Say Yes Therapy & Wellness
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DISCHARGE NOTE — PHYSICAL THERAPY — DOS: 04/21/2026

Patient: [redacted]
DOB: [redacted]

Referring Provider: Maria Torres
NPI: 1790541324

Visit:10 **POC:**04/09/26 - 06/04/26 **ICDs:**G20.A1
Insurance: United Health Care **Plan Type:**--

SUBJECTIVE

Patient Report - Parkinson

Patient Report: Patient reports that he is doing well, reports still having occasional freezing gait but can tell he's made progress with therapy.

DN 3/10/26: Patient reports that he is feeling good this date. Focusing on using the salute just walk system at home. Patient report that he's not feeling pain or soreness but instead increased tightness of his leg muscles. States that he is noticing slight improvement in initiation of gait without hesitation. Also notices that he still drags his feet, has slight improvement.

OBJECTIVE

Objective Findings

Strength (MMT)
- Bilateral LE strength: 4+/5 globally, indicating improved force production impacting gait and transfers (improved).

Posture (Remains w/ ongoing postural deficits).
- Mild forward trunk lean
- Reduced postural endurance in standing

Balance Testing
- Functional Gait Assessment (FGA): 25/30 — (improved).
- Freezing of Gait Questionnaire: 9/24 — significant freezing symptoms (unchanged).

Static Balance
- Narrow BOS: No sway (improved)
- Semi-tandem: Min sway >24 sec bilaterally (improved).
- Tandem: Min sway (improved).

Dynamic Balance
- Reduced Difficulty with turns w/o observed freezing or dyskinesia
- Delayed balance reactions (continues w/ delayed ankle strategies)

Functional Testing
- 30-Second Sit-to-Stand: x16 reps without UE support (improved).
- improved power and increased eccentric control of quads (improved).

TUG:
- 13.12 sec, w/o assistance required (improved).

Gait Analysis
- increased step length
- mild improvement in cadence
- Decreased arm swing (remains ongoing).
- Freezing at initiation and during turning (No episodes of freezing observed during gait analysis).
- Increased reliance on visual focus during stepping (ongoing).

Flexibility (MLT):
-Hamstrings: Severe restriction bilaterally (Unchanged)
-Gastrocs: Slight restriction bilaterally. (improved).

DN 3/10/26: Strength (MMT)
- Bilateral LE strength: 3+/5 globally, indicating reduced force production impacting gait and transfers

Posture
- Mild forward trunk lean
- Reduced postural endurance in standing

Balance Testing
- Functional Gait Assessment (FGA): 19/30 — indicates elevated fall risk
- Freezing of Gait Questionnaire: 9/24 — significant freezing symptoms

Static Balance

- Narrow BOS: mild sway
- Semi-tandem: moderate sway
- Tandem: unable without support

Dynamic Balance
- Difficulty with turns and change in direction
- Delayed balance reactions
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Functional Testing
- 30-Second Sit-to-Stand: 8 reps with UE support
- Reduced power and poor eccentric control

TUG:
- 26.8 sec with cane, supervision required
- Hesitation note- at initiation of gait

Gait Analysis
- Shortened step length
- Reduced cadence
- Decreased arm swing
- Freezing at initiation and during turning
- Increased reliance on visual focus during stepping

Flexibility (MLT):
-Hamstrings: Severe restriction bilaterally
-Gastrocs: Moderate restriction bilaterally.

FGA: 19/30
FOQC: 9/24

Vitals
Blood Pressure: 127/89 **Pulse:** 72 **Respiration:** 14

ASSESSMENT

Assessment
Medical diagnosis: G20.A1-Parkinson's disease without dyskinesia, without mention of fluctuations

DN 3/10/26: G20.A1-Parkinson's disease without dyskinesia, without mention of fluctuations, R25.1-Tremor, unspecified

Treating diagnosis: G20.A1-Parkinson's disease without dyskinesia, without mention of fluctuations;

DN 3/10/26: G20.A1-Parkinson's disease without dyskinesia, without mention of fluctuations; R25.1-Tremor, unspecified;

Patient Clinical Presentation
Clinic presentation: Patient is being discharged from skilled physical therapy following a course of treatment addressing functional mobility, gait mechanics, and neuromuscular performance in the context of Parkinson's disease. Patient demonstrated meaningful progress throughout the episode of care with objective outcome measures reflecting functional improvement, including a Functional Gait Assessment score of 25/30, 16 repetitions on 30-second Sit-to-Stand, and a TUG of 13.12 seconds, all reflecting improved ambulatory function, transfer power, and dynamic balance compared to initial evaluation.
Patient continues to present with episodic freezing and festinating gait; however, frequency of these episodes has notably decreased, indicating a positive response to amplitude-based gait interventions and cueing strategies. Patient and caregiver have been educated on self-cueing techniques and home exercise program adherence to support continued management of residual gait deviations in the home and community setting. Patient is being discharged in improved condition and is strongly encouraged to maintain a structured home program emphasizing large amplitude movement, gait training, and balance activities.

