

Medical Arts Rehabilitation, Inc.



Physical Therapy

Functional Improvement Chart

Patient Name: _____

Physician: _____

OPTIMAL = Outpatient Physical Therapy Inventory of Movement Assessment Log (lower scores represent less disablement)

1.00						
2.00						
3.00						
4.00						
5.00						
	IE	2	3	4	5	Session

Initial Evaluation (baseline) score _____ date _____

Follow-up #2 score _____ date _____

Follow-up #3 score _____ date _____

Follow-up #4 score _____ date _____

Follow-up #5 score _____ date _____

Discharge #6 score _____ date _____

Justification

Statement: _____