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INTERIM ORDERS

Send To Robert J Caldas, MD Hawthorn Medical Associates 531 Faunce Corner Rd. North Dartmouth, MA 02747 (508) 996-3991 Fax (508) 985-4197		Primary Physician Robert J Caldas, MD Hawthorn Medical Associates 531 Faunce Corner Rd. North Dartmouth, MA 02747 (508) 996-3991 Fax (508) 985-4197	
Medical Record No. 2416015	Insurance Medicare	Start of Care 05/29/2025	Certification Period 05/29/2025 Through 07/27/2025
Patient Buckles, Patricia A 70 Seabreeze Drive South Dartmouth, MA 02748		DOB 09/19/1948	Sex F

Goals/Rehabilitation Potential/Discharge Plans	<p>PT Goals: Long Term Goal: Patient will increase Posture, step length, and heel strike in order to ambulate 300 ft uneven with SPC with indep with reports of pain 0-4/10 to be able to allow pt to safely access transportation to and from MD appts.. d/c Long Term Goal: Patient will improve Scoot to edge of surface and anterior weight shift in order to perform sit to stand with RW with indep to allow pt to safely access chair, bed and toilet.. Long Term Goal: Patient will improve endurance as evidenced by a BORG scale of 0-3/10 with proper TKE lead limb and well controlled descent in order to ambulate 2 stairs with SBA with SPC to allow pt to safely enter/exit home for MD appts.. d/c STG: PT will assess stair mobility at FA within 3 wks</p>
Clinical Summary	<p>CURRENT LEVEL OF FUNCTION: Mrs. Buckles has been treated with gait training, transfer training, balance training, activity tolerance training, therapeutic exercise, pain management, and patient education. At the start of care, she was independent sit to supine and remains independent sit to supine. At the start of care, she was SBA sit to stand to the SW with decreased scoot to the edge of the surface, decreased bilateral knee flexion, and decreased anterior weight shift. Now she is independent sit to stand to self. At the start of care, she was ambulating 50 ft with a SW with improper use of the walker, poor posture, decreased pace, and decreased step length. Now she is SBA ambulating 200 ft level in the home with a slightly shuffling gait and decreased pace. At the start of care, she was unable to tolerate stair assessment, and now she is MIN assist up and down two stairs with the SPC with decreased terminal knee extension, lead limb, and uncontrolled descent. At the start of care, she could not tolerate uneven ambulation assessment, and today she is MIN assist ambulating 200 ft with the SPC with decreased posture, decreased pace, shuffling gait, and loss of balance.</p> <p>BARRIERS/CHALLENGES: Fall risk, stairs.</p> <p>SKILL/REASON FOR CONTINUED SERVICE: Patient-centered goal: "I want to stop falling." She complains of pain in her lower back 0/10 to 4/10 and in her bilateral legs 2/10 to 8/10. She scored a 7 on the Mach 10 and is at high risk for falls. She requires skilled PT for gait training, balance training, stair training, activity tolerance training, pain management, and patient education. If she does not receive skilled PT, she'll likely regress, fall, or be hospitalized within three days.</p> <p>HOMEBOUND: Yes, patient is MIN assist up and down two stairs with the SPC. Her trips out of the home are infrequent in nature and of short duration. When she returns home, she requires a multiple-hour rest period to recover and requires caregiver assistance to access the community.</p> <p>24/7 CNHC availability and red flags reviewed</p> <p>DISCHARGE PLANNING: Six weeks.</p> <p>ADJUSTMENT TO THE POC: Patient is progressing towards goals. Patient has met goals, new goals have been added, and remaining goals remain appropriate.</p> <p>POC REVIEW: Plan of care reviewed with Mrs. Buckles, who verbalizes understanding and agrees to continue to participate.</p>
Clinician's Signature and Date	Todd Hayes DPT Lic# 17399 *E-Signature* 06/30/2025 @ 10:22 AM VO Date 06/30/2025 10:22 AM

Physician: Dr. Caldas, Robert J.

Signature: 
Date: 7/11/2025

Electronically signed by Dr. Caldas, Robert J. on 7/11/2025

Physician's Signature **X**

Date **X**

Robert J Caldas, MD

Date HHA Received Signed POT (Sent 7/8/2025 10:22 AM)

Physician: Dr. Caldas, Robert J.

Signature:

A handwritten signature in black ink, appearing to read 'Robert J. Caldas', with a stylized flourish at the end.

Date: 7/11/2025

Electronically signed by Dr. Caldas, Robert J. on 7/11/2025