

**OT Evaluation** : 05/21/2025 (1291558690)

Gauthier, Evelyn ( MA250321073103 )

Date of Birth: 07/06/1931

✓ Patient identity confirmed

Time In: 17:00

Time Out: 17:35

Visit Date: 05/21/2025

**Nightingale Visiting Nurses**

125 County ST.

Taunton , MA 02780

Phone: (508) 967-0761

Fax: (508) 967-0767

**Diagnosis / History****Medical Diagnosis:** Left ankle fracture

Exacerbation 03/28/2025

**OT Diagnosis:** muscle weakness

Exacerbation 03/28/2025

**Relevant Medical History:**

Patient is a 93 year old female who is status post fall in January resulting in left ankle fracture, patent was in Florida with daughter to assist with care, returned home and cast was removed, patient is now in a off loading boat to her LLE. PMH: Gerd, osteoporosis, hypertension Pacemaker

**Prior Level of Functioning:**

patient lives alone in a. single family home, daughter lives near by to assist as needed, Patient was independent for ADLS and required assistance for IADL

**Patient's Goals:**

to be independent

**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**

coastline recommended - OTR called coastline to place a referral for patient

**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 has great support from her family

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**Vital Signs**

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Physician: Dr. Caldas, Robert J.

Clinician: Agency, Clinician

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1/7

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**Temperature:**

97.4 Taken: Temporal

**BP:**Prior 142 / 74  
Post /**Position**  
Sitting**Side**  
Left**Heart Rate:**Prior 75  
Post**Respirations:**Prior 17  
Post**O2 Sat:**Prior 98  
Post**Room Air / Rate**  
Room Air**Route**  
via  
via

Comments:

**Physical Assessment****Speech:**

WNL

**Vision:**

WNL

**Hearing:**

Impaired

B hearing aids

**Edema:****Oriented:**

✓ Person ✓ Place ✓ Time

**Muscle Tone:**

Good

**Coordination:**

Good

**Sensation:**

Good

**Endurance:**

Fair

**Posture:**

Good

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2/7

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### Evaluation of Cognitive and/or Emotional Functioning

#### Pain Assessment

☐ No Pain Reported

Location Intensity (0-10) Location Intensity (0-10)

Primary Site: Secondary Site:

Increased by:

Relieved by:

Interferes with:

#### ROM / Strength

Part	Action	ROM		Strength		Part	Action	ROM		Strength	
		Right	Left	Right	Left			Right	Left	Right	Left
Shoulder	Flexion			3	3	Forearm	Pronation			3	3
	Extension			3	3		Supination			3	3
	Abduction			3	3	Wrist	Flexion			3	3
	Adduction			3	3		Extension			3	3
	Int Rot			3	3		Radial Deviation			3	3
	Ext Rot			3	3	Finger	Ulnar Deviation			3	3
Elbow	Flexion			3	3		Grip			3	3
	Extension			3	3		Flexion			3	3
	Supination			3	3		Extension			3	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: Fair Dynamic: Poor

Deficits Due To / Comments:

##### 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 SBA

Stand - Sit SBA

Bed - Chair SBA

Chair - Bed SBA

Toilet or BSC SBA

Shower SBA

Tub

Car / Van

Deficits Due To / Comments:

reduce balance, strength and safety

##### Self Care Skills

Toileting / Hygiene Assist Level SBA

Oral Hygiene Assist Level SBA

Grooming Assist Level SBA

Shaving Assist Level SBA

Bathing Assist Level min assist

Dressing: Assist Level SBA

Upper Body Assist Level SBA

Lower Body Assist Level SBA

Manipulation of Fasteners Assist Level SBA

Socks & Shoes Assist Level S

Feeding Assist Level S

Swallowing

Deficits Due To / Comments:

reduce balance, strength and safety

Instrumental ADLs

Light Housekeep Assist Level MAX ASSIST

Light Meal Prep Assist Level MAX ASSIST

Clothing Care Assist Level MAX ASSIST

Use of Telephone Assist Level S

Manage Money Assist Level MAX ASSIST

Manage Medication Assist Level MAX ASSIST

Home Safety Awareness Assist Level S

Deficits Due To / Comments:

reduce balance, strength and safety

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Page 2 of 5

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3/7

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**Functional Assessment (Continued)**

<b>Independence Scale Key</b>	<b>Dep</b>	<b>Max Assist</b>	<b>Mod Assist</b>	<b>Min Assist</b>	<b>CGA</b>	<b>SBA</b>	<b>Supervision</b>	<b>Ind with Equip</b>	<b>Indep</b>
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**Motor Coordination****Cognitive Status / Perception**Prior to Injury  
Dominance
☒ Right handed    ☐ Left handed
**Deficits Due To**

Fine Motor

WNL

Gross Motor

WNL

Comments:

Memory: Short Term

Impaired

Memory: Long Term

WNL

Safety Awareness

Impaired

Judgment

Impaired

Visual Comprehension

WNL

Auditory Comprehension

WNL

Stereognosis

WNL

Spatial Awareness

WNL

Ability to Express Needs

WNL

Attention Span

WNL

Comments:

**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****Evaluation Assessment****Evaluation Assessment Summary**

patient is being seen today for OT evaluation in new episode patient has made great progress since her start of care limited from her dynamic standing balance and reduce short term recall and problem solving. patient is oriented times 3, forgetful at times and demonstrates with reduce short term recall and executive functioning skills patient demonstrates with full ROM to her B UE, reduce strength 3 plus out of 5, patient has been provided with self care management to address adl (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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Page 3 of 5

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4/7

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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): Dana Morin

Regarding: ot plan.of care

☒ 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 self care managment and fall prevention education goal is to be independent in home setting

### 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**

**Date**  
05/21/2025

Digitally signed by: Ashleylynn Machado , OT

**Physician Name**  
ROBERT CALDAS DO

**Physician Phone:** (508) 996-3991  
**Physician FAX:** (508) 961-2979

**Physician Signature**

**Date**

Signature:

Signature:

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**Treatment Goals and Plan Audits**  
**Goal Summary**

**Unmet Goals (3)**

(FT) Patient will perform light meal prep with EC technique mod I within 8 weeks **Goal Term:** long **Target Date:** 07/19/25

(FT) Patient will perform UB and LB dressing mod I within 4 weeks **Goal Term:** short **Target Date:** 06/28/25

(FT) Patient will perform shower routine with good safety mod I I within 8 weeks **Goal Term:** short **Target Date:** 07/19/25

**Goals and Interventions Updated This Visit****Goals Added (3)**

(FT) Patient will perform shower routine with good safety mod I I within 8 weeks **Target Date:** 07/19/25 **Goal Term:** short

(FT) Patient will perform light meal prep with EC technique mod I within 8 weeks **Target Date:** 07/19/25 **Goal Term:** long

(FT) Patient will perform UB and LB dressing mod I within 4 weeks **Target Date:** 06/28/25 **Goal Term:** short

**Interventions Added (1)**

(FT) OT to provide self care management education to focus on ADL compensation technique and fall prevention education

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6/7

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**OT Evaluation Addendum Page : 05/21/2025**

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**Evaluation Assessment Summary**

compensation, fall prevention and hep for ub strength. Patient is now able to perform toiler routine mod I, dressing sba level and shower routine mod assist level, sba for tub xfw with dme . HHA needed to assist with shower routine. Patient would benefit from skilled OT services to focus on ADL and IADL compensation technique, educate on shower transfer and toilet transfer and education on fall prevention education to reduce falls in home setting. Case Conference with daughter Donna via phone call, and Dana cota on phone call on patient progress

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7/7

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