

PT Re-Evaluation : 06/16/2025 (1290583344)

Furtado, Manuel (MA220126074307)

Date of Birth: 07/13/1943

✓ Patient identity confirmed

Time In: 13:27

Time Out: 13:57

Visit Date: 06/16/2025

Diagnosis / History**Medical Diagnosis:** HYPERGLYCEMIA

Exacerbation

PT Diagnosis: Gait instability

Exacerbation

Relevant Medical History:

DM-II, CAD, HTN, CKD-III, OA, SCIATICA, LEFT OPTIC NEUROPATHY, HOH, ACQUIRED RENAL CYST, BPH WITH URINARY OBSTRUCTION, KIDNEY STONES, OBESITY, CHRONIC RHINITIS, HLD, HX OF COLONIC POLYPS, HX OF UTI, HX OF DVT/PE, HX OF COVID PNA, HX OF BLADDER CA

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 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 is notably short of breath with minimal exertion at this time

Nightingale Visiting Nurses

125 County ST.

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Signature:

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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: Occasional / short-term assistance

Current Types of Assistance Received

Patient has supportive family, wife is currently in PCU at SLH

Safety / Sanitation Hazards

- ☐ No hazards identified
☒ Steps / Stairs: 5
☐ 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:

97.8 Taken: Temporal

BP:		Position	Side	Heart Rate:	Respirations:	O2 Sat:	Room Air / Rate	Route
Prior	150 / 64	Sitting	Left	Prior 89	Prior 18	Prior 98	Room Air	via
Post	/			Post	Post	Post		via

Comments:

Subjective Information

"I am doing okay, my wife is coming home in a few weeks hopefully"

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Physical Assessment

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

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

Description of Functional Impact:

Functional Assessment

Independence Scale Key	Dep	Max Assist	Mod Assist	Min Assist	CGA	SBA	Supervision	Ind with Equip	Indep
Bed Mobility									
	Assist Level			Assist Level			Distance/ Amount (Ft)		Assistive Device
Rolling	Independent	✓ L ✓ R		Level			Supervision	X 100	none
Supine - Sit	independent	none		Unlevel			SBA	X 50	none
Sit - Supine	independent	none		Steps /			SBA	X 12	handrail
Factors Contributing to Functional Impairment:				Stairs					

Factors Contributing to Functional Impairment:
due to deficits in balance, strength and endurance
patient has limited ability to perform transfers and
mobility

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Transfer		Wheelchair Mobility	
	Assist Level	Assistive Device	Assist Level
Sit - Stand	Independent		Level
Stand - Sit	independent		Unlevel
Bed - Wheelchair			Maneuver
Wheelchair - Bed			Factors Contributing to Functional Impairment:
Toilet or BSC			N/A
Tub or Shower			
Car / Van			
Factors Contributing to Functional Impairment: due to deficits in balance, strength and endurance patient has limited ability to perform transfers and mobility		Weight Bearing Status	
		Balance	
		✓ Able to assume midline orientation	
		✓ Able to maintain midline orientation	
		Sitting: Movement into/out of position	
		Standing: Movement/mobility within 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 pleasant 81 y/o Portuguese male, a&o x3 at baseline, early onset dementia. Pt lives with his wife and son and has nursing assistance through coastline, who refills automatic medication dispenser each week. Home appears neat and clean. Patient's wife is currently admitted to SLH in PCU, but has supportive daughters and sons. Pt reports significant difficulty with all mobility at this time. PLOF was independent for ambulation over even and uneven surfaces without the use of an AD, (Continued)

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Treatment Goals and Plan

Refer to last page for patient goal and intervention documentation.

