



Acute Care Physical Therapy Management of a Hip Fracture Patient Requiring Open Reduction Internal Fixation (ORIF) With Readmission for Pulmonary Embolism: A Case Report

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Background
The average initial length of stay for acute patients is 10 days, with the majority being discharged to home. Patients with a fracture on the femoral neck or distal femur are at high risk for readmission to the hospital due to complications after surgery and will present with motor weakness, cardiac issues, and complications of complications for admission.

Case Description
Patient was 74-year-old male with left hip fracture and underwent ORIF. After initial surgery, patient was readmitted with confusion and weakness of the lower extremities. The patient was readmitted to the hospital and was discharged to home with a walker. The patient was readmitted to the hospital with weakness of the lower extremities and was discharged to home with a walker. The patient was readmitted to the hospital with weakness of the lower extremities and was discharged to home with a walker.

Outcomes

Goal	Initial	Final	Notes
1. Patient will demonstrate functional ambulation with a walker.	0/4	4/4	Walker used consistently.
2. Patient will demonstrate functional ambulation with a walker.	0/4	4/4	Walker used consistently.
3. Patient will demonstrate functional ambulation with a walker.	0/4	4/4	Walker used consistently.
4. Patient will demonstrate functional ambulation with a walker.	0/4	4/4	Walker used consistently.
5. Patient will demonstrate functional ambulation with a walker.	0/4	4/4	Walker used consistently.

Discussion/Conclusion
Open reduction was performed and the patient continued progress towards recovery. The interventions performed during the admission may have assisted with managing the patient's hip mobility while preventing further decline during admission.

Key Research/References
1. American Physical Therapy Association. (2014). *Guide to Physical Therapist Practice*. Alexandria, VA: American Physical Therapy Association.



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Number and Street *Apt. Number*

City *State* *ZIP* *Country*

City *State* *ZIP* *Country*

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Birthdate _____

Religion (optional) _____

Please send all correspondence to my permanent address current address (valid until _____)
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Are you a U.S. citizen? Yes No (If no, please complete the shaded section below.)

What is your country of citizenship? _____

If you are not a U.S. citizen, please complete the required *International Student Supplemental Information (ISSI)* form, which is included with this application. Those seeking an I-20 must also submit the *Declaration of Finances* with this completed application.

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Semester/year I plan to enroll Fall 20____ Spring 20____ Summer 20____

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Please check the program in which you wish to enroll:

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- Nonprofit Management (cert.) – available at Reston Center only
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- COUNSELING AND PSYCHOLOGY**
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Marymount requires official transcripts from all colleges and universities you have attended. Please list **ALL** postsecondary education in chronological order, beginning with the most recent. Attach a separate sheet if you need more space.

<i>School</i>	<i>City/State</i>	<i>Dates attended</i>	<i>Degree Received</i>	<i>Major</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Your name when attending, if different from current name:

Name _____ Schools _____

TESTING INFORMATION

List all standardized tests that you have taken or plan to take. See admission requirements for specific tests.

GMAT *Date(s) Taken* _____ **GRE** *Date(s) Taken* _____

MAT *Date(s) Taken* _____ **Praxis Core Math** *Date(s) Taken* _____

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For non-native English speakers: **TOEFL** **IELTS** **PTE** *Date(s) Taken* _____

EMPLOYMENT HISTORY

Use this space to list your current or most recent employment information, including military experience. You may attach your résumé in lieu of completing this section.

From Month _____ Year _____ To Month _____ Year _____ Job Title _____

<i>Organization</i>	<i>Location</i>
_____	_____
_____	_____

Responsibilities

Do you hold a license or certification in a profession? Yes No If yes, in what profession? _____

Marymount University offers limited housing for graduate students. Please check below if you would like more information.

I would like additional information on graduate student housing.

Have you ever been convicted, as an adult, of a felony or received a verdict of anything other than “not guilty” in any criminal investigation or proceeding?

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If “yes,” describe when the conviction occurred, the facts and circumstances, and facts pertaining to rehabilitation. Do not list any criminal charges for which records have been expunged. A criminal offense will not necessarily bar your admission. Attach separate pages for your response.

