



HW485011LoJ1KKH6SB2R

Community Nurse Inc  
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INTERIM ORDERS

<b>Send To</b> Pamela L Coury, MD Hawthorn Medical Associates 531 Faunce Corner Road No Dartmouth, MA 02747 (508) 996-3991 Fax (508) 961-0949		<b>Primary Physician</b> Pamela L Coury, MD Hawthorn Medical Associates 531 Faunce Corner Road No Dartmouth, MA 02747 (508) 996-3991 Fax (508) 961-0949	
<b>Medical Record No.</b> 6473015	<b>Insurance</b> United Health Care	<b>Start of Care</b> 06/05/2025	<b>Certification Period</b> 06/05/2025 Through 08/03/2025
<b>Patient</b> Gatenby, Daune C 35 Dutra Ave South Dartmouth, MA 02748		<b>DOB</b> 01/07/1953	<b>Sex</b> F

<b>Orders for Discipline and Treatments</b>	PT: d/c Bed Mobility Training. d/c Remove Aquacel dressing POD #7 (6/11/2025) and leave OTA.
<b>Goals/Rehabilitation Potential/Discharge Plans</b>	PT Goals: d/c Short Term Goal: Patient will improve Hip flexion strength to demonstrate independence for sit to supine and supine to sit with bed rail with 2/10 pain to allow patient to safely exit and enter bed without caregiver assistance to return to PLOF. within cert period. d/c Short Term Goal: Patient will improve Core strength to demonstrate independence for rolling with without AD with pain 3/10 or less to allow patient to safely and easily reposition in bed without caregiver assistance. within cert period. d/c Short Term Goal: Patient will improve Anterior weight shift and hip extension strength in order to perform sit to and from stand with arms and RW with independence to safely transfer on and off all seats, EOB, commode. within cert period. d/c Short Term Goal: Patient will improve endurance as evidenced by a BORG scale of 0 in order to ambulate 100 ft with supervision with RW to safely access first floor of home. within cert period
<b>Clinician's Signature and Date</b>	Deidre Hart PT-MA LIC #16023 *E-Signature* 06/30/2025 @ 12:48 PM VO Date 06/30/2025 12:48 PM

Physician's Signature **X**Date **X**

Pamela L Coury, MD

**Date HHA Received Signed POT** (Sent 7/8/2025 10:30 AM)