

**OT Evaluation** : 07/01/2025 (1299955131)

Brooks, Dale ( MA240318025203 )

Date of Birth: 02/24/1952

✓ Patient identity confirmed

Time In: 10:45

Time Out: 11:20

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:** fall fx ribs

Onset 05/26/2025

**OT Diagnosis:** weakness/SOB

Onset 07/01/2025

**Relevant Medical History:**

chronic renal failure, phlebitis, thrombophlebitis, peripheral venous insufficiency, asthma, disorder of lipid metabolism, HTN and depression, COPD, Chronic pain, A-fib and spinal stenosis.

**Prior Level of Functioning:**

Pt has been modified I for her functional mobility/transfers/meal prep and some ADL's. Pt did have a PCA and a homemaker.

**Patient's Goals:**

To get stronger and improve my balance

**Precautions:** fall**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:**

Pt is very SOB with minimal exertion and she is dependent upon an assistive device

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

Patient lives: Alone

Assistance is available: Regular daytime

**Current Types of Assistance Received**

Pt has PCA services daily to assist with her showers, homemaking, grocery shopping and laundry.

**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**

Pt lives in a second floor apartment with no steps to enter the and an elevator to reach the second floor. Pt is dependent for her ADL's/IADL's.

**Vital Signs**

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Signature:

Date: 7/9/2025

Temperature:

97.8 Taken: Temporal

BP:		Position		Side	Heart Rate:		Respirations:		O2 Sat:		Room Air / Rate		Route
Prior	143	/	80	Sitting	Left	Prior	86	Prior	18	Prior	98	Room Air	via
Post		/				Post		Post		Post			via

Comments:

Physical Assessment

Speech:	WNL					Muscle Tone:	Good	
Vision:	WNL		wears glasses			Coordination:	Fair	hand weakness
Hearing:	WNL					Sensation:	Good	
Edema:						Endurance:	Fair	fatigues easily
Oriented:	✓ Person	✓ Place	✓ Time			Posture:	Good	

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### Evaluation of Cognitive and/or Emotional Functioning

Pt is alert and OX3 and she was able to hold a conversation without difficulties. Pt reports to being tired frequently and spending alot of time in bed.

### Pain Assessment

☐ No Pain Reported

Primary Site: *Location* lower back *Intensity (0-10)* 3 *Location* *Intensity (0-10)*  
Increased by: standing Secondary Site:

Relieved by: resting

Interferes with: daily activities

### ROM / Strength

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

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: Good    Dynamic: Fair

Deficits Due To / Comments:

Pt has some unsteadiness with balance

#### Self Care Skills

**Assist Level**    **Assistive Device**

Toileting / Hygiene

CG

Oral Hygiene

CG

Grooming

CG

Shaving

Bathing

mod A

Dressing:

Upper Body

min A

Lower Body

mod A

Manipulation of Fasteners

S

Socks & Shoes

mod A

Feeding

Independent

Swallowing

S

Deficits Due To / Comments:

#### Transfer

**Assist Level**

**Assistive Device**

Sit - Stand

CG

Stand - Sit

CG

Bed - Chair

CG

Chair - Bed

CG

Toilet or BSC

CG

Shower

mod A

Tub

Car / Van

Deficits Due To / Comments:

use a cane and RW when outside

#### Instrumental ADLs

**Assist Level**    **Assistive Device**

Light Housekeep

n/a

Light Meal Prep

mod A

Clothing Care

total

Use of Telephone

I

Manage Money

S

Manage Medication

min A

Home Safety Awareness

S

Deficits Due To / Comments:

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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

#### Cognitive Status / Perception

Prior to Injury  
Dominance

same  
☒ Right handed   ☐ Left handed

Memory: Short Term      WNL  
Memory: Long Term      WNL  
Safety Awareness      WNL  
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

Fine Motor  
Gross Motor

WNL  
WNL

Comments:

#### Evaluation and Testing Description:

Pt was seen for her Occupational Therapy Evaluation to assess her functional status and the need for further OT services. Pt was alert and OX3. Barthel index, Katz index, MMT and ROM and balance testing

#### 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

Pt is a 73 year old female that was referred to Nightingale s/p hospital and SNF stay for fall sustaining rib fx. ribs. Pt was referred for and Occupational Therapy evaluation to assess her functional independence and her functional safety. Pt was seen today for her Occupational Therapy Evaluation to assess her need for further Occupational Therapy service. Pt lives in a second floor apartment in a large apartment building with an elevator. Pt lives alone and she has PCAs 7 x weekly that help (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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**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): Dana

Regarding: POC

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

Other Discipline Recommendations: ☒ PT ☐ ST ☐ MSW ☐ Aide ☐ Other:

Reason:

**Statement of Rehab Potential**

Pt has good rehab potential to achieve her OT goals

**Treatment / Skilled Intervention This Visit**

Educated in SS to report to MD Educated in safety awareness Educated in energy conservation strategies Educated in POC Barthel index Katz index

**Discharge Plan**

☒ To self care when goals met ☐ To self care when max potential achieved ☐ To outpatient therapy with MD approval  
☐ Other:

**Therapist Signature ( TREMBLAY , DANIELLEM ) & Date of Verbal Order for Start of OT Treatment**

**Date**  
07/01/2025

Digitally Signed by: DANIELLEM TREMBLAY , OT

**Physician Name**  
KARINE MAALOUF-KALESHEAN MD

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

**Physician Signature**

**Date**

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Signature:

