7/3/25, 9:43 AM Print Preview

PT Evaluation: 06/02/2025 (1291024846)

Mimoso, Serafim (MA250414053302)

Date of Birth: 05/08/1933 ✓ Patient identity confirmed

Visit Date: 06/02/2025 Time In: 13:00 Time Out: 13:30

Diagnosis / History

Medical Diagnosis: C. DIFF COLITIS, DM HYPERGLYCEMIA, HYPONATREMIA Exacerbation 04/24/2025 BLE weakness Exacerbation 04/24/2025 PT Diagnosis:

Relevant Medical History:

ASTHMA, COPD, DM-II, HX OF INFLUENZA B PNA, CHRONIC DIASTOLIC CHF

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"

fall risk 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.

 \square 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 notedly short of breath with minimal exertion at this time

Mimoso, Serafim (MA250414053302)

Page 1 of 7

Nightingale Visiting Nurses

125 County ST. Taunton , MA 02780 Phone: (508) 967-0761 Fax: (508) 967-0767

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Signature: David Mark my

Signature:

Date: 7/11/2025 Date: 7/3/2025

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PT Evaluation : 06/02/20 Mimoso, Serafim (MA2504	025 14053302)								
Social Supports / Safe	ty Hazards								
Patient Living Situation ar									
	With other pers Around the clos		nome						
Current Types of Assistan very supportive wife	ce Received								
Safety / Sanitation Hazards ☐ No hazards identified ✓ Steps / Stairs: 24 ☐ No running water, plumbing ☐ Narrow or obstructed walkway ☐ Cluttered / soiled living area Other: ☐ No running water, plumbing ☐ Lack of fire safety devices ☐ No gas / electric appliance ☐ Unsecured floor coverings ☐ Unsecured floor coverings									
Evaluation of Living Situal Patient home is clean,			king facilities						
Vital Signs									
Temperature: 97.1 Taken: Temporal									
BP: Posi	ition Side	Heart Rate: Prior 68 Post	Respirations: Prior 18 Post	O2 Sat: Prior 95 Post	Room Air/Rate	Route via via			
Comments:									
Subjective Information	1								
"I want to get better"									
N									

Mimoso, Serafim (MA250414053302)

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Physicianin Br.: Martin Martin

Signature: Denil/Met. mg

Signature:

Date: 7/11/2025 Date: 7/3/2025

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PT Evaluation	on : 06/02/2025 m (MA250414053302)		
Physical Ass			
Orientation:	Level Within normal limits.	Functional Impact	
Speech:	Within normal limits.		
Vision:	Impairment present but not impacting functional ability.		ı
Hearing:	Within normal limits.		
Skin:	Impairment present but not impacting functional ability.		l
Muscle Tone:	Within normal limits.		
Coordination:	Within normal limits.		ı
Sensation:	Within normal limits.		
Endurance:	Impairment present.	decreased endurance during functional tasks	ı
Posture:	Within normal limits.		
Edema Absent Present Pain Assessment			
	orted L <i>ocation</i>	Intensity (0-10) Location Intensity ((0-10)
Primary Site: Increased by:		Secondary Site:	-
Relieved by:			
Interferes with:			
Mimoso Serafim	n (MA250414053302)	ı	Page 3 of 7

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Date: 7/11/2025 Date: 7/3/2025

