

PT Evaluation : 07/01/2025 (1301179720)

Brooks, Dale (MA240318025203)

Date of Birth: 02/24/1952

✓ Patient identity confirmed

Time In: 11:00

Time Out: 11:30

Visit Date: 07/01/2025

Nightingale Visiting Nurses

125 County ST.

Taunton , MA 02780

Phone: (508) 967-0761

Fax: (508) 967-0767

Diagnosis / History**Medical Diagnosis:** MULTIPLE FRACTURE OF RIBS RIGHT SIDE, FIRST LUMBAR VERETBRA

Onset

PT Diagnosis: BLE weakness

Exacerbation

Relevant Medical History:

OTHER ASTHMA, RIGHT DOMINANT SIDE HEMIPLEGIA, COPD, P-AFIB, OTHER SEIZURES, OTHER INTERVERTEBRAL DISC DEGENERATION LUMBOSACRAL REGION WITH DISCOGENIC BACK PAIN ONLY, COPD, OTHER LOW BACK PAIN, ORAL DYSPHAGIA, HTN, DEPRESSION, ANXIETY, HLD, ANEMIA, CKD STAGE 4, BACK ARTHRITIS, RIGHT HIP BURSITIS, GERD, GALLSTONE, DVT, (Continued)

Prior Level of Functioning:

Patient was independent with all functional mobility with the use of a SC and RW prior to surgery, patient has PCA

Patient's Goals:

"To get back to normal"

Precautions: fall risk, no bending, no lifting <10lbs, minimal twisting**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:

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 utilized SC/RW and cannot enter/exit home without the assist of another person

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Social Supports / Safety Hazards

Patient Living Situation and Availability of Assistance

Patient lives: Alone
Assistance is available: Occasional / short-term assistance

Current Types of Assistance Received

Patient has PCA for ADLs and IADLs

Safety / Sanitation Hazards

- ☒ No hazards identified
☒ Steps / Stairs:
☐ 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:

97.7 Taken: Temporal

BP:	Position	Side	Heart Rate:	Respirations:	O2 Sat:	Room Air / Rate	Route
Prior	/		Prior 68	Prior 18	Prior 97	Room Air	via
Post 178 / 96	Sitting	Left	Post	Post	Post		via

Comments:

Subjective Information

"I want to get better"

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Physical Assessment

	Level	Functional Impact
Orientation:	Within normal limits.	
Speech:	Within normal limits.	
Vision:	Within normal limits.	
Hearing:	Within normal limits.	
Skin:	Within normal limits.	
Muscle Tone:	Within normal limits.	
Coordination:	Within normal limits.	
Sensation:	Impairment present.	Bilateral feet and hand numbness/tingling
Endurance:	Impairment present.	decreased endurance during functional tasks
Posture:	Within normal limits.	

Edema

- ☒ Absent
☐ Present

Pain Assessment

☐ No Pain Reported

	Location	Intensity (0-10)	Secondary Site:	Location	Intensity (0-10)
Primary Site:	Other Low back pain	2			
Increased by:	Movement and prolonged standing				
Relieved by:	rest				
Interferes with:	daily functioning				

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Physical Assessment

ROM / Strength

Part	Action	ROM		Strength		Part	Action	ROM		Strength	
		Right	Left	Right	Left			Right	Left	Right	Left
Shoulder	Flexion					Hip	Flexion	WFL	WFL	3	3
	Extension						Extension	WFL	WFL	3	3
	Abduction						Abduction	WFL	WFL	3	3
	Adduction						Adduction	WFL	WFL	3	3
	Int Rot						Int Rot	WFL	WFL	3	3
	Ext Rot						Ext Rot	WFL	WFL	3	3
Elbow	Flexion					Knee	Flexion	WFL	WFL	3+	3+
	Extension						Extension	WFL	WFL	3+	3+
Forearm	Pronation					Ankle	Plantar Flexion	WFL	WFL	3+	3+
	Supination						Dorsiflexion	WFL	WFL	3+	3+
Finger	Flexion						Inversion	WFL	WFL	3+	3+
	Extension						Eversion	WFL	WFL	3+	3+
Wrist	Flexion					Neck	Flexion				
	Extension						Extension				
Trunk	Extension						Lat Flexion				
	Rotation						Rotation				
	Flexion										

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					
	Assist Level					Assist Level		Distance/ Amount (Ft)		Assistive Device
Rolling	independent		✓ L ✓ R			Level	SBA	X 150		SC
Supine - Sit	independent		none			Unlevel	SBA	X 150		SC
Sit - Supine	independent		none			Steps / Stairs	NT	X		
Factors Contributing to Functional Impairment: due to decreased strength, balance, and endurance patient has impaired ability to perform transfers and mobility					Factors Contributing to Functional Impairment: due to decreased strength, balance, and endurance patient has impaired ability to perform transfers and mobility					

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Transfer

	Assist Level	Assistive Device
Sit - Stand	SBA	SC
Stand - Sit	SBA	SC
Bed - Wheelchair	NT	
Wheelchair - Bed	NT	
Toilet or BSC	NT	
Tub or Shower	NT	
Car / Van	NT	

Factors Contributing to Functional Impairment:
 due to decreased strength, balance, and endurance
 patient has impaired ability to perform transfers and
 mobility

