

PT Evaluation : 06/02/2025 (1291024846)

Mimoso, Serafim (MA250414053302)

Date of Birth: 05/08/1933

✓ Patient identity confirmed

Time In: 13:00

Time Out: 13:30

Visit Date: 06/02/2025

Diagnosis / History**Medical Diagnosis:** C. DIFF COLITIS, DM HYPERGLYCEMIA, HYPONATREMIA

Exacerbation 04/24/2025

PT Diagnosis: BLE weakness

Exacerbation 04/24/2025

Relevant Medical History:

ASTHMA, COPD, DM-II, HX OF INFLUENZA B PNA, CHRONIC DIASTOLIC CHF

Prior Level of Functioning:

Patient was independent with all functional mobility without the use of an AD prior to injury, patient was independent with ADLs and was driving

Patient's Goals:

"To get back to normal"

Precautions: fall risk**Homebound?**☐ No

✓ Yes

For a patient to be eligible to receive covered home health services under both Part A and Part B, the law requires that a physician certify in all cases that the patient is confined to his/her home. For purposes of the statute, an individual shall be considered "confined to the home" (homebound) if the following two criteria are met:

Criteria One:

✓ Patient is confined because of illness, needs the aid of supportive devices such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the assistance of another person in order to leave their place of residence.

AND/OR

☐ Patient has a condition such that leaving his or her home is medically contraindicated.

Specify:

Patient currently utilizes a RW and currently cannot enter/exit home safely on stairs without assist from another person

If the patient meets one of the criterion one conditions, then the patient must ALSO meet two additional requirements defined in criterion two below.

Criteria Two:

✓ Patient has a normal inability to leave home.

AND

✓ Leaving home requires a considerable and taxing effort for the patient.

Specify:

Patient has COPD and is notably short of breath with minimal exertion at this time

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Page 1 of 7

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Social Supports / Safety Hazards**Patient Living Situation and Availability of Assistance**

Patient lives: With other person(s) in the home

Assistance is available: Around the clock

Current Types of Assistance Received

very supportive wife

Safety / Sanitation Hazards☐ No hazards identified☒ Steps / Stairs: 24☐ Narrow or obstructed walkway☐ Cluttered / soiled living area

Other:

☐ No running water, plumbing☐ Lack of fire safety devices☐ Inadequate lighting, heating and/or cooling☐ Insect / rodent infestation☐ No gas / electric appliance☐ Pets☐ Unsecured floor coverings**Evaluation of Living Situation, Supports, and Hazards**

Patient home is clean, uncluttered and has all working facilities

Vital Signs**Temperature:**

97.1 Taken: Temporal

BP:

Prior 110 / 68

Post /

Position

Sitting

Side

Left

Heart Rate:

Prior 68

Post

Respirations:

Prior 18

Post

O2 Sat:

Prior 95

Post

Room Air / Rate

Room Air

Route

via

via

Comments:

Subjective Information

"I want to get better"

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Page 2 of 7

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Physical Assessment

	Level	Functional Impact
Orientation:	Within normal limits.	
Speech:	Within normal limits.	
Vision:	Impairment present but not impacting functional ability.	
Hearing:	Within normal limits.	
Skin:	Impairment present but not impacting functional ability.	
Muscle Tone:	Within normal limits.	
Coordination:	Within normal limits.	
Sensation:	Within normal limits.	
Endurance:	Impairment present.	decreased endurance during functional tasks
Posture:	Within normal limits.	

Edema

☒ Absent

☐ Present

Pain Assessment

☐ No Pain Reported

Location	Intensity (0-10)	Location	Intensity (0-10)
Primary Site:		Secondary Site:	
Increased by:			
Relieved by:			
Interferes with:			

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Page 3 of 7

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Physical Assessment

ROM / Strength

[illegible]

Description of Functional Impact:

Functional Assessment

Independence Scale Key	Dep	Max Assist	Mod Assist	Min Assist	CGA	SBA	Supervision	Ind with Equip	Indep
Bed Mobility				Gait					
Rolling	Assist Level independent	✓ L ✓ R	Assist Level	Distance/ Amount (Ft)				Assistive Device	
Supine - Sit	independent	none	Level	SBA	X 150		SC		
Sit - Supine	independent	none	Unlevel	NT	X				
Factors Contributing to Functional Impairment:			Steps / Stairs	CGA	X 4		handrail		

Factors Contributing to Functional Impairment:
Patient with impaired endurance, strength and balance requires assistance for all functional mobility

Signature: *David / Mark*

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Transfer

Sit - Stand
Stand - Sit
Bed - Wheelchair
Wheelchair - Bed
Toilet or BSC
Tub or Shower
Car / Van

Assist Level

SBA
SBA

Assistive Device**Wheelchair Mobility**

Level	Assist Level	Unlevel	Assist Level	Assist Level	Assist Level
Factors Contributing to Functional Impairment:					

Weight Bearing Status**Balance**

✓ Able to assume midline orientation
✓ Able to maintain midline orientation
Sitting: Movement into/out of position
Standing: Movement into/out of position

DME**Available**

☐ Wheelchair ☒ Walker ☐ Hospital Bed ☐ Bedside Commode ☐ Raised Toilet Seat ☐ Tub / Shower Bench
Other:

Needs**Clinical Statement of Assessment Findings and Recommendations**

Patient is a 91 y/o male with a PMH significant for ASTHMA, COPD, DM-II, HX OF INFLUENZA B PNA, CHRONIC DIASTOLIC CHF who presents back to HH PT services s/p hospitalization due to PNA. Prior to hospitalization, patient was independent with all functional mobility without the use of an AD, was independent with all ADLS, and was independent for IADLS. Patient is now independent for bed mobility, SBA for transfers, SBA for ambulation over even surfaces for 150ft with use of SC, and CGA on (Continued)

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Page 5 of 7

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Treatment Goals and Plan

Refer to last page for patient goal and intervention documentation.

