

**PT Evaluation** : 05/28/2025 (1290191068)

Carmo, George A ( MA250124104906 )

Date of Birth: 10/06/1949

✓ Patient identity confirmed

Time In: 11:42

Time Out: 12:12

Visit Date: 05/28/2025

**Nightingale Visiting Nurses**

125 County ST.

Taunton , MA 02780

Phone: (508) 967-0761

Fax: (508) 967-0767

**Diagnosis / History****Medical Diagnosis:** R hip pain; occult R patella fracture

05/08/2025

**PT Diagnosis:** Difficulty with gait

01/27/2025

**Relevant Medical History:**

Pt is a 75 y/o M, seen for resumption of PT following recent hospital stay with complain of abdominal pain, chest pain and vomiting, acute calculus cholecystitis, s/p Cholecystostomy tube. Prior to most recent hospital admission, pt was working with PT for ongoing gait difficulty, noted decline in function this visit PMHx:  
(Continued)

**Prior Level of Functioning:**

Pt lives alone in single family home with at least 2 outdoor stairs to manage. Pt was indep with adls, dtr assist with med management, medical appt and housekeeping. Pt states walks with no AD and drives prior to mechanical fall

**Patient's Goals:**

" to have less pain"

**Precautions:** fall risk, WBAT per in patient PT notes, R knee immobilizer at all times**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:**

Due to weakness, decrease standing balance with risk of falling, decrease endurance level with report of ongoing fatigue at rest

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

Patient lives: Alone

Assistance is available: Around the clock

**Current Types of Assistance Received**

pt continue to stay with patient to provide assistance

**Safety / Sanitation Hazards**☐ No hazards identified☒ Steps / Stairs: 3☐ 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**

has at least 3 outdoor stairs. has access to all rooms in main floor of home Dtr very supportive, pt's sister currently staying to assist patient

**Vital Signs****Temperature:**

97.8 Taken: Temporal

| BP:   |     | Position | Side    | Heart Rate: |       | Respirations: |       | O2 Sat: |       | Room Air / Rate | Route    |     |
|-------|-----|----------|---------|-------------|-------|---------------|-------|---------|-------|-----------------|----------|-----|
| Prior | 120 | / 80     | Sitting | Left        | Prior | 110           | Prior |         | Prior | 97              | Room Air | via |
| Post  |     | /        |         |             | Post  |               | Post  |         | Post  |                 |          | via |

Comments:

**Subjective Information**

" I just feel tired today"

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### Physical Assessment

|                      | Level  | Functional Impact                           |
|----------------------|--|---|
| <b>Orientation:</b>  | Within normal limits.                                    | alert and oriented x 3, noted stm deficit   |
| <b>Speech:</b>       | Within normal limits.                                    |   |
| <b>Vision:</b>       | Impairment present but not impacting functional ability. |   |
| <b>Hearing:</b>      | Impairment present but not impacting functional ability. |   |
| <b>Skin:</b>         | Impairment present but not impacting functional ability. |   |
| <b>Muscle Tone:</b>  | Impairment present but not impacting functional ability. |   |
| <b>Coordination:</b> | Impairment present but not impacting functional ability. |   |
| <b>Sensation:</b>    | Impairment present but not impacting functional ability. |   |
| <b>Endurance:</b>    | Impairment present.                                      | fatigue at rest, sob with moderate exertion |
| <b>Posture:</b>      | Impairment present but not impacting functional ability. |   |

### 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: |          |                  |                 |          |                  |

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**Physical Assessment****ROM / Strength**

|          |            | ROM   |      | Strength |      |       |                 | ROM   |      | Strength |      |
|----------|------------|-------|------|----------|------|-------|-----------------|-------|------|----------|------|
| Part     | Action     | Right | Left | Right    | Left | Part  | Action          | Right | Left | Right    | Left |
| Shoulder | Flexion    |       |      |          |      | Hip   | Flexion         | wf1   | wf1  | 4        | 4    |
|          | Extension  |       |      |          |      |       | Extension       | wf1   | wf1  | 4        | 4    |
|          | Abduction  |       |      |          |      |       | Abduction       | wf1   | wf1  | 4        | 4    |
|          | Adduction  |       |      |          |      |       | Adduction       |       |      |          |      |
|          | Int Rot    |       |      |          |      |       | Int Rot         |       |      |          |      |
|          | Ext Rot    |       |      |          |      |       | Ext Rot         |       |      |          |      |
| Elbow    | Flexion    |       |      |          |      | Knee  | Flexion         | wf1   | wf1  | 4        | 4    |
|          | Extension  |       |      |          |      |       | Extension       | wf1   | wf1  | 4        | 4    |
| Forearm  | Pronation  |       |      |          |      | Ankle | Plantar Flexion | wf1   | wf1  | 4        | 4    |
|          | Supination |       |      |          |      |       | Dorsiflexion    | wf1   | wf1  | 4        | 4    |
| Finger   | Flexion    |       |      |          |      | Neck  | Inversion       |       |      |          |      |
|          | Extension  |       |      |          |      |       | Eversion        |       |      |          |      |
| Wrist    | Flexion    |       |      |          |      |       | Flexion         |       |      |          |      |
|          | Extension  |       |      |          |      |       | Extension       |       |      |          |      |
| Trunk    | Extension  |       |      |          |      |       | Lat Flexion     |       |      |          |      |
|          | Rotation   |       |      |          |      |       | Rotation        |       |      |          |      |
|          | Flexion    |       |      |          |      |       |                 |       |      |          |      |

