**HISTORIA MEDICO SOCIAL DEL PACIENTE EN SITUACIÓN DE DISCAPACIDAD (Vr.-5).**

**Fecha:** **Numero:**

**Día Mes Año**

**LUGAR:**

1. **INFORMACION GENERAL**

**Nombre:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Documento de Identidad: CC** **TI**  **RC**  **N°** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fecha de Nacimiento:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Edad:** **años meses**

**Género: M** **F**

**Estado Civil:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Hijos:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Raza: Afrodescendiente Mulato Indígena Raizales Mestiza Otro:** \_\_\_\_\_\_\_\_\_\_

**Régimen Social: Subsidiado Contribuyente EPS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATOS ACOMPAÑANTE**

**Nombre:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Telf.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parentesco: Familiar** **No Familiar** **Cual?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HISTORIA CLINICA GENERAL**

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| **SIGNOS VITALES** | | | |
| **FRECUENCIA CARDIACA** | **FRECUENCIA RESPIRATORIA** | **PRESION ARTERIAL** | **TEMPERATURA** |
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**(Describir y codificar en CIE-10)**

**Enfermedad Actual:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ANTECEDENTES**

**PERSONALES**

**Quirúrgicos:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Traumáticos:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alérgicos:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patológicos:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMILIARES:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CAUSA QUE GENERA LA INTERVENCION**

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| **DIAGNOSTICO MEDICO (CIE10):** | | | | | | | | | | | | | |
| **TIEMPO DE EVOLUCION:** | | | | | | | | | | | | | |
| **MEDICAMENTOS ACTUALES:** | | | | | | | | | | | | | |
| **OSTEOM** | | | **ORG/SENTIDOS** | | | **NEUROLOGICO** | | **CARDIO-PULMONAR** | | **GENITO- URINARIO** | | **DIGESTIVO** | |
| NORMAL | ANORMAL | | NORMAL | ANORMAL | | NORMAL | ANORMAL | NORMAL | ANORMAL | NORMAL | ANORMAL | NORMAL | ANORMAL |
| **SISTEMA VASCULAR PERIFERICO** | | | | |
| NORMAL | | ANORMAL | | |

**Historia Psicosocial:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Diagnósticos (CIE10)**

**Previos.**

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**Actual.**

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**-Daño Físico y Mental:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**-Deficiencia (Función):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**-Limitación (Actividad):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**-Restricciones (Participación):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **TRATAMIENTO, PRONÓSTICO MEDICO Y SOCIAL**

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1. **PLAN DE ACOMPAÑAMIENTO EN CASA**

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1. **BARRERAS Y FACILITADORES**

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| **Capítulo** | **Ítem** | **B** | **F** | **Observaciones** |
| **Productos y Tecnología** | Transporte |  |  |  |
| Comunicación |  |  |  |
| Educación y Adquisición de conocimientos |  |  |  |
| Empleo |  |  |  |
| Arquitectónico |  |  |  |
| **Entorno natural y cambios en el entorno derivados de la actividad humana** | Geografía (Pendientes) |  |  |  |
| Luz, sonido, calidad del aire |  |  |  |
| **Apoyo, relaciones y actitudes** | Conocidos, compañeros, comunidad |  |  |  |
| **Servicios, Sistemas y políticas** | Servicios, políticas de empleo |  |  |  |

1. **RUTAS DE ATENCION PARA LA INCLUSIÓN**
2. Social:

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1. -Para los servicios de salud:

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1. **EXPECTATIVAS**

* Del paciente: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* De la familia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* De la comunidad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **PLAN DE REHABILITACION**

**EXAMEN FISICO**

**OBSERVACION:**

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| **ESTRUCTURA** | **NORMAL** | | **ANORMAL** | | **OBSERVACIONES** |
| **Cabeza y Cuello** |  | |  | |  |
| **Tronco** |  | |  | |  |
| **MMSS** | **DERECHO** | | **IZQUIERDO** | | **OBSERVACIONES** |
| **NORMAL** | **ANORMAL** | **NORMAL** | **ANORMAL** |
| **Hombro** |  |  |  |  |  |
| **Codo** |  |  |  |  |  |
| **Muñeca** |  |  |  |  |  |
| **Mano** |  |  |  |  |  |
| **MMII** | **DERECHO** | | **IZQUIERDO** | | **OBSERVACIONES** |
| **NORMAL** | **ANORMAL** | **NORMAL** | **ANORMAL** |
| **Cadera** |  |  |  |  |  |
| **Rodilla** |  |  |  |  |  |
| **Tobillo** |  |  |  |  |  |
| **Pie** |  |  |  |  |  |

**PIEL Y ANEXOS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EDEMA/INFLAMACION:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SENSIBILIDAD SUPERFICIAL** | | | | | | | | | | | | | | | | |
|  | **TACTO** | | | | | | | | **DOLOR** | | | | | | | |
| **MMSS** | **DER** | | | | **IZQ** | | | | **DER** | | | | **IZQ** | | | |
| *N* | *AN* | *N* | *AN* | *N* | *AN* | *N* | *AN* | *N* | *AN* | *N* | *AN* | *N* | *AN* | *N* | *AN* | |
| **MMII** | **DER** | | | | **IZQ** | | | | **DER** | | | | **IZQ** | | | |
| *N* | *AN* | *N* | *AN* | *N* | *AN* | *N* | *AN* | *N* | *AN* | *N* | *AN* | *N* | *AN* | *N* | *AN* | |

