Date						
Lower limb movements						
Transfers sup-sit						
Gait – specify Distance						
Any other- specify						
Signature of PT						

JSS HOSPITAL
IN SERVICE TO LIFE

Physiotherapy care pathway for routine chest care

Name of patient: _____

Diagnosis: _____

Date of surgery: _____

Type of surgery: _____

Co-morbidities: _____

_____

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	Initial evaluation	Last treatment session
Auscultatory findings		
Cough characteristics		
Thoracic mobility		
Breathing pattern		
Pain		
Mobility		
Endurance		

Goals with time duration:

Date						
Auscultation findings						
Breathing exercises-describe						
Thoracic mobility exercises						
Postural drainage-specify positions						
Cough techniques						