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Community Nurse Inc
62 Center Street
Fairhaven, MA 02719
(508) 992-6278
Fax (508) 997-3091

INTERIM ORDERS

Send To		Primary Physician
Robert J Caldas, MD Hawthorn Medical Associates 531 Faunce Corner Rd. North Dartmouth, MA 02747 (508) 996-3991 Fax (508) 985-4197		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.	Insurance	Start of Care	Certification Period
4752015	Medicaid/MA	05/14/2025	05/14/2025 Through 07/12/2025

Patient	DOB	Sex
Sinagra, Susan C 9 Bedford Street Apt 15 New Bedford, MA 02740	12/20/1963	F

Orders for Discipline and Treatments	OT: d/c Patient Risk for Emergency Room use or Hospitalization is assessed to be: Low and will be addressed with measures focusing on: HEP, ECWS/pacing ed, fxnl txfr and mobility training, caregiver support and proper DME/AD setup. d/c Assess Need For Adaptive Equipment. Energy Conservation/Joint Protection Techniques. d/c Functional Balance training. Functional Mobility/Transfer Training. Home Safety/Fall Prevention Training. d/c Instruction and progression of Home Exercise Program. Involve Pt In Activities to Improve Endurance. Joint Protection/Body Mechanics. Meal prep/kitchen safety. d/c Muscle Re-education. d/c OT Evaluation. d/c Practice Toilet Transfers. d/c Practice Tub Transfers. Progress/improve activities of daily living. Provide With Muscle Re-Education/Strengthening Activities. Provide With PROM, AAROM, AROM Exercises As Indicated. Teach- Interventions to monitor and mitigate pain. d/c Therapeutic Exercise. Teach Adaptive Equipment Use, Energy Conservation/Work Simplification Techniques During ADL Activities, Fine & Gross Motor Control Activities, Home Exercise Program, Safety Techniques During ADL Activities. T - proper positioning and breathing strategies
Goals/Rehabilitation Potential/Discharge Plans	OT Goals: d/c Long Term Goal Patient will have improved strength in BUE to 4-/5 to increase ability to perform UB/LB bathing/dressing with indep within cert period. d/c Long Term Goal: Pt to demo SBA UB ADLs and Min A LB ADLs after item setup by PCA and no DOE/SOB or evidence of falls within cert period. Long Term Goal: Patient will safely perform UB/LB dressing with SBA; demonstrating improved knowledge of joint protection, work simplification and breathing strategies. d/c Long Term Goal: Pt will demo indep fxnl toilet txfr and SBA fxnl tub txfr with proper DME setup and no evidence of falls within cert period. Long Term Goal: Patient will safely perform all functional mobility tasks with mod I; demonstrating improved knowledge of joint protection, proper management of O2 tubing and breathing strategies to promote effective breathing. d/c Long Term Goal: Good Functional Balance within cert period. Long Term Goal: Improve Gross/Fine Motor Skills. Long Term Goal: Increase Endurance & Conditioning For Functional Activities. d/c Long Term Goal: Patient endurance will improve from Poor to Fair in order to daily perform mobility/transfers and 20" HEP demo and ADL demo within cert period. Long Term Goal: Patient will demonstrate pacing techniques with Independence. Patient will safely perform kitchen mobility; including light bev/snack prep with mod I; demonstrating improved knowledge of joint protection, work simplification and compensatory strategies to decrease risk of fall/injury, increased discomfort and/or increased SOB. Patient will independently demo good knowledge of proper positioning and breathing strategies to promote effective breathing when performing ADL/functional mobility tasks.
Clinical Summary	CURRENT LEVEL OF FUNCTION: At this time, patient is performing showering task with mod A, UB dressing with SBA, LB dressing with mod A, toilet transfer with supervision, tub transfer with SBA/supervision using tub transfer bench, and functional mobility with SBA/supervision. Patient is progressing slowly towards goals. She continues to fatigue easily and have increased SOB due to decreased endurance and c/o discomfort in B shoulders and back. She rated discomfort in back and B shoulders mild to moderate discomfort during today's visit. BORG scale - she reported 3 at rest; 7 to 8 during activity. Patient requires frequent rest breaks and cueing for work simplification, compensatory strategies, and breathing strategies to promote effective breathing when performing functional tasks and transfers. Patient has unsteady gait due to decreased functional balance and c/o discomfort in her back; she requires frequent cueing for safety, pacing, and proper management of O2 tubing to decrease risk of fall/injury and/or increased discomfort when performing functional tasks and transfers. Patient has

Physician: Dr. Caldas, Robert J.

Signature: 

Date: 7/11/2025

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

	decreased B shoulder AROM approximately 120 degrees flexion, 90 degrees abduction. B elbows, wrists, and hands AROM is WFLs. Patient has decreased safety awareness/judgement (she was found to be fast paced/impulsive when performing functional tasks and transfers this session. Patient was encouraged to slow down, pace self and be mindful of joint protection and breathing to decrease risk of fall/injury, increased discomfort and/or increased SOB when performing functional tasks and transfers. Patient stated she was pleased with skilled home OT services and would like to continue with focus on improving her endurance and breathing when performing ADL/functional mobility tasks. BARRIERS/CHALLENGES: Poor endurance/O2 dependent, decreased functional balance, decreased strength and coordination, decreased safety awareness/judgment, and discomfort. SKILL/REASON FOR CONTINUED SERVICE: Patient would benefit from continued skilled home OT services to increase her endurance, strength, and coordination; along with further education/training on safety/fall prevention, adaptive equipment usage, joint protection, work simplification/energy conservation, compensatory strategies, breathing strategies, and home exercise program with focus on improving her overall safety/indep during ADLs, functional transfers, and mobility tasks. Without skilled home OT services, patient is at risk for fall/injury, increased discomfort, increased SOB, increased dependence upon caregiver, and decreased quality of life. HOMEBOUND: Patient is homebound due to poor endurance, decreased strength and coordination, decreased safety awareness/judgment, decreased functional balance, and discomfort. Patient fatigues easily and she has unsteady gait, which places her at risk for fall/injury. Patient requires O2 and the assistance of another to safely leave her home. 24/7 CNHC availability and red flags reviewed DISCHARGE PLANNING: plan to reassess in 3 to 4 weeks ADJUSTMENT TO THE POC: Care plan reviewed and updated; recommended continued skilled home OT services 1x/wk POC REVIEW: Plan of care reviewed with patient/caregiver, who verbalizes understanding and agrees to continue to participate. Kelley L. Hunt OTR/L
Clinician's Signature and Date	Kelley Hunt OTR- MA Lic# 6786 *E-Signature* 06/30/2025 @ 06:24 PM VO Date 06/30/2025 06:24 PM

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

Robert J Caldas, MD

Date HHA Received Signed POT	(Sent 7/1/2025 09:32 AM)

Physician: Dr. Caldas, Robert J.

Signature: 

Date: 7/11/2025

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