

Central State Hospital

620 Broad St.
Milledgeville, GA 31062

THERAPY SERVICES ANALYSIS OF FINDINGS

NAME: *List individual's first and last name*

ADMISSION DATE: *List date of admission*

ID#: *List ID number*

Name and type of evaluation(s) and/or assessments(s) used:

Occupational Therapy Comprehensive Evaluation

Physical Therapy Comprehensive Evaluation

Speech Therapy Comprehensive Evaluation

Swallowing and Mealtime Evaluation

Assistive Technology Evaluation

Activity Therapy Assessment

Standardized assessment(s): _____

Individual's priorities and life goals: *Write a succinct and clinically meaningful description of the individual's life goals and/or the individual's goals in terms of enhancing functional performance and participation. List any aspirations, preferences, and/or motivating factors that may help with prioritizing evaluation and/or treatment. This information should ideally come from the individual, but if individual is psychologically unstable or unable to communicate goals and priorities, state the reason and document supplemental proxy information about individual's preferences from staff and/or family as clinically appropriate.*

Present functional status: *Describe the individual's current functional status, including limitations, needs, and implications for engagement and participation in and independence with functional activities, roles, and routines. Discuss the skills and supports that the individual needs to acquire in order to progress to the next level of care, meet personal goals, regain previous roles, attain new roles, and/or enhance quality of life. Prioritize goals and discuss rehabilitation potential and possible progression of treatment for recommended areas of functional performance and engagement.*

Environments, modalities, preferences, and/or strategies that support learning and/or performance or may hinder performance: *List any recommendations for strategies and supports such as therapeutic modalities (e.g., music), techniques (e.g., speaking slowly to allow additional time for auditory processing), environmental modifications (e.g., does best when sitting in the front of a treatment mall class so that visual distractions are minimized), identified during the evaluation or assessment that may promote learning, interest and/or compliance with interventions.*

Implications for Discharge Planning: Discuss implications of current functional status on discharge planning options, as well as skills and supports that the individual may need to acquire to ensure optimal placement in the least restrictive and most beneficial setting.

Recommendations: List any recommendations for diagnostic tests (e.g., MBS, nerve conduction study), or further discipline specific assessments (e.g., psychological assessment) based on assessment or evaluation findings, and provide rationale and justification.

Recommended Goal(s): List the specific goal(s) recommended by assessment or evaluation findings that will help the individual attain discharge and/or recovery outcomes. The goal(s) should include 2 parts: 1. What the individual does or does not do or experience and 2. How this is known. Example: Mr. E. is unable to propel his wheelchair independently as evidenced by observation on the unit and in the Physical Therapy clinic.

Recommended Objective(s): List specific objectives that will support stated goals to facilitate discharge, recovery, and/or enhance quality of life. Objectives should be meaningful to the individual, tied to a functional skill or activity, observable and be written as S.M.A.R.T. (Specific, Measureable, Attainable, Realistic, and Time-bound) objectives that include the following 5 parts:

- 1. What will the individual do?*
- 2. How will you know?*
- 3. What is the performance criterion?*
- 4. How will you know that she has achieved the objective (termination criteria)?*
- 5. Where will you find the documentation?*

Example: Mr. E will exhibit independence with indoor mobility as evidenced by self-propelling his wheelchair independently from his room to the dining room for breakfast with one rest break for three consecutive days as documented in the interdisciplinary progress note.

Recommended Intervention(s): List formal active interventions: These are interventions that are performed by staff to assist the individual in meeting stated goals and objectives, and should include the following 6 parts:

- 1. Who will be responsible for providing the intervention?*
- 2. What is the title of the intervention?*
- 3. At what time and on which day(s) will the intervention take place?*
- 4. Where will the intervention take place?*
- 5. What will the provider teach?*
- 6. Which of the individual's strengths will be used to help the individual achieve his or her treatment objectives?*

Example: Alicia Walker, PT will provide direct physical therapy treatment Monday through Friday from 7:30-8:00a.m. on Unit 23. Dr. Walker will provide therapeutic exercises to improve upper extremity strength and endurance, and teach energy conservation techniques using Mr. E.'s strength of wanting to be able to eat breakfast

without waiting for staff to assist him to the dining room, so that he can engage in an enrichment activity before his morning treatment mall groups.

List service based treatment or supports (e.g. 24 Hour Support Plan) and milieu interventions as they relate to promoting attainment of the objective.

Example: Direct care staff will use the individualized 24 hour support plan to promote Mr.E. 's maximum functional independence with mobility and transfers throughout the day.

Signature and date

Signature and date

Signature and date

Signature and date

Sign and list date that Analysis of Findings form is completed.