

Physiotherapy Rehabilitation and Exercise Evaluation
Physiothérapie – évaluation de réadaptation et d'exercice
 Patient



File/Dossier # _____

Date _____

Referred by/Référé par _____

Diagnosis/Diagnostique	
Date	<input type="checkbox"/> 1 st /1 ^{er} cancer?
Receptor status/Statut du récepteur	<input type="checkbox"/> ER positive <input type="checkbox"/> PR positive <input type="checkbox"/> HER2 positive
Affected Breast/Sein affecté	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both

Treatment / Traitement	Completed	In progress	Planned
Surgery:			
Radiation:			
Chemotherapy:			
Hormone therapy (letrozole (Femara), anastrozole (Arimidex), exemestane (Aromasin), goserelin (Zoladex), tamoxifen) :			
Biological therapy (for example, trastuzumab (Herceptin)):			
Other / Uncertain:			

Past medical history													
Social history													
Bone mineral density results <input type="checkbox"/> No previous scan	<input type="checkbox"/> Previous scan date and place: _____ <input type="checkbox"/> This was a follow-up scan <table border="1"> <thead> <tr> <th></th> <th>gm/cm.sq</th> <th>T-score / Z-score</th> </tr> </thead> <tbody> <tr> <td>BMD lumbar spine <input type="checkbox"/>L1-L4<input type="checkbox"/>L2-4</td> <td></td> <td></td> </tr> <tr> <td>BMD left femoral neck:</td> <td></td> <td></td> </tr> <tr> <td>BMD Left <input type="checkbox"/>Total Proximal Femur <input type="checkbox"/>Total Hip):</td> <td></td> <td></td> </tr> </tbody> </table> Report BMD: <input type="checkbox"/> Normal <input type="checkbox"/> Osteopenia <input type="checkbox"/> Osteoporosis Report Fracture risk: <input type="checkbox"/> CAROC <input type="checkbox"/> FRAX : <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High		gm/cm.sq	T-score / Z-score	BMD lumbar spine <input type="checkbox"/> L1-L4 <input type="checkbox"/> L2-4			BMD left femoral neck:			BMD Left <input type="checkbox"/> Total Proximal Femur <input type="checkbox"/> Total Hip):		
	gm/cm.sq	T-score / Z-score											
BMD lumbar spine <input type="checkbox"/> L1-L4 <input type="checkbox"/> L2-4													
BMD left femoral neck:													
BMD Left <input type="checkbox"/> Total Proximal Femur <input type="checkbox"/> Total Hip):													

Subjective Evaluation

Pain		
ADL/IADL		
Fatigue		
Neuropathy		
Appetite		
Mobility		
Patient Goal(s)		
Other		
Reported Physical Activity Level	Pre-dx	
	Current	

Objective Evaluation

General observation					
Posture					
Skin integrity					
Scar integrity					
Radiation fibrosis					
Palpation					
Other					
Shoulder Assessment <input type="checkbox"/> Within normal limits <input type="checkbox"/> Compromised <input type="checkbox"/> Follow-up required	Movement	AROM/PROM		MMT	
		Right	Left	Right	Left
	Flex				
	Extension				
	Abduction				
	External rotation				
	Internal rotation				
	Horizontal abduction				
	Horizontal adduction				
	Apley's scratch test / Back scratch test				



Lymphedema Circumference Measurements <input type="checkbox"/> Within normal limits <input type="checkbox"/> Compromised <input type="checkbox"/> Follow-up required		Right (cm)	Left (cm)
	Web of hand		
	+ 10 cm		
	+ 10 cm		
	Elbow		
	+ 10 cm		
	+ 10 cm		
	Axilla		
As per Casley Smith International; every 10cm from wrist			
Focused Exercise Testing - Strength		Trial 1	Trial 2
	Upper Extremities: Hand held dynamometer (Grip Strength)		
	Lower Extremities: Timed sit to stand (How many in 30 seconds)		
Focused Exercise Testing - Functional	Gait	<input type="checkbox"/> WNL <input type="checkbox"/> Mobility Aid <input type="checkbox"/> Other	
	Stairs	<input type="checkbox"/> Reciprocal <input type="checkbox"/> Non-reciprocal	
	Timed up and Go (seconds)	Trial 1:	Trial 2:
Focused Exercise Testing - Balance	Single leg stance EO (hand across chest, 30 seconds)	Trial 1	Trial 2
	Dominant leg		
	Non-dominant leg		

Analysis	
Plan	
Interventions given	<input type="checkbox"/> Pre-Op Teaching <input type="checkbox"/> UE ROM Ax & Intervention <input type="checkbox"/> Functional Ax <input type="checkbox"/> Rehab Program <input type="checkbox"/> Lymphedema Screening & Education <input type="checkbox"/> PT Bone health exercise /ADLS education <input type="checkbox"/> Other: <input type="checkbox"/> Sports/ activity specific education & modifications reviewed <input type="checkbox"/> Community Centre/ Recreational Centre info <input type="checkbox"/> Hope&Cope activities info <input type="checkbox"/> Other:
Evaluation	
Administrative notes	<input type="checkbox"/> Assessment by PT <input type="checkbox"/> Referral needed: _____ <input type="checkbox"/> Transcribed to electronic record