Physical Therapy Service Provider Log

Student's name:			Provider's Name:	
Student's date of birth:	PA S	Secure ID:	Provider's Title:	
School:	Date	e:	Provider's Signature:	
Disability/symptom(s):			☐ Early Intervention ☐	School Age

Service	Treatment		Refer to the keys below for an explanation of the treatment codes and progress indicators				
Date	Start Time	End Time	Treatment Key (see Pg 2)	Group Size	Service Type	Progress Indicator Key	Description of Service

Service Type:

In-Person:				
D = Direct – In-person Session	DM = Direct – In-person Make-up Session			
Session Did Not Occur:				
PA = Provider Absent	PNA = Provider Not Available			
SA = Student Absent	SNA = Student Not Available			
Telehealth:				
10 = Direct – Telehealth	02 = Direct – Telehealth Session (student			
Session (student at home)	somewhere other than home)			
10M = Direct – Telehealth	02M = Direct – Telehealth Make-up			
Make-up Session (student at	Session (student somewhere other than			
home)	home)			

Pennsylvania Department of Human Services Revised 09/19/2023 Email: RA-PWSBAP@pa.gov

Progress Indicator Type:

Mn = Maintaining	Pr = Progressing	In = Inconsistent			
Rg = Regressing	Ms = Mastering				
*A Licensed PTA service needs a supervisory signature by a Licensed PT. 49 Pa. Code § 40.173. Supervision of physical therapist assistant by licensed physical therapist					
Supervisor's Name:					
Supervisor's Signature*:					
Date:					

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Treatment Key:

1	Assistive Technology; Access to Device	18	Neuromuscular Development; Head Control
2	Assistive Technology; Student Training	19	Neuromuscular Development; Lower Extremity
3	Balance Training	20	Neuromuscular Development; Trunk Control
4	Equipment; Splint/Orthotic/Prosthetic Check	21	Neuromuscular Development; Upper Extremity
5	Equipment; Splint/Orthotic/Prosthetic Training	22	Positioning; Adaptive Seating
6	Equipment; Student Training	23	Positioning; Adaptive Standing
7	Functional Mobility; Community	24	Positioning; Alternative Device
8	Functional Mobility; Indoor – Level Surfaces	25	Positioning; Postural Alignment
9	Functional Mobility; Indoor – Uneven Surfaces	26	Posture and Body Mechanics
10	Functional Mobility; Outdoor – Varying Terrain	27	Pulmonary Support
11	Functional Mobility; Outdoor – Level Surfaces	28	Relaxation/Facilitation Techniques
12	Functional Mobility; Transfer Training	29	Therapeutic Exercise; Coordination Activities
13	Functional Mobility; Transition Training	30	Therapeutic Exercise; Endurance Training
14	Functional Mobility; Transportation	31	Therapeutic Exercise; Functional Range of Motion
15	Functional Mobility; Wheelchair	32	Therapeutic Exercise; Muscle Strengthening
16	Functional Mobility; Stairs	33	Therapeutic Exercise; Stretching
17	Gait/Ambulation Training		

Notes:

- All Direct Services should be provided in person with the student whenever possible.
- Services rendered via telehealth must be provided according to the same standard of care as if delivered in person.
- Use the "Service Provider Evaluation Log" for evaluations and/or assessments.