**Functional Assessment**

| Independence Scale Key | Dep | Max Assist | Mod Assist | Min Assist | CGA | SBA | Supervision | Ind with Equip | Indep |
|------------------------|-----|------------|------------|------------|-----|-----|-------------|----------------|-------|
| Bed Mobility           |     |            |            |            |     |     |             |                |       |

| Rolling  | Assist Level | <input type="checkbox"/> L <input type="checkbox"/> R | Assistive Device | Gait    | Assist Level | Distance/<br>Amount (Ft) | Assistive Device |
|--|--------------|---|------------------|---------|--------------|--------------------------|------------------|
| Supine - Sit                                   | indep        |   |                  | Level   | SBA          | X 150                    | none             |
| Sit - Supine                                   | indep        |   |                  | Unlevel |              | X                        |                  |
| Factors Contributing to Functional Impairment: |              |   |                  | Steps / |              | X                        |                  |
|  |              |   |                  | Stairs  |              |                          |                  |

Factors Contributing to Functional Impairment:  
 pain with mobility, decrease standing balance with risk  
 of falling, decrease endurance with sob with moderate  
 exertion, reports fatigue at rest

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**Transfer**

|                  | <b>Assist Level</b> | <b>Assistive Device</b> |
|------------------|---------------------|-------------------------|
| Sit - Stand      | indep               |                         |
| Stand - Sit      | indep               |                         |
| Bed - Wheelchair | indep bed to chair  | none                    |
| Wheelchair - Bed | indep chair to bed  | none                    |
| Toilet or BSC    | indep               |                         |
| Tub or Shower    |                     |                         |
| Car / Van        |                     |                         |

Factors Contributing to Functional Impairment:

**Wheelchair Mobility**

| <b>Assist Level</b> | <b>Assist Level</b> | <b>Assist Level</b> |
|---------------------|---------------------|---------------------|
| 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**

Pt is a 75 y/o M, being seen today for PT re-eval for new cert preiod. Pt with most recent hospital stay with complain of abdominal pain, chest pain and vomiting, acute calculus cholecystitis, s/p Cholecystostomy tube. Prior to most recent hospital admission, pt was working with PT for ongoing gait difficulty. PMHx: CHF, HLD, HTN, ISCHEMIC CARDIOMYOPATHY, ANGINA PECTORIS, CVA, BRADYCARDIA, ASTHMA, NSTEMI, BELL'S PALSY, OBESITY, CKD STAGE 3, CAD, CHRONIC HFpEF, BPH, OSA, CERVICAL DISC DO, (Continued)

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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):

Regarding: PT POC

☒ 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 ( GABRANG , JENIFER ) & Date of Verbal Order for Start of PT Treatment**

Digitally signed by: JENIFER GABRANG , PT

**Date**

05/28/2025

**Physician Name**  
ROBERT CALDAS DO**Physician Phone:** (508) 996-3991  
**Physician FAX:** (508) 961-2979**Physician Signature****Date**

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

#### **Goal Summary**

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

Patient will improve balance as evidenced by the Tinetti gait and balance score from 23/28 to 26/28 to allow patient to decrease risk of fall during functional task completion **Goal Term:** short **Target Date:** 06/14/25

Pt will demonstrate progression of HEP for B LE and importance of daily frequent ambulation to improve overall strength and activity tolerance **Goal Term:** short **Target Date:** 06/14/25

Patient will demonstrate modified independence with stair management to safely egress home for medical appt **Goal Term:** short **Target Date:** 06/14/25

Patient will Improve gait capacity as evidenced by the ability to ambulate with no AD independently for >500 ft even and uneven surface to allow patient to improve mobility on all surface within 4 weeks **Goal Term:** long **Target Date:** 06/28/25

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

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

Patient will Improve gait capacity as evidenced by the ability to ambulate with no AD independently for >500 ft even and uneven surface to allow patient to improve mobility on all surface within 4 weeks **Target Date:** 06/28/25 **Goal Term:** long

