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Sample Patient #1

8-year-old boy with spastic diplegia cerebral palsy with Gross Motor Function Classification System (GMFCS) Level II was referred for a physical therapy evaluation because of his parents' and teacher's concerns about frequent falling and his inability to physically keep up with his peers in school and on the playground. Because he has outgrown his hinged ankle-foot orthoses (AFOs) he has not been able to wear them for 6 months. He is a bilateral toe walker with flexed and internally rotated hips and flexed knees with a narrow base of support. The patient fell last week and c/o pain and swelling in the right wrist. School environment is accessible but requires relatively long distances to walk from the entrance to the classroom and from classroom to lunchroom and recreation areas. The child's goals are to run faster without falling and to play baseball.

Examination:

limitations in ranges throughout the lower extremities (R > L). Gastrocnemius flexibility limited bilaterally (R: -35 to -10, L: -30 to -5) and popliteal angle of 45 degrees on R and 40 on L.

Difficulty in functional movements: sit to stand, floor to standing and walking short distances requiring minimal assistance for balance. Timed Up and Go test (TUG) was 10.3 seconds. Increased tone in Bilateral gastrocnemius muscles (2/4 Modified Ashworth Scale (MAS) and hamstrings (1+/4 MAS).

Wrist: acute tenderness to palpation over the distal radius with edema and pain with movement. He was referred to an orthopedic surgeon for evaluation of the wrist. A referral to a physical medicine and rehabilitation (PM&R) physician was recommended for management of spasticity. The PT and the PM&R physician will collaborate to develop a plan for brace selection.

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Sample Patient #1

Answer: 97162

Moderate complexity evaluation

8-year-old boy with spastic diplegia cerebral palsy with Gross Motor Function Classification System (GMFCS) Level II was referred for a physical therapy evaluation because of his parents' and teacher's concerns about frequent falling and his inability to physically keep up with his peers in school and on the playground. Because he has outgrown his hinged ankle-foot orthoses (AFOs) he has not been able to wear them for 6 months. He is a bilateral toe walker with flexed and internally rotated hips and flexed knees with a narrow base of support. The patient fell last week and c/o pain and swelling in the right wrist. School environment is accessible but requires relatively long distances to walk from the entrance to the classroom and from classroom to lunchroom and recreation areas. The child's goals are to run faster without falling and to play baseball.

Examination: Wrist: acute tenderness to palpation over the distal radius with edema and pain with movement.

History	Examination	Presentation	Decision-Making
➢ Spastic diplegic CP ➢ GMFCS II ➢ Comorbidity (acute wrist pain and swelling)	➢ Decline in range ➢ Decline in functional measures ➢ increase in tone ➢ Equinus ➢ tight hams bilaterally ➢	➢Evolving - decline in distance walked, - decline in function e.g. falls	➢ Moderate complexity

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Sample Patient #2

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5-year-old girl presents to the clinic one month s/p percutaneous left heel cord release to facilitate ambulation with heel strike at initial contact rather than walking on her toe on the left. Past medical history is significant for left hemiplegia cerebral palsy. Level 1 - Gross Motor Function Classification System (GMFCS). Prior to surgery, she had zero degrees of passive dorsiflexion. Her mother reported that she was having increasing difficulty in ambulation.

Examination:

- full passive dorsiflexion on the left but complains of pain with passive stretch to her gastroc-soleus muscle.
- stands independently but does not bear weight on her left foot and maintains the ankle in plantarflexion. Her mother reports that she presently crawls rather than walks around the home
- AROM of Left ankle: dorsiflexion: 6 degrees, plantarflexion: 40 The goal of therapy is for independent ambulation without assistive device.

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Sample Patient #2

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Answer: 97161
Low complexity evaluation

5-year-old girl presents to the clinic one month s/p percutaneous left heel cord release to facilitate ambulation with heel strike at initial contact rather than walking on her toe on the left. Past medical history is significant for left hemiplegia cerebral palsy. Level 1 - Gross Motor Function Classification System (GMFCS). Prior to surgery, she had zero degrees of passive dorsiflexion. Her mother reported that she was having increasing difficulty in ambulation.

Examination:

- full passive dorsiflexion on the left but complains of pain with passive stretch to her gastroc-soleus muscle.
- stands independently but does not bear weight on her left foot and maintains the ankle in plantarflexion. Her mother reports that she presently crawls rather than walks around the home

History	Examination	Presentation	Decision-Making
➢ L hemiplegic CP ➢ GMFCS I	➢ PROM L ankle ➢ Pain ➢ decreased weight bearing L abnormal/reduced mobility	➢ Stable, uncomplicated, improving	➢ Low complexity

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Sample Patient #3

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30-month-old female with arthrogryposis is seen for evaluation and treatment after foot surgery to excise the talus bone bilaterally. Her parents accompany her to the clinic. Her feet were casted for 4 weeks. The casts were removed a week ago and she is now weight bearing as tolerated. Her parents' goal is for her to walk independently with her posterior rolling walker. Before surgery, she could walk with a posterior rolling walker with assistance to guide the walker. She attends a daycare and has two older sisters.

Examination:

- finger flexion contractures bilaterally; both UEs are biased toward extension with hypermobility into excessive extension (0 to 30 deg) and limitations into elbow flexion (0 to 45 deg)
- LEs are fixed into extension with hypermobility into extension (0 to 20 deg). Her ankle is positioned in a neutral Dorsiflexion/Plantarflexion position, tightness of the hind foot and forefoot eversion and slight metatarsus adductus. Incision sites are closed, clean and dry.
- She has bilateral solid AFOs. She can stand with minimal assistance with shoes and braces on.
- She can walk with her posterior rolling walker for 10 feet before complaints of fatigue and lowering herself to the floor

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Sample Patient #3

Answer: 97163

High complexity evaluation

30-month-old female with arthrogryposis is seen for evaluation and treatment after foot surgery to excise the talus bone bilaterally. Her parents accompany her to the clinic. Her feet were casted for 4 weeks. The casts were removed a week ago and she is now weight bearing as tolerated. Her parents' goal is for her to walk independently with her posterior rolling walker. Before surgery, she could walk with a posterior rolling walker with assistance to guide the walker. She attends a daycare and has two older sisters.

Examination:

- finger flexion contractures bilaterally; both UEs are biased toward extension with hypermobility into excessive extension (0 to 30 deg) and limitations into elbow flexion (0 to 45 deg)

History	Examination	Presentation	Decision-Making
➢ 30 month old with arthrogryposis ➢ 4 weeks post reconstructive surgery bilateral feet ➢ Multi-joint involvement	➢ Pain ➢ decreased weight bearing ➢ Abnormal/reduced mobility ➢ fatigue	➢ Unstable characteristics - at risk for decline in mobility	➢ High complexity

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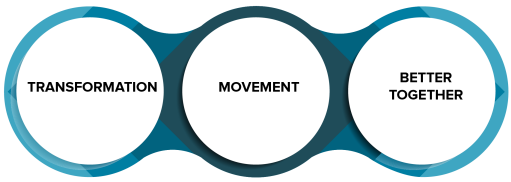

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