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### **Treatment Goals and Plan Audits**

#### **Goal Summary**

#### **Unmet Goals (4)**

(FT) Pt will perform her functional daily tasks with no c/o fatigue using energy conservation strategies by discharge. **Goal Term:** long **Target Date:** 08/12/25

(FT) Pt will access items needed for meal prep and complete light meal prep with modified I and with good balance by discharge. **Goal Term:** long **Target Date:** 08/12/25

(FT) Pt will increase BUE strength to 4+/5 by performing BUE exercises to increase her overall functional strength and endurance for performing her daily tasks by discharge. **Goal Term:** long **Target Date:** 08/12/25

(FT) Pt will safely access bathroom and will transfer in/out of shower with the use of her shower chair with distant S to complete her shower with distant S by discharge. **Goal Term:** long **Target Date:** 08/12/25

#### **Goals and Interventions Updated This Visit**

#### **Goals Added (4)**

(FT) Pt will safely access bathroom and will transfer in/out of shower with the use of her shower chair with distant S to complete her shower with distant S by discharge. **Target Date:** 08/12/25 **Goal Term:** long

(FT) Pt will increase BUE strength to 4+/5 by performing BUE exercises to increase her overall functional strength and endurance for performing her daily tasks by discharge. **Target Date:** 08/12/25 **Goal Term:** long

(FT) Pt will access items needed for meal prep and complete light meal prep with modified I and with good balance by discharge. **Target Date:** 08/12/25 **Goal Term:** long

(FT) Pt will perform her functional daily tasks with no c/o fatigue using energy conservation strategies by discharge. **Target Date:** 08/12/25 **Goal Term:** long

#### **Interventions Added (4)**

Occupational Therapy to provide transfer training from standing to shower focused on increase patients functional balance for functional transfers to address her decreased functional transfers/balance to perform her shower transfer.

(FT) Occupational Therapy to develop and implement a strengthening program BUE focused on increasing her functional strength of BUE to address decrease in independence due to weakness and poor endurance.

(FT) Occupational Therapy to develop and implement a balance program increase patients functional balance for functional mobility to address decreased functional I with meal prep.

Occupational Therapy to develop and manage an aerobic capacity program focused on increase patients functional endurance to address decrease in independence due to weakness.

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**OT Evaluation Addendum Page : 07/01/2025**  
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#### Evaluation Assessment Summary

with showers and perform the homemaking, shopping and laundry. Pt has a PMH: chronic renal failure, phlebitis, thrombophlebitis, peripheral venous insufficiency, asthma, disorder of lipid metabolism, HTN and depression, COPD, Chronic pain, A-fib and spinal stenosis. Pt has DME: shower chair, grab bar, walker, commode. PLOF: Pt was at a modified I level for toileting, functional transfers/mobility, some meal prep and can bath/dress self with modified I at times. Pt's balance was good-. CLOF: Pt is alert and Ox 3 and VSS. Pt c/o of fatigue, unsteadiness and minor lower back pain and headache. Pt did report SOB and fatigue with her increase activity. Pt BUE ROM is WFL (some end range limitation of her R shoulder flexion) and her BUE strength is 3+/5. Pt has fair static/dynamic standing balance when performing functional tasks and using an assistive device. Pt is at a min A level for her ADL's and she is mod A for her IADLs. Pt is at a mod A for her meal prep. Pt is at a CG for her functional transfers/mobility. Pt fatigues with minimal exercise. KATZ index: 3 and Barthel index: 65. Pt is not functioning at her baseline status with her functional safety, balance/transfers/mobility and ADL/IADL's. She will benefit from skilled Occupational Therapy treatment 2 x weekly to address the above listed deficits. OT tx will focus on increasing her functional independence with her overall ADL/IADL's, using the following these treatments: ther exercises, ther activities, functional mobility/transfer/balance training, ADL/IADL training, and safety awareness and energy conservation strategies. Pt is homebound due to being dependent upon an assistive device and it is a significantly taxing effort to leave the home. Pt emergency care plan was reviewed and D/C planning initiated. Pt is in agreement with POC.

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**Test and Measures** : 07/01/2025  
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### Standardized Tests and Measures

#### KATZ ADL Test

#### KATZ ADL Test

Bathing

#### Answers

(0) **Dependence:** Needs help with bathing more than one part of the body, getting in or out of the tub or shower. Requires total bathing.

Dressing

(0) **Dependence:** Needs help with dressing self or needs to be completely dressed.

Toileting

(1) **Independence:** Goes to toilet, gets on and off, arranges clothes, cleans genital area without help.

Transferring

(0) **Dependence:** Needs help in moving from bed to chair or requires a complete transfer.

Continence

(1) **Independence:** Exercises complete self control over urination and defecation.

Feeding

(1) **Independence:** Gets food from plate into mouth without help. Preparation of food may be done by another person.

**Total Score: 3/6**

**Interpretation:** 6 = High (patient independent) | 0 = Low (patient very dependent)

#### Result Interpretation:

#### Reference:

Source: Best Practices in Nursing Care to Older Adults, The Hartford Institute for Geriatric Nursing, New York University, College of Nursing, [www.hartfordnign.org](http://www.hartfordnign.org)

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