DN 3/10/26: Patient tolerated session well and demonstrated improved participation with strengthening and balance activities. Patient continues to demonstrate deficits in movement initiation, balance, and lower extremity strength consistent with Parkinson’s disease. Gait training focused on increasing step amplitude and improving cadence to reduce freezing episodes and improve walking efficiency. Patient required intermittent cueing to maintain larger step length and appropriate posture during ambulation. Continued strengthening and balance training remain necessary to improve lower extremity stability and reduce fall risk. Patient demonstrates good potential for improvement with continued skilled physical therapy focusing on coordination, balance, and gait mechanics.

Patient Education
Patient education: Patient/physical therapy expectations, Physical therapy plan of care, Comprehensive HEP

DN 3/10/26: -

Rehab Potential
Rehab potential: Good

Goals - Short term

Patient will demonstrate improved gait initiation with reduced freezing episodes using cueing strategies.	2/5/26-3/5/26	100% (on 3/18/26)
patient will improve 30-second sts to ≥10 reps to demonstrate improved le power.	2/5/26-3/5/26	100% (on 3/18/26)
4. patient will demonstrate improved step length and cadence during supervised ambulation.	2/5/26-3/5/26	100% (on 3/18/26)
patient will utilize learned cueing strategies during freezing episodes with reduced hesitation.	2/5/26-	100% (on 3/18/26)

Goals - Long term

Patient will improve fga score to 25/30 or greater indicating reduced fall risk. *(Comment: Excellent progress)*	2/5/26-4/2/26	100% (on 4/21/26)
Patient will ambulate household distances with improved step amplitude and stability.	2/5/26-	100% (on 3/18/26)
Patient will perform turns and directional changes safely without freezing. *(Comment: Excellent progress)*	2/5/26-	100% (on 4/21/26)
Patient will report improved confidence and ability to participate in walking and exercise.	3/10/26-5/5/26	100% (on 3/18/26)

Goals

Patient will maintain semi-tandem stance ≥20 sec with supervision.	3/10/26-4/7/26	100% (on 3/18/26)
Patient will demonstrate decreased freezing frequency during walking and turning. *(Comment: Excellent progress)*	2/5/26-	100% (on 4/21/26)

PLANNING

Treatment plan

Visit Frequency: 1 or 2 times per week **Duration:** 8 Weeks (04/09/2026 - 06/04/2026) **Plan Start Date:** 04/09/2026
Plan End Date: 06/04/2026

Plan of care

Notes: POC (Balance): PD amplitude based movements/reactive balance training, STATIC/dynamic balance Balance and proprioception exercises including focusing on righting reactions with stepping in all directions, functional mobility training (including Nustep, treadmill, stairs), progression toward semi tandem standing as tolerated, posture exercises and education, B hip ROM, stretching and B LE and core strengthening and stabilization exercises, gait training activities with focus on improving posture and proper use of AD with gait improving safety and decreasing risk for falls, and HEP to focus on endurance/strength training of LEs.

Current visit

Treatment Time: 04/21/2026, 3:00 PM - 04/21/2026, 3:58 PM (58 minutes)

Procedures:

97112 2 units 30 mins Neuromuscular Re-education

Note: *• Parkinson's Amplitude Based Movement Series — large deliberate movement patterns performed to improve motor output and reduce bradykinesia*
• Lateral Functional Parkinson's Step with Ipsilateral UE Reach — emphasizing larger step amplitude and coordinated trunk rotation
• Forward Parkinson's Step with Contralateral UE Reach — performed with emphasis on exaggerated arm swing and improved stride length
• Symmetrical D2 Sit-to-Stand Pattern — from standard chair height focusing on coordinated upper extremity movement with lower extremity power generation for improved transfer mechanics
• Resisted Hip Flexion Drills with Theraband around Feet — performed with quick controlled contractions to challenge motor initiation and improve step initiation
• Single Leg Stance on Foam Pad with Theraband around Ankles — therapist called out directional movements of the non-weight-bearing leg to challenge dynamic balance and coordination
• Reactive Stepping Drill — quick jog in place followed by rapid forward stepping with limb called out by therapist to challenge motor planning, step initiation, and reaction time

97116 2 units 25 mins Gait Training

Note: *Gait Training*
• Treadmill Ambulation with Salute System — 10 minutes at 2.4 mph with patient utilizing the Salute system throughout to provide proprioceptive feedback, postural support, and external cueing for upright trunk alignment and improved gait mechanics; therapist continued verbal cueing for cadence, increased step length, and improved heel strike bilaterally
• Community Style Outdoor Ambulation — performed with therapist supervision incorporating direction changes and path crossings to simulate real world navigation demands and challenge gait adjustments and postural control under varied

conditions
Therapeutic Exercise & Neuromuscular Re-Education
• Salute System Training Combined with Foam Pad Balance Activities — to provide proprioceptive feedback and promote improved upright posture during standing balance tasks

Electronically Signed By
NAHIR FELICIANO-MENDEZ, PT, DPT
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