

PT Evaluation : 06/05/2025 (1293013804)

Tavares, Shirley L (MA250328114901)

Date of Birth: 11/10/1949

✓ Patient identity confirmed

Time In: 16:52

Time Out: 17:22

Visit Date: 06/05/2025

Nightingale Visiting Nurses

125 County ST.

Taunton, MA 02780

Phone: (508) 967-0761

Fax: (508) 967-0767

Diagnosis / History**Medical Diagnosis:** Gastric ulcer

Exacerbation

PT Diagnosis: BLE weakness

Exacerbation 04/24/2025

Relevant Medical History:

CKD stage 5, former smoker, HTN, HLD, DM, P Afib, chronic HFpEF, asthma, COPD, alcoholic liver cirrhosis, chronic pain syndrome, chronic anemia, OSA, hypothyroidism, GERD, depression with anxiety, hx colon ca, knee OA, cataract, Crohn's disease, emphysema, GERD, hypercholesterolemia, kidney stone, low back syndrome, lumbar (Continued)

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:**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

Clinician: Agency - Clinician

Signature:

Date: 7/3/2025

PT Evaluation : 06/05/2025

Tavares, Shirley L (MA250328114901)

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**

Patient home is clean, uncluttered and has all working facilities

Vital Signs**Temperature:**

97.7 Taken: Temporal

BP:

Prior 120 / 69 Position Sitting

Side

Left

Heart Rate:

Prior 78 Post

Respirations:

Prior 18 Post

O2 Sat:

Prior 98 Post

Room Air / Rate

Room Air

Route

via via

Comments:

Subjective Information

"I want to get better"

Clinician: Agency - Clinician

Signature:

Date: 7/3/2025

PT Evaluation : 06/05/2025
Tavares, Shirley L (MA250328114901)

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

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

Clinician: Agency - Clinician

Signature:

Date: 7/3/2025

PT Evaluation : 06/05/2025
Tavares, Shirley L (MA250328114901)

Physical Assessment

ROM / Strength

[illegible]

Description of Functional Impact:

Functional Assessment

| Dep | Max Assist | Mod Assist | Min Assist | CGA | SBA | Supervision | Ind with Equip | Indep |
|------------------------------------------------|--------------------------|------------|-------------------|--------------|-----|--------------------------|----------------|------------------|
| Independence Scale Key | | | | | | | | |
| Bed Mobility | | | Gait | | | | | |
| Rolling | Assist Level independent | ✓ L ✓ R | | Assist Level | | Distance/ Amount (Ft) | | Assistive Device |
| Supine - Sit | independent | | Level | SBA | | X 150 | | RW |
| Sit - Supine | independent | | Unlevel | NT | | X | | |
| Factors Contributing to Functional Impairment: | | | Steps / Stairs | NT | | X | | |

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

Signature:

Date: 7/3/2025

PT Evaluation : 06/05/2025

Tavares, Shirley L (MA250328114901)

Transfer

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

Assist Level

SBA
SBA

Assistive Device

RW
RW

Wheelchair Mobility

| Assist Level | Assist Level | Assist Level |
|------------------------------------------------|--------------|--------------|
| Level | Unlevel | Maneuver |
| 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 75 y/o female who presents to HH PT services s/p syncope and fall at home. Prior to decline, patient was independent with all functional mobility with the use of a RW, was min A from her daughter 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 RW, and stairs NT. Patient reports she uses her 4WW when walking outside, but uses her RW when going on the bus, as (Continued)

Clinician: Agency - Clinician

Signature:

Date: 7/3/2025

PT Evaluation : 06/05/2025

Tavares, Shirley L (MA250328114901)

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**

Digitally Signed by: Sarah Crowe , PT

Date

06/05/2025

Physician Name

KARMINA BAUTISTA MD

Physician Phone: (508) 996-3991**Physician FAX:** (508) 961-2982**Physician Signature****Date**

Clinician: Agency - Clinician

Signature:

Date: 7/3/2025

PT Evaluation : 06/05/2025
Tavares, Shirley L (MA250328114901)

Treatment Goals and Plan Audits

Goal Summary

Unmet Goals (5)

(FT) Patient will improve ambulation from SBA 150ft with RW to mod I for at least 200ft with RW/rollator by end of episode in order for patient to safely access entire home **Goal Term:** long **Target Date:** 07/26/25

(FT) Patient will improve transfers from SBA to mod I with RW/rollator in order to increased functional independence and safety in home by end of episode **Goal Term:** long **Target Date:** 07/26/25

(FT) Patient to improve standing static and dynamic balance from poor to at least fair- by end of episode in order to decrease risk of falls **Goal Term:** long **Target Date:** 07/26/25

(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:** 07/26/25

(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:** 07/26/25

Clinician: Agency - Clinician

Signature:

Date: 7/3/2025

PT Evaluation Addendum Page : 06/05/2025
Tavares, Shirley L (MA250328114901)

Relevant Medical History

radiculopathy affecting BLE, DDD lumbar, DDD cervical, chronic hypoxic hypercapnia RF, lumbar spinal stenosis with neurogenic claudication, anemia, peripheral autonomic neuropathy due to DM, obesity BMI 30, B knee OA, BLE multiple bruises, vomiting, ESRD, hyponatremia, hypocalcemia, prolonged QTC, uremia, UTI, hypothyroidism.

Clinical Statement of Assessment Findings and Recommendations

the 4WW does not fit through the doors. Patient condones ongoing BLE progressive weakness and states she has had several falls this year. Reviewed standard precautions, fall precautions, HEP, and pain management with patient and caregiver. Patient scored a 17/28 on tinetti and 19sec 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/8 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.

Tavares, Shirley L (MA250328114901)

© 2004-2025 Kinnser Software, Inc. All Rights reserved.

Clinician: Agency - Clinician

Signature:

Date: 7/3/2025