OT Evaluation : 06/16/2025 ( Ponte, Karyn M ( MA2506091149) Date of Birth: 11/04/1949  ✓ Patient identity confirmed			Nightingale V 125 County S Taunton , MA Phone: (508) Fax: (508) 967	02780 967-0761
Time In: 13:45 Diagnosis / History	Time Out: 14:19	Visit Date: 06/16/2025	, ax. (666) 661	0101
Medical Diagnosis: hyponatur	emia.		Exacerbation	06/16/2025
OT Diagnosis: muscle we	akness		Exacerbation	06/16/2025
	syncopal episode result	aluation MD referred to skilled ting in fall and hyponaturemia. nal neuralgia, SIADH		
Prior Level of Functioning: patient lives in a. two sto device and was driving. Per	ory home alone daughter r patient she is going	r assist as needed. Patient was to be evaluated by Coastline se	independent for ADLs	s mobilty no
Patient's Goals: to be independent for ADLS				
Precautions: fall risk				
Homebound? □ No ▼ Yes				
	ned to his/her home. For pui	ervices under both Part A and Part B, the rposes of the statute, an individual shall		
Criteria One:				
		pportive devices such as crutches, canon order to leave their place of residence		kers; the use of
AND/OR  ☐ Patient has a condition such the	nat leaving his or her home i	is medically contraindicated.		
Specify:				
If the patient meets one of the cribelow.	iterion one conditions, then	the patient must ALSO meet two addition	onal requirements define	d in criterion two
Criteria Two:				
✓ Patient has a normal inability to	o leave home.			
AND  ✓ Leaving home requires a cons		or the patient.		
Specify:				
Social Supports / Safety H	azards			
Patient Living Situation and Av Patient lives: Alone	vailability of Assistance			
Assistance is available: occas  Current Types of Assistance Re	sional / short-term ass <b>eceived</b>	sistance		
Current Types of Assistance N	eceiveu			
Safety / Sanitation Hazards  No hazards identified Steps / Stairs: Narrow or obstructed walkway Cluttered / soiled living area Other:	☐ No running water, plu ☐ Lack of fire safety de ☐ Inadequate lighting,	evices   No gas / electric appliance		overings
Evaluation of Living Situation,	Supports, and Hazards			
Ponte, Karyn M (MA25060911490	1)	© 2004 2025 V		Page 1 of 5

Signature:

Post

Temperature:

98.2 **Taken**: Temporal

BP: **Heart Rate:** Respirations: O2 Sat: Position Side Room Air / Rate Route Prior Prior Prior Prior via 130 /78 82 98 Left 19 Room Air Sitting Post Post

via

Post

Comments:

**Physical Assessment** 

/

Speech: Vision: Muscle Tone: Coordination: Good wears glasses Impaired Good Hearing: Edema: Oriented: Good Fair Impaired Sensation:

Endurance: Posture: ✓ Person ✓ Place ✓ Time Fair

Balance    Assist Level   Static   Good   Dynamic   Good   Dynamic   Fair   Oral Hygiene   SBA   Shaving	=valuation of C	ognitive and/or Er	motional	ı Func	tioning							
Primary Site: back necessed by: medication Interferes with; mobility and ADLS  ROM / Strength  Part	☐ No Pain Repo	orted		Int	oncity (0	10)		Location		Inte	ancity (C	10)
Relieved by: medication Interferes with; mobility and ADLS  ROM / Strength  Part	Primary Site: b	ack		4	ensity (U	-10)	Secondary Site:	Location		inte	ensity (U-	10)
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Abduction	shoulder	Flexion	•		4	4	Forearm	Pronation	•		_	
Adduction Int Rot Int Rot Ext Rot Int Rot Int Rot Ext Rot Int Rot Int Rot Ext Rot Int		Extension						Supination			4	
Int Rot							Wrist					
Ext Rot												
Elbow Flexion					_							
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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 Independence Scale Key Dep Max Assist Mod Assist Min Assist CGA SBA Supervision Ind with Equip Independence Scale Key Dep Max Assist Mod Assist Min Assist CGA SBA Supervision Ind with Equip Independence Scale Key Dep Max Assist Mod Assist CGA SBA Supervision Ind with Equip Independence Static Search Static Search Searc	DOW						Finger					
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Balance    Able to assume / maintain midline orientation litting	Supplied A.											
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	ndependence : Balance Able to assum Sitting Standing Deficits Due To preduce balance into kitchen  Bed Mobility  Rolling Supine - Sit Sit - Supine Deficits Due To preduce balance into kitchen  Bed Mobility  Rolling  Rolling  Supine - Sit Sit - Supine Deficits Due To preduce standi  Deficits Due To preduce standi	scale Key  Define / maintain midline Static: Good Static: Fair / Comments: e with FWW ( pat and small doorwa  Assist Level SBA SBA / Comments:  Assist Level SBA	e orienta Dyn Dyn tient ways )	tion namic: namic: alker  R sistive	unable  Device  Device  ot tub	Good Fair e to fi	Self Care Ski  Toileting / Hygi Oral Hygiene  Grooming Shaving Bathing Dressing: Upper Body Lower Body Manipulation o Socks & Shoes Feeding Swallowing Deficits Due Toreduce stand and executiv Instrumental  Light Housekee Light Meal Pre Clothing Care Use of Telepho Manage Medic Home Safety A Deficits Due Toreduce Stand Deficits Due Toreduce Stand Deficits Due Toreduce Stand Deficits Due Toreduce Stand Deficits Due Toreduce Safety A	Assistences  property of the p	assist assist assist assist assist oleranc lls at Level assist assist assist	Ass comm	duce st	evice rengt