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|  | **SENSIBILIDAD PROFUNDA** | | | | | | | | | | | | | | | |
|  | **MMSS** | | | | | | | | **MMII** | | | | | | | |
|  | **DER** | | | | **IZQ** | | | | **DER** | | | | **IZQ** | | | |
| ***BAROGNOSIA***  *(sentido peso)* | *N* | *AN* | *N* | *AN* | *N* | *AN* | *N* | *AN* | *N* | *AN* | *N* | *AN* | *N* | *AN* | *N* | *AN* |
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| ***BARESTESIA***  *(sentido presión)* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ***BATIESTESIA***  *(sentido posición)* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ***ESTEROGNOSIA***  *(reconocimiento objetos)* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ***GRAFIESTESIA***  *(reconocimiento formas en la piel)* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **EVALUACION DEL DOLOR** | | | | | | | | | | |
| **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **Ubicación:** | | | | | | | | | | |

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| **OBSERVACIONES:** |
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| **ESTUDIANTES QUE REALIZA LA EVALUACION.** | |
| **Nombre** | **Código** |
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**PLAN DE INTERVENCION**

**FECHA:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOMBRE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DIAGNOSTICO (CIE10):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IDENTIFICACION:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EDAD:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OBJETIVO GENERAL:** Mejorar las capacidades funcionales del paciente para realizar las actividades de la vida diaria.

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| **OBJETIVOS ESPECIFICOS** | **TECNICAS** | **DESCRIPCION** | **DOSIFICACION** |
| Disminuir espasticidad | Técnica Rood | Realizar estímulos táctiles con diferentes texturas en la piel de modo descendente sobre el musculo agonista y ascendente sobre el musculo antagonista de la zona que espástica. | Hasta lograr la relajación de la zona espástica y se realice los movimientos más fluidos. |
| Mejorar o Mantener la Movilidad Articular | Movilidad Articular | Realizar movimientos articulares de la estructura afectada, ej.: Rodilla realizar movimiento de flexión y extensión de rodilla. | 3 series, 6 repeticiones. |
| Mejorar o Mantener Flexibilidad | Estiramientos | Realizar estiramientos específicos del área especifica. Ej.: estiramiento de los músculos isquiotibiales, en posición decúbito supino rodilla extendida se eleva la pierna y se hace una dorsiflexion de tobillo. | 2 series, 4 repeticiones sosteniendo el estiramiento 15 segundos. |
| Mejorar o Mantener la Fuerza | Fortalecimiento |  |  |
|  | Ejercicios Isométricos | Ej.: Fortalecimiento de Cuádriceps, paciente en decúbito supino se le pide que apreté o eleve la pierna y la sostenga durante un tiempo | 2 series, 4 repeticiones sosteniendo. |
|  | Ejercicios Isotónicos | Ej.: Fortalecimiento de Isquiotibiales, paciente en decúbito prono se le pide que suba y baje la pierna varias veces. Se le puede poner resistencia externa o manual. | 3 series, 6 repeticiones. |
| Mejorar Coordinación | Ejercicios de cruce de línea media | Los pacientes deberán hacer los movimientos de las estructuras corporales cruzando la mitad de su cuerpo. ej.: con la mano izquierda se toque el hombro derecho | 3 series, 6 repeticiones. |
| Mejorar Equilibrio | Ejercicios de posición unipodal y bipodal con ojos abiertos o cerrados | Se realizaran ejercicios de mantener una posición con un pie o con los dos pies, se puede iniciar con ojos abiertos y después con los ojos cerrados y pueden hacer estáticos o dinámicos. | 2 series, 4 repeticiones sosteniendo. |

**FORMATO EVOLUCION**

**IDENTIFICACION:**

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| **PRIMER APELLIDO** | | | | **SEGUNDO APELLIDO** | | | **NOMBRE** |
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| **EDAD:** | | | | | | **GENERO:** | |
| MES: \_\_\_\_\_ DIA: \_\_\_\_\_\_ AÑO: \_\_\_\_\_\_\_\_\_ | | | | | | HOMBRE: \_\_\_\_ | |
| MUJER: \_\_\_\_\_\_ | |
| **DIAGNOSTICO:** | | | | | | | |
| **FECHA** | | | | | **EVOLUCION** | | |
| DIA | MES | AÑO | HORA | | EJERCICIO TERAPEUTICO | | |
|  |  |  |  | | Paciente que llega en buenas condiciones acompañado por familiar, Frecuencia Cardiaca de \_\_, Presión Arterial de \_\_\_ se inicia intervención con ejercicios de movilidad articular, estiramientos. Paciente que finaliza en buenas condiciones sin ninguna molestia. Firma y Código. | | |
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