Equipment:

1. Use of a cane or walker:
 - a. Can the patient use a cane or walker: Yes; No
 - b. If the patient can not use a cane or walker what limitations support MRADLs will not be met in home? _____
(See Table(s) _____.)
2. Use of a manual wheelchair:
 - a. Can the patient use a manual wheelchair: Yes; No
 - b. If the patient can not use a manual wheelchair what limitations support MRADLs will not be met in home? _____
(See Table(s) _____.)
3. What are the patient's functional limitations that indicate and support the need for a Power Mobility Device (PMD)?

(See Table(s) _____.)
4. Physical and mental abilities:
 - a. Can the patient is physically and mentally able to operate a PMD: Yes; No
 - b. If the patient can not physically and mentally able to operate a PMD, what limitations support the patient is unable to operate a PMD in the home?

(See Table(s) _____.)
5. Patient motivation:
 - a. Is the patient motivated to operate a PMD: Yes; No
 - b. If the patient is not motivated to operate a PMD, what evaluation findings support he / she is not motivated to operate a PMD in the home?

(See Table(s) _____.)
6. Trained Caring Giver:
 - a. Does the patient need a "Trained Caring Giver" to assist with MRADLs and to operate a PMD:
 Yes; No
 - b. If the patient needs a "Trained Caring Giver" to assist with MRADLs and to operate a PMD, what history and evaluation findings support he / she requires a "Trained Caring Giver" to assist with MRADLs and to operate a PMD in the home?

(See Table(s) _____.)
7. POV Does Not Meet the Needs of the Patient:
 - a. Is the patient's needs are not met with the use of a POV: Yes; No
 - b. What needs does the patient have that a POV would not provide to meet such needs:
 Requires use of a Joy Stick Controller Poor Trunk Stability Requires Adjustable Height Armrests Unable to Safely Operate a POV Requires Elevating Leg Rests Requires Fully Reclining Back Home Environment Space is Insufficient for Maneuverability
 - c. If the patient needs are not met with the use of a POV, what evaluation findings support he / she is unable to use a POV to meet MRADLs in the home?

(See Table(s) _____.)

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Impression:

Recommended Treatment:

Discussion:

The patient underwent a Face-To-Face evaluation for a PMD on (Date) _____ . The symptoms and clinical findings are consistent with the above diagnoses and functional limitations stated.

Based on this Face-To-Face evaluation the patient has functional limitations that support the need for a PMD and does not require further evaluation. (See the completed Seating/Mobility Evaluation form attached.)

Based on this Face-To-Face evaluation the patient has functional limitations that support the need for a PMD but a specialty evaluation is required. (A specialty Seating/Mobility Evaluation will be scheduled and a follow up assessment completed within the next 45 days.)

Based on this Face-To-Face evaluation the patient does not have functional limitations that support the need for a PMD and does not require further evaluation.

Prognosis: The prognosis is guarded/ fair/ poor at this time

Disability status: _____Total _____Partial

Affidavit:

I, Dr. _____, MD being a physician duly licensed and practicing in the State of _____ pursuant to _____ hereby affirm under the penalties of perjury that the statements contained herein are true and accurate.

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Table 1 - Functional Limitations:

Functional Complaint	Onset	Description	Precipitating Activity	Relieving Action	Associated Diagnosis
Abnormal Gait					
Walking Limitations					
Intermittent Claudication					
Fatigue					
Shortness of Breath					
Chest Pain					
Cardiac Arrhythmias					
Syncope					
Tremor					
Weakness					
Paralysis					
Vertigo					
Orthostasis					
<p>Additional Functional History:</p> <p><input type="checkbox"/> Full Independence</p> <p><input type="checkbox"/> Modified independence</p> <p><input type="checkbox"/> Close/ distant supervision</p> <p><input type="checkbox"/> Needs assistance</p> <p><input type="checkbox"/> Full dependence in self-care/ sphincter control/ mobility or transfers/ locomotion/ social cognition/ communication</p> <p><input type="checkbox"/> Assistive device- wheelchair/ walker/ crutches/ cane_____</p>					

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Table 2 – Pain: (See Pain Questionnaire)

Location	Onset	Provocative	Palliative	Quality	Radiation	Severity	Timing	Pain Status
Head								
Face								
Neck								
Chest								
Abdomen								
Pelvis/Groin								
Upper Back								
Lower Back								
Sacrum								
R/L Shoulder Arm								
R/L Elbow								
R/L Wrist Hand								
R/L Hip/Thigh								
R/L Knee								
R/L Ankle Foot								

Table 3 - Other Complaints:

Complaint	Onset	Description	Precipitating Activity	Relieving Action	Associated Diagnosis
Numbness					
Tingling					
Swelling / Redness					
Stiffness/Spasticity/Rigidity					
Others					

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Table 4 - Current MRADL Status