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OT Evaluation : 06/16/20 Ponte, Karyn M ( MA250609	114901)								
Functional Assessmen	*	,	Mad Assist	Min Assist	CCA 6	CDA Cuna	mulalan	Ind with Equip	Indon
Independence Scale Key	Бер	Max Assist	Mod Assist	Min Assist		•	rvision	Ind with Equip	Indep
Motor Coordination				Cognitive	Status / F	Perception			
Prior to Injury Dominance	•	nanded □ Left Deficits Due To		Memory: Sh Memory: Lo	ng Term		WNL WNL	Deficits Due	То
Fine Motor Gross Motor Comments:	WNL			Safety Awar Judgment Visual Com Auditory Co Stereognos Spatial Awa Ability to Ex Attention Sp Comments:	prehensio imprehens is reness press Nee pan	sion	WNL Impaire WNL WNL WNL WNL WNL WNL WNL WNL WNL	d	
Evaluation and Testing Desc	ription:								
Available  Wheelchair  Splints  Cane Ucng-Handled Sponge Other:		lospital Bed leacher	✓ Bedside C □ Sock Donr		☐ Raised ☐ Dressi	d Toilet Seat ing Stick		ūb / Shower Benc Shower Chair	h
Needs shower stool									
Evaluation Assessment Su Patient seen this after to recent falls. patier baseline for ADLS and fand gross motor coordin with increased difficul	mmary noon for t is ori unctiona ation he	I mobility, paring is stake	patient demo: ble, patient	nstrates 4 wears glas	out of 5	ub strenc	gth, fur	ictional fine m	otor
Functional Limitations Decreased ROM / Streng Decreased Transfer Ability Comments:			Balance / Gait ed Bed Mobility		creased F ecreased	Pain Self-Care		Decreased Endura Poor Safety Aware	

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OT Evaluation : 06/16/2025 Ponte, Karyn M ( MA250609114901 )	
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 received secondary to having a narrow Claw foot tub	commendations including shower stool
Discharge Plan	
$\boxed{\hspace{0.1cm}\checkmark}$ To self care when goals met $\qquad\square$ To self care when max potential achieved $\qquad\square$ To out	patient therapy with MD approval
Other:	
Therapist Signature (Machado, Ashleylynn) & Date of Verbal Order for Start of OT	Date
Treatment	06/16/2025
Digitally Signed by: Ashleylynn Machado . OT	
Digitally Signed by: Ashleylynn Machado , OT	
	Physician Phone: (508) 996-3991
Physician Name STEPHEN MACKLER MD	Physician Phone: (508) 996-3991 Physician FAX: (508) 961-2535
Physician Name STEPHEN MACKLER MD	<b>Physician FAX:</b> (508) 961-2535
Physician Name	Physician Phone: (508) 996-3991 Physician FAX: (508) 961-2535
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OT Evaluation: 06/16/2025

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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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<b>OT Evaluation Addendum Page</b> : 06/16/2025 Ponte, Karyn M ( MA250609114901 )
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 ADI compensation technique, transfer training and HEP to address her UB strength to assist in funcitonal transfers, OTR went over admission folder with patient, agency contact information and emergency response system.

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