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|  | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  **Comprehensive Functional Assessment of Physical Therapy** | |
| RESIDENT’S NAME | | RESIDENCE |
| DATE OF BIRTH | | DSHS NUMBER |
| DATE | | EVALUATION BY: |
| Information for this report was obtained through clinical interaction, observations, record review and caregiver interviews. | | |
| Diagnosis | | |

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| Physical therapy related history |

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| Reflexes / reactions |

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| Muscle tone |

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| Range of motion |

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| Posture |

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| Functional muscle strength |

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| Transfers / ambulation |

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| **Weaknesses / Needs** |

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| **Rehabilitation Potential** |

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| **Adaptive Equipment** |
| Equipment list and reason for use: |

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| Ability to care for and maintain: |

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| Level of support for use and care of adaptive equipment: |

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| **Monitoring** |
| House staff will report to nursing or PT any concerns relating to safety, function, comfort, mobility, and positioning. |

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| **Recommendations** |

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| SIGNATURE OF PHYSICAL THERAPIST COMPLETING EVALUATION DATE |
| PRINTED NAME |