MRADL	Independ	Needs Some Assist	Needs Total Assist	Independ with Equip	Not Assessed	Comments / Equipment Needed
Dressing						
Eating						
Grooming / Hygeine						
Toileting						
Bathing						
IADLS	Continent	Incontinent	Acci- dents			
Bowel Manage- ment	[] Continent [] Incontinent [] Accidents					
Bladder Manage- ment	[] Continent [] Incontinent [] Accidents					

Table 5 – Pharmacotherapy:

Medication	Date Started	Dosage

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Table 6 - Past Medical Histories:

Medical Condition	Date of Onset	Date of Resolution	Clinical Course & Treatment
PMD:			
HPT			
DM			
CAD			
Pneumonia,			
COPD			
Hepatitis			
RF			
OA			
RA,			
CVA			
MI			
Trauma			
Family History: HTM, DM, CA, CVA, MI, CAD, RA, OA, other _____ _____			
Allergy: NKDA, PCN, Sulfa drugs, ASA, other _____ _____			

Table 7 - Surgical History Related to PMD Evaluation:

Surgery	Date of Operation	Post-Operative Course

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Table 8 - Additional Therapies:

Intervention	Date	Duration and Outcomes
PT / OT		
Chiropractic Manipulation		
Bracing		
TENS / Electrotherapy		
Acupuncture		

Table 9 - Previous Diagnostic Tests and Results:

TEST	Date	Results
ECG		
Cardiac Stress Test		
PFT		
O2 Saturation		
VO2- Max		
X-Rays		
CT Scan		
MRI		
6 Min. Walk		
Falls Risk Assessment		

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Table 10 - Related Diagnosis:

Diagnosis	Date of DX	Current Status and Functional Class
Cerebral Vascular Disease / CVA		
Hemiplegia / Hemiparesis		
Paraplegia / paresis		
Parkinson's Disease		
COPD		
Heart Failure		
Coronary Heart Disease / Angina		
Renal Failure		
Diabetes with Sequelea		
Degenerative Joint Disease		
Rheumatoid Arthritis		
Osteoarthritis		
Multiple Sclerosis		
Muscular Dystrophy		
Amputation		
Other Neurological / Neuromuscular Condition		

Table 11- Psychosocial History:

<p>Currently working/ not working / Retired / Disabled – Secondary to _____;</p>
<p><input type="checkbox"/> drinks <input type="checkbox"/> does not drink: Alcoholic beverages _____/ day; <input type="checkbox"/> smokes cigarette <input type="checkbox"/> does not smoke: Smokes _____ packs / day; <input type="checkbox"/> use <input type="checkbox"/> does not use illegal drugs.</p>
<p><input type="checkbox"/> has <input type="checkbox"/> does not have history of psychiatric illness _____</p>

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Table 12 - Review of System: Significant as per history of present problem

General:	weight gain, weight loss, sleeping problems, fatigue, fever, chills, night sweats/ diaphoresis
Skin:	Pressure ulcer, rashes, changes in nails/ hairs, eczema, pruritus
Lymphatic:	swollen glands/ masses in the neck, axilla, groin
Head:	Fainting, dizziness, headache
Eyes:	Diplopia, glasses/ contact lenses, redness/ discharge, blurred vision, glaucoma, cataracts
Ears:	Tinnitus, discharge, hearing loss
Nose:	Epistaxis, sinus infections, discharge, polyps
Oral:	Dysphagia, hoarseness, teeth/ dentures
Neck:	Lumps, pain on movement
Breast:	Mass/ tumor, tenderness, discharge, gynecomastia
Pulmonary:	Cough, shortness of breath, pain, wheezing, hemoptysis, sputum production
Cardiac:	Chest pain, palpitations, orthopnea, murmur, syncope
Vascular:	Edema, claudications, varicose veins, thrombophlebitis, ulcers
Gastrointestinal:	Swallowing problems, abdominal pain, constipation, diarrhea, incontinence, nausea, vomiting, ulcers, melena, rectal bleeding, jaundice, heartburn, hematemesis
Renal:	Dysuria, frequency, urgency, hesitation, flank pain, hematuria, incontinence, nocturia, polyuria
Musculoskeletal:	Pain, swelling, stiffness, limitation of range of motion, arthritis, gout, cramps, myalgia, fasciculation, atrophy, fracture, deformity, weakness
Neurologic:	seizures, poor memory, poor concentration, numbness/ tingling, pins and needles sensation, hyperpathia, dysesthesia, weakness, paralysis, tremors, involuntary movements, unstable gait, fall, vertigo, headache, stroke, speech disorders
Psychiatric:	Hallucinations, delusions, anxiety, nervous breakdown, mood changes
Hematology:	Anemia, bruising, bleeding disorders
Endocrine:	Heat or cold intolerance, diabetes, lipid disorders, goiter