Comments:

Care Coordination

Conference with:

☐ PT ☒ PTA ☐ OT ☐ COTA ☐ ST ☐ SN ☐ Aide ☐ Supervisor Other:

Name(s): Paula Cruz-Ferreira PTA

Regarding:

☐ Physician Notified Re: Plan of Care, Goals, Frequency, Duration and DirectionOther Discipline Recommendations: ☐ OT ☐ ST ☐ MSW ☐ Aide Other:

Reason:

Statement of Rehab Potential

This patient has the potential to benefit from interventions provided by physical therapy

☒ Yes ☐ No**Treatment / Skilled Intervention This Visit**☒ Completion of the evaluation and development of the plan of care☐ Other**Discharge Plan**☒ To self care when goals met☐ To self care when max potential achieved☐ To outpatient therapy with MD approval☐ Other:**Therapist Signature (Crowe , Sarah) & Date of Verbal Order for Start of PT Treatment****Date**

Digitally Signed by: Sarah Crowe , PT

06/02/2025

Physician Name

Daniel Martin MD

Physician Phone: (508) 996-3991**Physician FAX:** (508) 213-3429**Physician Signature****Date**

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Page 6 of 7

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Treatment Goals and Plan Audits

Goal Summary

Unmet Goals (6)

(FT) Patient will be independent with HEP by end of episode to increase functional strength and decrease risk of fall **Goal Term:** long **Target Date:** 06/16/25

(FT) Patient will improve gross BLE strength to at least 4/5 for all major muscle groups in order to increase stability during mobility **Goal Term:** long **Target Date:** 06/16/25

(FT) Patient will improve transfers from SBA to mod I with LRAD or no AD in order to increased functional independence and safety in home by end of episode **Goal Term:** long **Target Date:** 06/16/25

(FT) Patient will improve ambulation from SBA 150ft with RW to independent for at least 200ft with LRAD or no AD by end of episode in order for patient to safely access entire home **Goal Term:** long **Target Date:** 06/16/25

(FT) Patient to improve standing static and dynamic balance from fair- to at least fair+ by end of episode in order to decrease risk of fall **Goal Term:** long **Target Date:** 06/16/25

(FT) Patient will improve stair negotiation to at least supervision for 2 flights of stairs in order to be able to safely enter/exit his apartment building **Goal Term:** long **Target Date:** 06/16/25

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Page 7 of 7

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PT Evaluation Addendum Page : 06/02/2025
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Clinical Statement of Assessment Findings and Recommendations

stairs. Reviewed standard precautions, fall precautions, HEP, and pain management with patient and caregiver. Patient scored a 17/28 on tinetti and 21sec on TUG both indicating increased risk of falls, and scored 32sec on 5XSTS indicating decreased BLE strength. Patient would benefit from continued skilled PT services 2x week/4 weeks in order to address limitations in strength, balance and endurance in order to decrease risk of falls, re-hospitalization and to return patient to PLOF.


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Test and Measures : 06/02/2025
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Standardized Tests and Measures

Tinetti - POMA

Balance Test

Sitting Balance

Arises

Attempts to Rise

Immediate Standing Balance (first 5 seconds)

Standing Balance

Nudged

Eyes Closed

Turning 360 Degrees I

Turning 360 Degrees II

Sitting Down

Answers

(1) Steady, safe

(1) Able, but uses arms to help

(1) Able, but requires more than one attempt

(1) Steady, but uses walker or other support

(1) Steady, but wide stance (medial heels > 4 inches apart) and uses cane or other support

(1) Staggers, grabs, catches self

(0) Unsteady

(1) Continuous steps

(1) Steady

(1) Uses arms or not a smooth motion

Gait Test

Initiation of Gait

Step Length and Height - Right Foot Swing

Step Length and Height - Right Foot Clearance

Step Length and Height - Left Foot Swing

Step Length and Height - Left Foot Clearance

Step Symmetry

Step Continuity

Path

Trunk

Walk Stance

(1) No hesitancy

(1) Passes left stance foot

(1) Right foot completely clears floor

(1) Passes right stance foot

(1) Left foot completely clears floor

(1) Right and left step length appear equal

(1) Steps appear continuous

(1) Mild/moderate deviation or uses a walking aid

(0) Marked sway or uses walking aid

(0) Heels apart

Total Score: 17/28

Interpretation: 0-19 = High fall risk | 20-24 = Medium fall risk | 25-28 = Low fall risk

Result Interpretation:

Reference:

1. Tinetti ME. Performance orientated assessment of mobility problems in elderly patients. JAGS 1986; 34: 119-126. (Scoring description: PT Bulletin Feb. 10, 1993).

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(OASIS-D/2019)

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