

**OT Evaluation** : 05/13/2025 (1283472095)

Brilhante, John ( 100994168 )

Date of Birth: 03/13/1944

☐ Patient identity confirmed

Time In: 16:00

Time Out: 16:45

Visit Date: 05/13/2025

**Nightingale Visiting Nurses**

125 County ST.

Taunton , MA 02780

Phone: (508) 967-0761

Fax: (508) 967-0767

**Diagnosis / History****Medical Diagnosis:****OT Diagnosis:** muscle weakness**Relevant Medical History:**

Patient is a 78 yo male who was referred to skilled OT services to assess pts safety and independence in the home due to B shoulder and neck pain impacting pts ability to perform fxnl tasks and self care tasks. PMH CAD status post CABG, chronic CHF, COPD, dyslipidemia, hypertension, peripheral arterial disease and paroxysmal (Continued)

**Prior Level of Functioning:**

MOD i for sponge bathing, dressing and fxnl transfers without use of AD

**Patient's Goals:**

"I want to be independent."

**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:**

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:****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****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**

A+O X 4

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**Vital Signs**

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Signature:

Date: 7/10/2025

Temperature:

Taken:

BP:

Prior 132 / 76  
Post /

Position

Side

Heart Rate:

Prior 78  
Post

Respirations:

Prior  
Post

O2 Sat:

Prior 97  
Post

Room Air / Rate  
via  
via

Route

Comments:

Physical Assessment

Speech:

WNL

Vision:

WNL

Hearing:

WNL

Edema:

Oriented:

✓ Person ✓ Place ✓ Time

Muscle Tone:

Good

Coordination:

Good

Sensation:

Good

Endurance:

Fair

Posture:

Good

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Signature:

Date: 7/10/2025

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### Evaluation of Cognitive and/or Emotional Functioning

A+O x 4

### Pain Assessment

☐ No Pain Reported

Location Intensity (0-10) Location Intensity (0-10)

Primary Site: Secondary Site:

Increased by:

Relieved by:

Interferes with:

### ROM / Strength

Part	Action	ROM		Strength		Part	Action	ROM		Strength	
		Right	Left	Right	Left			Right	Left	Right	Left
Shoulder	Flexion	45	WFL	3-	4-	Forearm	Pronation	WFL	WFL	4-	4-
	Extension	WFL	WFL	4-	4-		Supination	WFL	WFL	4-	4-
	Abduction	45	WFL	3-	4-	Wrist	Flexion	WFL	WFL	4-	4-
	Adduction	WFL	WFL	3-	4-		Extension	WFL	WFL	4-	4-
	Int Rot	WFL	WFL	3-	4-		Radial Deviation	WFL	WFL	4-	4-
	Ext Rot	WFL	WFL	4-	4-		Ulnar Deviation	WFL	WFL	4-	4-
Elbow	Flexion	WFL	WFL	4-	4-	Finger	Grip	WFL	WFL	4-	4-
	Extension	WFL	WFL	4-	4-		Flexion	WFL	WFL	4-	4-
	Supination	WFL	WFL	4-	4-		Extension	WFL	WFL	4-	4-

Comments:

### Functional Assessment

Independence Scale Key Dep Max Assist Mod Assist Min Assist CGA SBA Supervision Ind with Equip Indep

#### Balance

☐ Able to assume / maintain midline orientation

Sitting Static: Good Dynamic: Good

Standing Static: Fair Dynamic: Fair

Deficits Due To / Comments:

#### Bed Mobility

Rolling Assist Level MOD I

Supine - Sit MOD I

Sit - Supine MOD I

Deficits Due To / Comments:

#### Transfer

Sit - Stand Assist Level mod i

Stand - Sit mod i

Bed - Chair mod i

Chair - Bed mod i

Toilet or BSC mod i

Shower N/A

Tub

Car / Van

Deficits Due To / Comments:

#### Self Care Skills

Toileting / Hygiene

Oral Hygiene

Grooming

Shaving

Bathing

Dressing:

Upper Body

Lower Body

Manipulation of Fasteners

Socks & Shoes

Feeding

Swallowing

Deficits Due To / Comments:

#### Instrumental ADLs

Light Housekeep

Light Meal Prep

Clothing Care

Use of Telephone

Manage Money

Manage Medication

Home Safety Awareness

Deficits Due To / Comments:

FAMILY ASSISTS PT WITH IADLs

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### Functional Assessment (Continued)

**Independence Scale Key**      **Dep**   **Max Assist**   **Mod Assist**   **Min Assist**   **CGA**   **SBA**   **Supervision**   **Ind with Equip**   **Indep**

#### Motor Coordination

Prior to Injury  
Dominance

☒ Right handed   ☐ Left handed

#### Deficits Due To

Fine Motor

WNL

Gross Motor

WNL

Comments:

#### Cognitive Status / Perception

Memory: Short Term

WNL

Memory: Long Term

WNL

Safety Awareness

Impaired

Judgment

WNL

Visual Comprehension

WNL

Auditory Comprehension

WNL

Stereognosis

WNL

Spatial Awareness

WNL

Ability to Express Needs

WNL

Attention Span

WNL

Comments:

