

**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

**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

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**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

Post /

**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"

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### Physical Assessment

	Level	Functional Impact
<b>Orientation:</b>	Within normal limits.	
<b>Speech:</b>	Within normal limits.	
<b>Vision:</b>	Impairment present but not impacting functional ability.	
<b>Hearing:</b>	Within normal limits.	
<b>Skin:</b>	Impairment present but not impacting functional ability.	
<b>Muscle Tone:</b>	Within normal limits.	
<b>Coordination:</b>	Within normal limits.	
<b>Sensation:</b>	Within normal limits.	
<b>Endurance:</b>	Impairment present.	decreased endurance during functional tasks
<b>Posture:</b>	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:					

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## 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

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**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**

Level

**Assist Level**

Unlevel

**Assist Level**

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)

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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): 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**

Signature:

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### 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

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**PT Evaluation Addendum Page : 06/05/2025**  
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**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.

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