I understand that withholding information requested in this application or giving false information may make me ineligible for admission to, or continuation of studies at, Marymount University. I certify that the above statements are correct and complete. If I am admitted to Marymount University, I agree to abide by the rules and regulations as stated in the University catalog, Student Handbook, and other administrative documents and publications.

Your signature (REQUIRED) _____ Date _____

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Race (please check all that apply): American Indian, Alaska native Asian Black or African American
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Mail this application, along with a nonrefundable \$40 check (U.S. banks only) or money order made payable to Marymount University, to Marymount University Graduate Admissions Office, 2807 N. Glebe Road, Arlington, VA 22207-4299

If you have questions about this application, or about admission to Marymount University, contact (703) 284-5901 or grad.admissions@marymount.edu, or visit Marymount's website at www.marymount.edu

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Social Security Number or Student ID Number

APPLICANT: Complete the information below and send this form to the registrar of each university/college you have attended. Duplicate as needed.

Name _____
Last/Family/Surname First/Given/Personal Middle Previous Names

School _____
Dates of Enrollment Degree/Year

I authorize the release of my academic transcript to Marymount University's Office of Admissions.

Your signature Date

REGISTRAR: The person named above is applying for admission to graduate studies at Marymount University. Please enclose this form and one copy of the applicant's transcript in an official university envelope. Include instructions on how to interpret the transcript and an explanation of your grading system. If the applicant's transcript cannot be forwarded, indicate the reason. Please send the materials promptly to **Graduate Admissions Office, Marymount University, 2807 N. Glebe Road, Arlington, VA 22207-4299** and notify the applicant that you have done so. For further information, call (703) 284-5901. Thank you.

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Date _____
Month/Day/Year

Name as it appears on your passport: _____
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Are you planning to leave the U.S. before attending Marymount? No Yes

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What school (high school, university, or language school) are you currently attending? _____

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Spouse's full name: _____

Spouse's birthdate: _____
Month/Day/Year

Spouse's country of birth: _____

Spouse's country of citizenship: _____

Children (List additional children on a separate sheet):

<i>Name</i>	<i>Date of Birth</i>	<i>Country of Birth</i>	<i>Country of Citizenship</i>	<i>Gender</i>
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<i>Name</i>	<i>Date of Birth</i>	<i>Country of Birth</i>	<i>Country of Citizenship</i>	<i>Gender</i>
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Please attach a copy of your passport ID page and (if applicable) your current immigration documents (I-20, etc.) and U.S. visa.

MARYMOUNT UNIVERSITY
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Under U.S. government regulations, all international students who will be attending a U.S. institution under F-1 visa status must demonstrate the ability to meet all expenses associated with their first academic year of study. This Declaration of Finances must be submitted to the Office of Admissions along with supporting financial documentation in the form of original bank statements signed and stamped by a bank official. Sponsoring agencies, governments, or companies must provide a letter that includes the student's name, amount of U.S. dollars to be provided each year, and the period of the award. This letter must be printed on official letterhead and include an official signature and stamp of the sponsoring institution. If financial documents are not in English, please provide certified translations. All financial documents must be dated within sixmonths of the I-20 issuance. Please do not submit photocopies or electronic files of financial documents.

F-1 visa students are required to study full time during the fall and spring semesters, but are not required to attend the summer term (unless the initial term of enrollment is in the summer or if their course of study requires it). Summer enrollment is an additional cost. For the 2014-15 academic year, the estimated cost of attendance including living expenses, tuition, and fees for full-time enrollment is

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Last/Family/Surname *First/Given/Personal* *Relation to Applicant*

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SPONSOR: This is to certify that I have read the information provided by the applicant on this form, that it is true and accurate, and that the funds are available and will be provided as stated.

Print Name of Sponsor: _____ Date: _____

Signature of Sponsor: _____

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STUDENT: I certify that the information provided here is complete and accurate. I will be responsible for adhering to all university tuition, room and board, and health insurance payment schedules.

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