#### Deficits Due To

Evaluation and Testing Description:

### DME

#### Available

☐ Wheelchair

☒ Walker

☐ Hospital Bed

☐ Bedside Commode

☐ Raised Toilet Seat

☐ Tub / Shower Bench

☐ Splints

☐ Cane

☐ Reacher

☐ Sock Donner

☐ Dressing Stick

☒ Shower Chair

☐ Long-Handled Sponge

Other:

#### Needs

### Evaluation Assessment

#### Evaluation Assessment Summary

Patient is a 78 yo male who was seen this day for ot reassessment. Patient was referred to skilled oT services to assess pts safety and independence in the home due to B shoulder and neck pain impacting pts ability to perform fxnl tasks and self care tasks. PMH CAD status post CABG, chronic CHF, COPD, dyslipidemia, hypertension, peripheral arterial disease and paroxysmal atrial fibrillation. Patient lives in a high rise building, alone. A+O x 4, motivated to increase independence and (Continued)

#### Functional Limitations

☒ Decreased ROM / Strength

☒ Impaired Balance / Gait

☒ Increased Pain

☒ Decreased Endurance

☒ Decreased Transfer Ability

☒ Decreased Bed Mobility

☒ Decreased Self-Care

☒ Poor Safety Awareness

Comments:

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Signature:

Date: 7/10/2025

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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):

Regarding:

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

Reason:

**Statement of Rehab Potential**

good due to pt motivated to return to ploff

**Treatment / Skilled Intervention This Visit**

ot eval

**Discharge Plan**☒ To self care when goals met☐ To self care when max potential achieved☐ To outpatient therapy with MD approval☐ Other:**Therapist Signature ( MELLO , JESSICA ) & Date of Verbal Order for Start of OT Treatment**

Digitally Signed by: JESSICA MELLO , OT

**Date**

05/13/2025

**Physician Name**

Daniel Martin MD

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

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Signature:

Date: 7/10/2025

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### Treatment Goals and Plan Audits

#### Goal Summary

##### Unmet Goals (4)

(FT) Patient will demonstrate I with B UE HEP to maintain pts strength and decreased pain upon d/c within 8 weeks **Goal Term:** long **Target Date:** 06/05/25

(FT) Patient will increase B UE shoulder ext, ir and add to 4/5 to perform fxnl tasks and self care tasks with ease within 8 weeks **Goal Term:** long **Target Date:** 06/05/25

(FT) Patient will perform meal prep tasks with mod i and good dynamic standing balance reporting <3/10 pain to B shoulders within 8 weeks **Goal Term:** long **Target Date:** 06/05/25

(FT) Patient will perform UB self care tasks with mod i and <3/10 pain to B shoulders within 8 weeks **Goal Term:** long **Target Date:** 06/05/25

#### Goals and Interventions Updated This Visit

##### Goals Added (4)

(FT) Patient will increase B UE shoulder ext, ir and add to 4/5 to perform fxnl tasks and self care tasks with ease within 8 weeks **Target Date:** 06/05/25 **Goal Term:** long

(FT) Patient will demonstrate I with B UE HEP to maintain pts strength and decreased pain upon d/c within 8 weeks **Target Date:** 06/05/25 **Goal Term:** long

(FT) Patient will perform meal prep tasks with mod i and good dynamic standing balance reporting <3/10 pain to B shoulders within 8 weeks **Target Date:** 06/05/25 **Goal Term:** long

(FT) Patient will perform UB self care tasks with mod i and <3/10 pain to B shoulders within 8 weeks **Target Date:** 06/05/25 **Goal Term:** long

##### Interventions Added (3)

(FT) Occupational therapist to provide manual therapy techniques including PROM, stretching, joint mobilization and therapeutic massage to improve joint ROM required for I with ADL and IADL tasks

(FT) Occupational Therapy to provide IADL training to increase client's level of independence with IADL tasks

(FT) Occupational therapy to provide education on most beneficial pain management techniques including use of modalities as well as provide therapeutic massage and apply topical pain agent to effected areas to reduce overall pain

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**OT Evaluation Addendum Page : 05/13/2025**  
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atrial fibrillation.

**Evaluation Assessment Summary**

return to PLOF.  
PLOF I with self care tasks and fxnl transfers.  
Patient has made good progress with skilled ot services since soc. Patient presents with decreased pain, increased standing balance and strength to B UEs increasing pts ability to perform fxnl transfers and self care tasks. Although pt has made good progress with skilled ot services to increase pts ability to perform fxnl transfers and self care tasks.  
CLOF: R UE shoulder AROM 3-/5, L UE shoulder AROM WFL 4-/5 from 3+/5 impacting pts ability to perform fxnl transfers. Patient reports 4/10 from 5/10 pain to trap with increased tension noted and palpated. Patient requires mod i from CGA to push up to stand with cues for safety. Patient ambulates without use of AD in the home with fair + from fair dynamic standing balance increasing risk of falls. Patient requires MIN A for self-care tasks due to increased pain reported. Patient requires Min A and multiple seated rests with cues for safety during light meal prep tasks. Recommending cont skilled OT services to address above impairments and to return to PLOF.

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