Wheelchair Mobility

Assist Level	Assist Level	Assist Level
Level	Unlevel	Maneuver

Factors Contributing to Functional Impairment:
 N/A

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 73 y/o female who presents to HH PT services s/p hospitalization for MULTIPLE FRACTURE OF RIBS RIGHT SIDE, FIRST LUMBAR VERTEBRA FRACTURE. Prior to hospitalization, patient was independent with all functional mobility without the use of an AD, and has PCA hours for ADLS, and for IADLS. Patient is now supervision for bed mobility, SBA for transfers, SBA for ambulation over even surfaces for 150ft with use of SC, and did not perform stairs. Patient reports increased low back pain (Continued)

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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): Sheri McIntyre PTA

Regarding:

☐ Physician Notified Re: Plan of Care, Goals, Frequency, Duration and Direction

Other 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 07/01/2025

Physician Name
KARINE MAALOUF-KALESCHAN MD

Physician Phone: (508) 996-3991
Physician FAX: (508) 961-0949

Physician Signature

Date

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Treatment Goals and Plan Audits

Goal Summary

Unmet Goals (7)

(FT) Patient will improve ambulation from SBA 150ft with SC to independent at least 200ft with LRAD or no AD over even and or uneven surfaces by end of episode in order for patient to safely access entire home **Goal Term:** long **Target Date:** 08/12/25

(FT) Patient will improve transfers from SBA to mod I with LRAD or no device in order to increase functional independence and safety in home by end of episode **Goal Term:** long **Target Date:** 08/12/25

(FT) Patient will be independent with HEP by end of episode to increase functional strength and decrease risk of falls **Goal Term:** long **Target Date:** 08/12/25

(FT) Patient will verbalize understanding of fall precautions, how to prevent falls, and maintain safety during mobility by end of episode in order to reduce risk of falls **Goal Term:** long **Target Date:** 08/12/25

(FT) Patient will improve gross BLE strength by at least 1/2 MMT for all major muscle groups in order to increase stability during mobility **Goal Term:** long **Target Date:** 08/12/25

(FT) Patient to improve tinetti score from 16/28 to at least 25/28 in order to decrease risk of falls by end of episode **Goal Term:** long **Target Date:** 08/12/25

(FT) Patient will improve bed mobility from supervision to mod I utilizing log roll technique to protect spinal fracture by end of episode to increased functional independence in the home **Goal Term:** long **Target Date:** 08/12/25

Goals and Interventions Updated This Visit

Goals Added (7)

(FT) Patient will improve bed mobility from supervision to mod I utilizing log roll technique to protect spinal fracture by end of episode to increased functional independence in the home **Target Date:** 08/12/25 **Goal Term:** long

(FT) Patient will improve ambulation from SBA 150ft with SC to independent at least 200ft with LRAD or no AD over even and or uneven surfaces by end of episode in order for patient to safely access entire home **Target Date:** 08/12/25 **Goal Term:** long

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(FT) Patient will verbalize understanding of fall precautions, how to prevent falls, and maintain safety during mobility by end of episode in order to reduce risk of falls **Target Date:** 08/12/25 **Goal Term:** long

Interventions Added (7)

(FT) Physical therapy to provide bed mobility training to increase functional balance and strength during transitional movements focused on increasing core strength and sitting unsupported balance to address decreased functional independence due to weakness

(FT) Physical therapy to provide gait training to increase patients endurance, balance, and strength for functional household mobility to address decreased independence with home ambulation

(FT) Physical therapy to provide transfer training from various (Continued)

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PT Evaluation Addendum Page : 07/01/2025
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Relevant Medical History

DEPRESSION, SLEEP APNEA, PHLEBITIS, OBESITY, PEPTIC ULCERATION, HYPERCHOLESTEROLEMIA

Clinical Statement of Assessment Findings and Recommendations

since fall, having increased difficulty with prolonged standing and walking. Patient reports using SC inside of her apartment and RW when going out of the apartment. Patient endorses increased difficulty with stair negotiation at family's house. Reviewed spinal precautions, fall precautions, HEP, and pain management with patient and caregiver. Patient scored a 16/28 on tinetti and 23sec on TUG both indicating increased risk of falls, and scored unable on 5XSTS indicating decreased BLE strength. Patient would benefit from continued skilled PT services 2x week/4 weeks, 1x 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.

Goals and Interventions

surfaces to increase BLE strength for sit <> stand from bed, chair, and couch to address decreased independence with transfers

(FT) Physical Therapy to develop and implement a balance program to increase patients functional stability for transfers and ambulation to address decreased functional mobility/balance to reduce risk of falls in the home

(FT) Physical therapy to develop and implement a strengthening program for BLE focused on increasing functional strength of all major BLE muscle groups to address decrease in independence due to weakness

(FT) Physical therapy to develop and implement a HEP program consisting of BLE strengthening, balance training and/or endurance training focused on increasing functional stability during mobility in order to address decrease in independence due to weakness, impaired balance and impaired endurance

(FT) Physical therapy to provide edu to patient and/or caregiver regarding safety with mobility, importance of HEP, and signs and symptoms to report to PCP in order to address patients current fall risk and changing medical status.

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Test and Measures : 07/01/2025
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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
(0) Unsteady (grabs, staggers)
(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: 16/28

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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