Patient will improve balance as evidenced by the Tinetti gait and balance score from 23/28 to 26/28 to allow patient to decrease risk of fall during functional task completion **Target Date:** 06/14/25 **Goal Term:** short

Patient will demonstrate modified independence with stair management to safely egress home for medical appt **Target Date:** 06/14/25 **Goal Term:** short

Pt will demonstrate progression of HEP for B LE and importance of daily frequent ambulation to improve overall strength and activity tolerance **Target Date:** 06/14/25 **Goal Term:** short

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

Physical Therapy to utilize gait/endurance training to decrease risk of injury

Physical Therapy to develop and manage a balance program focused on static and dynamic standing balance to address risk of falling

Physical Therapy to develop and manage a balance program focused on strengthening B LE to address stair negotiation

Physical Therapy to develop and manage a balance program focused on HEP for B LE and daily ambulation program to address strength and overall activity tolerance

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**PT Evaluation Addendum Page** : 05/28/2025  
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### Relevant Medical History

CHF, HLD, HTN, ISCHEMIC CARDIOMYOPATHY, ANGINA PECTORIS, CVA, BRADYCARDIA, ASTHMA, NSTEMI, BELL'S Palsy, OBESITY, CKD STAGE 3, CAD, CHRONIC HFpEF, BPH, OSA, CERVICAL DISC DO, MI-OLD, LUMBOSACRAL DISC DISEASE, HYPERCHOLESTEROLEMIA, DENTAL DISEASE, LEFT SIDED FACIAL WEAKNESS FROM PREVIOUS STROKE, GERD, CAD

### Clinical Statement of Assessment Findings and Recommendations

MI-OLD, LUMBOSACRAL DISC DISEASE, HYPERCHOLESTEROLEMIA, DENTAL DISEASE, LEFT SIDED FACIAL WEAKNESS FROM PREVIOUS STROKE, GERD, CAD  
 PLOF: Pt lives alone in single family home with at least 2 outdoor stairs to manage. Pt was indep with adls, dtr assist with med management, medical appt and housekeeping. Pt states walks with no AD and drives prior to mechanical fall  
 Pt alert and oriented x 3 pleasant male. Sister still staying with patient to provide assistance. Denies pain at rest and with mobility. Continue to report fatigue at rest, no sob at rest, ongoing minimal sob with moderate exertion. Noted ongoing mm weakness of B LE see section for details. Noted ongoing risk of falling with Tinetti gait and balance score of 23/28 during resumption of PT. Pt's current functional mobility, modified independence with household ambulation with no AD, continue to require supervision with outdoor ambulation due to risk of falling and decrease endurance level, unable to participate with outdoor and endurance assessment this visit due to elevated HR 120-127 bpm this visit, denies dizziness, denies chest pain. States was stress out with her sister little dog trying to get into the door when this clinician arrived. Pt will continue to benefit with skilled PT 2x/wk to address ongoing physical impairments and limitations anticipating DC in 4 weeks.

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**Test and Measures** : 05/28/2025  
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### Standardized Tests and Measures

#### Tinetti - POMA

##### Balance Test

Sitting Balance

##### Answers

(1) Steady, safe

Arises

(1) Able, but uses arms to help

Attempts to Rise

(2) Able to rise with one attempt

Immediate Standing Balance (first 5 seconds)

(2) Steady without walker or other support

Standing Balance

(1) Steady, but wide stance (medial heels > 4 inches apart) and uses cane or other support

Nudged

(2) Steady

Eyes Closed

(1) Steady

Turning 360 Degrees I

(0) Discontinuous steps

Turning 360 Degrees II

(1) Steady

Sitting Down

(2) Safe, smooth motion

##### Gait Test

Initiation of Gait

(1) No hesitancy

Step Length and Height - Right Foot Swing

(1) Passes left stance foot

Step Length and Height - Right Foot Clearance

(0) Right foot does not clear floor completely with step

Step Length and Height - Left Foot Swing

(1) Passes right stance foot

Step Length and Height - Left Foot Clearance

(0) Left foot does not clear floor completely with step

Step Symmetry

(1) Right and left step length appear equal

Step Continuity

(1) Steps appear continuous

Path

(2) Straight without walking aid

Trunk

(2) No sway, no flexion, no use of arms and no walking aid

Walk Stance

(1) Heels almost touching while walking

**Total Score: 23/28**

**Interpretation:** 0-19 = High fall risk | 20-24 = Medium fall risk | 25-28 = Low fall risk

#### Result Interpretation:

#### Reference:

1. Tinetti ME. Performance orientated assessment of mobility problems in elderly patients. JAGS 1986; 34: 119-126. (Scoring description: PT Bulletin Feb. 10, 1993).

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