

OT Evaluation : 06/06/2025 (1293598635)

Lima, Mary (MA200210084304)

Date of Birth: 08/18/1943

✓ Patient identity confirmed

Time In: 13:25

Time Out: 14:15

Visit Date: 06/06/2025

Diagnosis / History**Medical Diagnosis:** Hypertensive heart disease with heart failure**OT Diagnosis:** muscle weakness**Relevant Medical History:**

Patient referred to skilled OT services by PCP for generalized weaknesses and difficulty with ADL and IADL tasks. PMHx of HTN, diabetes, GERD and chronic pain, CHF, HOH, poor vision, anxiety, PVD, CAD, anemia, OA, DM type II, Vit d def, obesity, sciatica, HTN Surgery: Cardiac cath/ valve replace/repair this cert period- (Continued)

Prior Level of Functioning:

Mod I with BADL and light IADL including meal prep. Mod I functional mobility with cane.

Patient's Goals:

Improve strength and endurance

Precautions: Fall risk**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:**Social Supports / Safety Hazards****Patient Living Situation and Availability of Assistance**

Patient lives: Alone

Assistance is available: Occasional / short-term assistance

Current Types of Assistance Received

PCA 5 days a week (15 hours a week)

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**

lives in first floor apartment with no stairs to enter

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Vital Signs

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Temperature:

98 Taken: Temporal


BP:		Position	Side	Heart Rate:	Respirations:	O2 Sat:	Room Air / Rate	Route
Prior	143 / 54	Sitting	Right	Prior 50	Prior 16	Prior 97	Room Air	via
Post	/			Post	Post	Post		via

Comments:

Physical Assessment

Speech:	WNL	Muscle Tone:	Good
Vision:	Impaired	Coordination:	Fair
Hearing:	Impaired	Sensation:	Fair
Edema:		Endurance:	Fair
Oriented:	✓ Person ✓ Place ✓ Time	Posture:	Fair

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Evaluation of Cognitive and/or Emotional Functioning

A+O to all concepts

Pain Assessment

☐ No Pain Reported

Primary Site: **Location** **Intensity (0-10)** **Location** **Intensity (0-10)**
B LE 5 Medium
Increased by: chronic pain

Relieved by: rest, medication and bio freeze

Interferes with: ADL and IADL tasks

ROM / Strength

Part	Action	ROM		Strength		Part	Action	ROM		Strength	
		Right	Left	Right	Left			Right	Left	Right	Left
Shoulder	Flexion			4	2	Forearm	Pronation			4	3+
	Extension			4	2		Supination			4	3+
	Abduction			4	2	Wrist	Flexion			4	3+
	Adduction			4	2		Extension			4	3+
	Int Rot			4	2		Radial Deviation			4	3+
	Ext Rot			4	2	Finger	Ulnar Deviation			4	3+
Elbow	Flexion			4	3+		Grip			4	3+
	Extension			4	3+		Flexion			4	3+
	Supination			4	3+		Extension			4	3+

Comments:

Functional Assessment

Independence Scale Key **Dep** **Max Assist** **Mod Assist** **Min Assist** **CGA** **SBA** **Supervision** **Ind with Equip** **Indep**

Balance

☐ Able to assume / maintain midline orientation

Sitting **Static:** Good **Dynamic:** Good
Standing **Static:** Good **Dynamic:** Fair

Deficits Due To / Comments:

Self Care Skills

Assist Level **Assistive Device**

Toileting / Hygiene Mod I
Oral Hygiene Mod I
Grooming Mod I
Shaving N/A
Bathing Min A
Dressing: Mod I
Upper Body Mod I
Lower Body

Manipulation of Fasteners
Socks & Shoes

Feeding
Swallowing

Deficits Due To / Comments:

Bed Mobility

Assist Level

Rolling S

☐ L ☐ R

Assistive Device

Supine - Sit S
Sit - Supine S

Deficits Due To / Comments:

Transfer

Assist Level

Assistive Device

Sit - Stand Mod I
Stand - Sit Mod I
Bed - Chair Mod I
Chair - Bed Mod I
Toilet or BSC Mod I
Shower SBA
Tub
Car / Van

Deficits Due To / Comments:

Instrumental ADLs

Assist Level **Assistive Device**

Light Housekeep Mod A
Light Meal Prep Mod I
Clothing Care Min A
Use of Telephone Indep
Manage Money Indep
Manage Medication Mod A
Home Safety Awareness Indep

Deficits Due To / Comments:

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Functional Assessment (Continued)

Independence Scale Key **Dep** **Max Assist** **Mod Assist** **Min Assist** **CGA** **SBA** **Supervision** **Ind with Equip** **Indep**

Motor Coordination

Prior to Injury
Dominance

☒ Right handed ☐ Left handed

Deficits Due To

Fine Motor
Gross Motor

WNL
WNL

Comments:

Cognitive Status / Perception

Memory: Short Term
Memory: Long Term
Safety Awareness
Judgment
Visual Comprehension
Auditory Comprehension
Stereognosis
Spatial Awareness
Ability to Express Needs
Attention Span
Comments:

WNL
WNL
WNL
Impaired
WNL
WNL
WNL
WNL
WNL
WNL

Deficits Due To

Evaluation and Testing Description:
BORG 5/10

DME

Available

☐ Wheelchair ☒ Walker ☐ Hospital Bed ☐ Bedside Commode ☐ Raised Toilet Seat ☐ Tub / Shower Bench
☐ Splints ☒ Cane ☒ Reacher ☐ Sock Donner ☐ Dressing Stick ☒ Shower Chair
☐ Long-Handled Sponge
Other:

Needs

Evaluation Assessment

Evaluation Assessment Summary

Patient referred to skilled OT services by PCP for generalized weaknesses and difficulty with ADL and IADL tasks. PMHx of HTN, diabetes, GERD and chronic pain, CHF, HOH, poor vision, anxiety, PVD, CAD, anemia, OA, DM type II, Vit d def, obesity, sciatica, HTN Surgery: Cardiac cath/ valve replace/repair this cert period- healed w/o complications PLOF: Mod I with BADL and light IADL including meal prep. Mod I functional mobility with cane. During OT evaluation in new certification period. (Continued)

Functional Limitations

☒ Decreased ROM / Strength ☒ Impaired Balance / Gait ☐ Increased Pain ☒ Decreased Endurance
☐ Decreased Transfer Ability ☐ Decreased Bed Mobility ☒ Decreased Self-Care ☐ Poor Safety Awareness
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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:

☒ Physician Notified Re: Plan of Care, Goals, Frequency, Duration and Direction

Other Discipline Recommendations: ☐ PT ☐ ST ☐ MSW ☐ Aide Other:

Reason:

Statement of Rehab Potential

Good

Treatment / Skilled Intervention This Visit

Comprehensive assessment completed

Discharge Plan

☐ To self care when goals met ☒ To self care when max potential achieved ☐ To outpatient therapy with MD approval
☐ Other:

Therapist Signature (FRANCO , ELIZABETH) & Date of Verbal Order for Start of OT Treatment

Date
 06/06/2025

Digitally Signed by: ELIZABETH FRANCO , OT

Physician Name
 Daniel Martin MD

Physician Phone: (508) 996-3991
Physician FAX: (508) 213-3429

Physician Signature

Date

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Treatment Goals and Plan Audits

Goal Summary

Unmet Goals (3)

(FT) Patient will improve dynamic standing balance to Good to reduce risk of falls during functional tasks by discharge **Goal Term:** long **Target Date:** 08/02/25

(FT) Patient will improve functional activity tolerance during ADL and IADL tasks as evidenced by BORG <4/10 by discharge **Goal Term:** long **Target Date:** 08/02/25

(FT) Patient will improve gross B UE strength by 1 muscle grade to be able to lift and transport pots/pans while cooking/baking by discharge **Goal Term:** long **Target Date:** 08/02/25

Goals and Interventions Updated This Visit

Goals Added (3)

(FT) Patient will improve gross B UE strength by 1 muscle grade to be able to lift and transport pots/pans while cooking/baking by discharge **Target Date:** 08/02/25 **Goal Term:** long

(FT) Patient will improve dynamic standing balance to Good to reduce risk of falls during functional tasks by discharge **Target Date:** 08/02/25 **Goal Term:** long

(FT) Patient will improve functional activity tolerance during ADL and IADL tasks as evidenced by BORG <4/10 by discharge **Target Date:** 08/02/25 **Goal Term:** long

Interventions Added (3)

(FT) Occupational Therapy to perform therapeutic exercises and develop home exercise program to restore functional strength and range of mobilization of joints.


(FT) Occupational therapy to provide neuro reeducation and balance challenges to improve static and dynamic standing balance to restore independence and reduce risk of falls

(FT) Occupational therapy to provide education on energy conservation techniques to improve functional activity tolerance during functional tasks

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OT Evaluation Addendum Page : 06/06/2025
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Relevant Medical History

healed w/o complications

Evaluation Assessment Summary

Patient has been participating in skilled OT services including self-care, therex, ther-act, neuro reeducation and pt/cg ed x 2 weeks. Patient A +0 to all concepts, pleasant and cooperative. Vitals WNL. Reports chronic pain in multi areas 5/10 this day. Patient with LE edema 1+ reporting "I have been eating a lot of salt." Patient has improve functional mobility from S to Mod I with SC. Patient demo Good static standing balance and improved dynamic standing balance from Fair to Fair+ balance. Patient is at moderate risk for falls. Patient demo R UE AROM WFL with gross strength 4/5. Patient with limited L shoulder AROM from previous fx and surgery. L shoulder strength 2/5. L elbow through hand 3+/5. Patient requires Min A with bathing, mod I dressing with increased time needed, Patient reports increased fatigue with dressing. BORG 5/10. Patient improved light meal prep to Mod I, enjoys baking and cooking and would like to be able to complete more however fatigue, SOB, low vision and weakness all impact her abilities to safely cook and bake. Patient goals to improve strength and functional activity tolerance to improve ease, safety and independence with ADL and IADL tasks. Patient requires skilled OT services 2x a week including selfcare, therex, ther-act, neuro reeducation and pt/cg ed. Patient receptive and agreeable to OT POC.

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