☐ **No Change to Plan of Care:** physician signature is not required if no change to Plan of Care for therapy reassessment visit
Comments:

Care Coordination

Conference with:

☐ PT ☒ PTA ☐ OT ☐ COTA ☐ ST ☐ SN ☐ Aide ☐ Supervisor Other:

Name(s): Paula Cruz-Ferreira

Regarding:

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

Other 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 **Date**
Digitally Signed by: Sarah Crowe , PT 06/16/2025

Physician Name
DILMA SILVA MD

Physician Phone: (508) 996-3991
Physician FAX: (508) 961-0949

Physician Signature

Date

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Signature:

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Treatment Goals and Plan Audits

Goal Summary

Unmet Goals (5)

(FT) Patient will improve ambulation from SBA150ft with no AD to independent 2-300ft with LRAD or no AD by end of episode in order for patient to safely access entire home **Goal Term:** long **Target Date:** 07/13/25

(FT) Patient to improve standing static and dynamic balance from fair- to good by end of episode in order to decrease risk of falls **Goal Term:** long **Target Date:** 07/13/25

(FT) Patient will improve gross BLE strength by at least 1/2 MMT for all major muscle groups in order to increase stability during mobility **Goal Term:** long **Target Date:** 07/13/25

(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:** 07/13/25

(FT) Patient will improve stair negotiation from unable to independent with LRAD to increase safety/independence with entering/exiting home by end of episode **Goal Term:** long **Target Date:** 07/13/25

Goal Progress Summary For This Visit

Goals Addressed (5)

(1 of 5) (FT) Patient will improve ambulation from SBA150ft with no AD to independent 2-300ft with LRAD or no AD by end of episode in order for patient to safely access entire home

Progress:Improving

Progress Note:

Interventions Performed (1)

(FT) Physical therapy to provide gait training to increase patients endurance, balance, and strength for functional household mobility to address decreased independence with home ambulation

Result: Return Demonstration **Performed On:** Patient,

Note:

(2 of 5) (FT) Patient to improve standing static and dynamic balance from fair- to good by end of episode in order to decrease risk of falls

Progress:Improving

Progress Note:

Interventions Performed (1)

(FT) Physical Therapy to develop and implement a balance program to increase patients functional stability for transfers and ambulation to address decreased functional mobility/balance to reduce risk of falls in the home

Result: Return Demonstration **Performed On:** Patient,

Note:

(3 of 5) (FT) Patient will improve gross BLE strength by at least 1/2 MMT for all major muscle groups in order to increase stability during mobility

Progress:Improving

Progress Note:

Interventions Performed (1)

(FT) Physical therapy to develop and implement a strengthening program for BLE focused on increasing functional strength of all major BLE muscle groups to address decrease in independence due to weakness.

Result: Return (Continued)

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Clinical Statement of Assessment Findings and Recommendations

independent with transfers, independent with ADLs and received assistance from family for IADLs. Patient drives locally, but son assists him to MD appointments. Upon PT assessment, the patient shows impairments in B LE strength, balance and endurance that affects overall transfers and mobility. The patient needs skilled PT services to help improve B LE strength, balance and endurance, therefore helping the patient reach the highest potential. Current status: Bed mobility at independent; Transfers independent; ambulation SBA over even/uneven surfaces 150ft no AD and had one major LOB that required PT assistance to recover CoM over BoS, and SBA for 12 stairs using 2 rails due to deficits on strength, balance and endurance; High Fall Risk; B LE strength of 4/5 grossly. Patient is currently limited due to significant impairment in endurance. Discharge planning is in progress, plans for once the patient has reached max level of function and / or no longer requires / desires skilled PT intervention. Skilled PT POC as indicated.

Goals and Interventions

Demonstration **Performed On:** Patient,

Note:

(4 of 5) (FT) Patient will be independent with HEP by end of episode to increase functional strength and decrease risk of falls

Progress:Improving

Progress Note:

Interventions Performed (1)

(FT) Physical therapy to develop and implement a HEP program consisting of BLE strengthening, balance training and/or endurance training focused on increasing functional stability during mobility in order to address decrease in independence due to weakness, impaired balance and impaired endurance

Result: Return Demonstration **Performed On:** Patient,

Note:

(5 of 5) (FT) Patient will improve stair negotiation from unable to independent with LRAD to increase safety/independence with entering/exiting home by end of episode

Progress:Improving

Progress Note:

Interventions Performed (1)

(FT) Physical therapy to provide gait training to increase patients endurance, balance, and strength for stair negotiation to address decreased independence with ability to enter and exit home safely

Result: Return Demonstration **Performed On:** Patient,

Note:

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Signature:

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