

OT Evaluation : 06/16/2025 (1295139675)

Ponte, Karyn M (MA250609114901)

Date of Birth: 11/04/1949

✓ Patient identity confirmed

Time In: 13:45

Time Out: 14:19

Visit Date: 06/16/2025

Nightingale Visiting Nurses

125 County ST.

Taunton , MA 02780

Phone: (508) 967-0761

Fax: (508) 967-0767

Diagnosis / History**Medical Diagnosis:** hyponatremia.

Exacerbation 06/16/2025

OT Diagnosis: muscle weakness

Exacerbation 06/16/2025

Relevant Medical History:

Pt is a 75 y/o female being seen today for OT evaluation MD referred to skilled OT due to recent hospitalization for hypertensive urgency, syncopal episode resulting in fall and hyponatremia. PMHX: a flutter, depression, anxiety, HTN, migraine, rectal prolapse, trigeminal neuralgia, SIADH

Prior Level of Functioning:

patient lives in a two story home alone daughter assist as needed. Patient was independent for ADLs mobility no device and was driving. Per patient she is going to be evaluated by Coastline services.

Patient's Goals:

to be independent for ADLs

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**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**

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Vital Signs

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Signature:

Date: 7/10/2025

Temperature:

98.2 Taken: Temporal

BP:

Prior 130 / 78
Post /

Position
Sitting

Side
Left

Heart Rate:
Prior 82
Post

Respirations:
Prior 19
Post

O2 Sat:
Prior 98
Post

Room Air / Rate
Room Air

Route
via
via

Comments:

Physical Assessment

Speech:

WNL

Vision:

Impaired

wears glasses

Hearing:

Impaired

Edema:

Oriented:

✓ Person ✓ Place ✓ Time

Muscle Tone:

Good

Coordination:

Good

Sensation:

Good

Endurance:

Fair

Posture:

Fair

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Evaluation of Cognitive and/or Emotional Functioning

Pain Assessment

☐ No Pain Reported

Primary Site: *back* *Intensity (0-10)* 4 *Location* *Intensity (0-10)*
 Increased by: *standing* *Location* *Intensity (0-10)*

Relieved by: *medication*

Interferes with: *mobility and ADLS*

ROM / Strength

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

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:** Fair **Dynamic:** Fair

Deficits Due To / Comments:

reduce balance with FWW (patient walker unable to fit into kitchen and small doorways)

Bed Mobility

Rolling **Assist Level**
SBA

☐ L ☐ R

Assistive Device

Supine - Sit SBA

Sit - Supine SBA

Deficits Due To / Comments:

Transfer

Sit - Stand **Assist Level**

Stand - Sit SBA

Bed - Chair SBA

Chair - Bed SBA

Toilet or BSC SBA

Shower unable

Tub

Car / Van

Deficits Due To / Comments:

reduce standing balance and tolerance, reduce strength and executive functioning skills

Self Care Skills

Toileting / Hygiene

Oral Hygiene

Grooming

Shaving

Bathing

Dressing:

Upper Body

Lower Body

Manipulation of Fasteners

Socks & Shoes

Feeding

Swallowing

Deficits Due To / Comments:

reduce standing balance and tolerance, reduce strength and executive functioning skills

Deficits Due To / Comments:

reduce standing balance and tolerance, reduce strength and executive functioning skills

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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:

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

shower stool

Evaluation Assessment

Evaluation Assessment Summary

Patient seen this afternoon for OT evaluation vitals stable patient reports moderate pain to her lower back due to recent falls. patient is oriented times 3 reduce executive functioning skills. patient demonstrates below her baseline for ADLS and functional mobility, patient demonstrates 4 out of 5 ub strength, functional fine motor and gross motor coordination hearing is stable, patient wears glasses for near and far. Patient demonstrates with increased difficulty with ADLS from her PLOF (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

Comments:

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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 potential

Treatment / Skilled Intervention This Visit

patient educated on ADL compensation technique, fall prevention, and DME recommendations including shower stool secondary to having a narrow Claw foot tub

Discharge Plan

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

Therapist Signature (Machado , Ashleylynn) & Date of Verbal Order for Start of OT Treatment

Digitally Signed by: Ashleylynn Machado , OT

Date

06/16/2025

Physician Name
STEPHEN MACKLER MD

Physician Phone: (508) 996-3991
Physician FAX: (508) 961-2535

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 perform HEP with visual aids to focus on UB ROM and strengthening to improve ADL performance independently within 8 weeks **Goal Term:** long **Target Date:** 08/08/25

(FT) Patient will perform UB and LB bathing routine independently within 8 weeks **Goal Term:** long **Target Date:** 08/08/25

(FT) Patient will perform UB and LB Dressing routine independently within 4 week **Goal Term:** short **Target Date:** 07/12/25

(FT) Patient will perform all functional transfers with good safety. Independently within 8 weeks **Goal Term:** long **Target Date:** 08/08/25

(FT) patient will perform light meal prep independently with good safety within 8 weeks **Goal Term:** long **Target Date:** 08/08/25

Goals and Interventions Updated This Visit

Goals Added (5)

(FT) Patient will perform UB and LB Dressing routine independently within 4 week **Target Date:** 07/12/25 **Goal Term:** short

(FT) Patient will perform UB and LB bathing routine independently within 8 weeks **Target Date:** 08/08/25 **Goal Term:** long

(FT) Patient will perform all functional transfers with good safety. Independently within 8 weeks **Target Date:** 08/08/25 **Goal Term:** long

(FT) Patient will perform HEP with visual aids to focus on UB ROM and strengthening to improve ADL performance independently within 8 weeks **Target Date:** 08/08/25 **Goal Term:** long

(FT) patient will perform light meal prep independently with good safety within 8 weeks **Target Date:** 08/08/25 **Goal Term:** long

Interventions Added (3)

(FT) Patient will be provided with self care management to educate on ADL compensation technique

(FT) Patient will be provided with therapeutic activities to educate on fall prevention and transfer training to reduce falls

(FT) Patient will be provided with therex to focus on UB ROM and strengthening routine

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OT Evaluation Addendum Page : 06/16/2025
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Evaluation Assessment Summary

including dressing, bathing and meal prep. patient has a commode downstairs for toile routine due to having a full size bathroom upstairs, patient ambulates with slow pace with FWW in home scored 25 seconds on TUG fall risk indicating high fall risk. Patient is able to perform dressing task with SBA level, toilet routine SBA level, patient has a claw foot tub declined to trial shower transfer on this date due to weakness states she will trial next week once she feels stronger since her recent fall this past week. Patient would benefit from HHA to assist with shower routine in home sponge bathing / shower routine . OTR recommendations for shower stool for bathroom . Patient required increased assistance for meal prep due to increased difficulty with retrieving items secondary tor educe standing balance and tolerance. Patient would benefit from skilled OT services to educate on ADL compensation technique, transfer training and HEP to address her UB strength to assist in fuctional transfers, OTR went over admission folder with patient, agency contact information and emergency response system.

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