Shoulder Flexion	/25, 9:43 AM						Print Pre	eview				
ROM Strength ROM Strength Part Action Right Left Right Left Part Action Right Left Right Right Left Right Left Right Right Left Right Right Left Right Left Right Righ			3302)									
ROM	Physical As	ssessment										
Part Action Right Left Right Left Part Action Right Left Right Left Shoulder Flexion	ROM / Streng	th										
Shoulder Flexion Flexion Hip Flexion WFL WFL 3+ 3+ 3+ Abduction WFL WFL 3+ 3+ 3+ BEN WFL WFL 3+ 3+ Abduction WFL WFL 3+ 3+ Abduction WFL WFL 3+ 3+ Abduction WFL WFL 3+ 3+ BEN WFL WFL 3+ Abduction WFL WFL Abd			ROM		Streng	jth			ROM		Streng	jth
Shoulder Flexion Flexion Hip Flexion WFL WFL 3+ 3+ 3+ Abduction WFL WFL 3+ 3+ 3+ BEN WFL WFL 3+ 3+ Abduction WFL WFL 3+ 3+ Abduction WFL WFL 3+ 3+ Abduction WFL WFL 3+ 3+ BEN WFL WFL 3+ Abduction WFL WFL Abd	Part	Action	Riaht	Left	Riaht	Left	Part	Action	Riah	t Left	Right	Left
Extension Abduction WFL WFL 3+ 3+ 3+ Int Rot Int Rot WFL WFL 3+ 3+ 3+ Int Rot Ext Rot WFL WFL 3+ 3+ 3+ Ext Rot WFL WFL 3+ 3+ 3+ Ext Rot WFL WFL 3+ 3+ 3+ Extension WFL WFL 3+ 3+ Extension WFL WFL 3+			J				Hip	Flexion	_		-	
Abduction Adduction Adduction Int Rot Int Rot Ext Rot Ext Rot Ext Rot Extension Forearm Pronation Ankle Ankle Plantar Flexion Extension Finger Flexion Flexion Extension Flexion Flexi									WFL	WFL	3+	3+
Int Rot Ext Rot Ext Rot Flexion Flexi									WFL	WFL	3+	3+
Ext Rot Ext Rot Ext Rot WFL WFL 3+ 3+ 3+ Elbow Flexion Extension WFL WFL 3+ 3+ 3+ Extension WFL WFL 3+ 3+ 3+ Supination								Adduction	WFL	WFL	3+	3+
Ext Rot Ext Rot Flexion Flexio		Int Rot						Int Rot	WFL	WFL	3+	3+
Extension Extension Extension Extension Extension Forearm Pronation Ankle Plantar Flexion Dorsiflexion WFL WFL WFL WFL WFL WFL WFL WF									WFL	WFL	3+	3+
Forearm Pronation Supination Finger Flexion Flexion Flexion Finger Flexion Fixension Flexion F	Elbow	Flexion					Knee	Flexion	WFL	WFL	3+	3+
Supination Supination Supination Finger Flexion Extension Wrist Flexion Extension Neck Flexion Extension Extension Functional Assessment Independence Scale Key Bed Mobility Assist Level Foliage Assist Level Independent Assistive Device Supine - Sit Independent Indepen								Extension	WFL	WFL	3+	3+
Finger Flexion Extension Wrist Flexion Extension Flexion Extension Flexion Extension Flexion Extension Flexion Extension Flexion Flexion Description of Functional Impact: Functional Assessment Independence Scale Key Bed Mobility Assist Level Independent I	Forearm	Pronation					Ankle	Plantar Flex	xion WFL	WFL	3+	3+
Extension Extension Wrist Flexion Extension		Supination						Dorsiflexion	n WFL	WFL	3+	3+
Extension Wrist Flexion Extension Extension Extension Extension Flexion Extension Trunk Extension Rotation Flexion Description of Functional Impact: Functional Assessment Independence Scale Key Bed Mobility Assist Level Rolling Independent Assistive Device Assistive Device Assistive Device Level SBA Assist Level Amount (Ft) Assistive Device Supine - Sit independent Sit - Supine independent Sit - Supine independent Factors Contributing to Functional Impairment: Eversion Neck Flexion Extension Extension Extension	Finger	Flexion						Inversion	WFL	WFL	3+	3+
Extension Trunk Extension Rotation Rotation Flexion Description of Functional Impact: Functional Assessment Independence Scale Key Dep Max Assist Mod Assist Min Assist CGA SBA Supervision Ind with Equip Ind Bed Mobility Gait Assist Level Rolling Assist Level Independent Assistive Device Supine - Sit Independent Sit - Supine Independent I	Ü	Extension						Eversion	WFL	WFL	3+	3+
Trunk Extension Rotation Rotation Flexion Description of Functional Impact: Functional Assessment Independence Scale Key Dep Max Assist Mod Assist Min Assist CGA SBA Supervision Ind with Equip Ind Bed Mobility Gait Assist Level Rolling independent Assistive Device Level SBA X 150 SC Supine - Sit independent none Unlevel NT X Sit - Supine independent none Steps / CGA X 4 handrail Factors Contributing to Functional Impairment:	Wrist	Flexion					Neck	Flexion				
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Functional Assessment Independence Scale Key Dep Max Assist Mod Assist Gait Assist Level Rolling independent Assistive Device Supine - Sit independent independent independent independent none Sit - Supine independent independent independent none Sit - Supine independent independent some Sit - Supine independent independent some Sit - Supine independent some Steps / CGA X 4 handrail Stairs Factors Contributing to Functional Impairment:		Flexion										
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Independence Scale Key Dep Max Assist Mod Assist Min Assist CGA SBA Supervision Ind with Equip Ind Bed Mobility Gait Assist Level Assist Level Distance/ Amount (Ft) Assistive Device Level SBA X 150 SC Supine - Sit independent none Unlevel NT X Factors Contributing to Functional Impairment: Stairs Factors Contributing to Functional Impairment:	•	·										
Bed Mobility Assist Level Rolling independent Assistive Device Assistive Device Assistive Device Supine - Sit independent none Sit - Supine independent none Steps / CGA Stairs Factors Contributing to Functional Impairment: Sairs Factors Contributing to Functional Impairment:	Functional	Assessment										
Assist Level Distance/ Assistive Device CGA X 4 Factors Contributing to Functional Impairment: Assistive Device Level SBA X 150 SC Unlevel NT X Stairs Factors Contributing to Functional Impairment:	Independenc	e Scale Key	Dep Ma	x Assi	st Mod	d Assist	Min Assist	CGA SBA S	Supervision	Ind with	ո Equip	Ind
Rolling independent VLVR Assistive Device Level SBA X 150 SC Supine - Sit independent none Unlevel NT X Sit - Supine independent none Steps / CGA X 4 handrail Factors Contributing to Functional Impairment: Stairs Factors Contributing to Functional Impairment:	Bed Mobility	1					Gait					
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Sit - Supine independent none Steps / CGA X 4 handrail Factors Contributing to Functional Impairment: Stairs Factors Contributing to Functional Impairment:	Cumina Cit	indonondon+			e Devic	е		-	-	SC	,	
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Factors Contributing to Functional Impairment:								Α)	₹ 4	ha	ndrail	
Patient with impaired endurance, strength and balance requires assistance for all functional mobility	r dotoro contin	ibuting to r unotiona	ппратт	J. 1. C.			Factors Con	tributina to Functi	onal Impairme	ent:		
requires assistance for all functional mobility							Patient wi	th impaired en	durance, st	rength	and bal	ance
							requires a	ssistance for	all functio	nal mob	ility	

Mimoso, Serafim (MA250414053302)

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Transfer Assist Level Assistive Device Sit - Stand SBA Stand SBA Stand SBA Stand SBA Sed - Wheelchair Wheelchair Bed Tollet or BSC Tub or Shower Car / Van Factors Contributing to Functional Impairment: Patient with impaired endurance, strength and balance requires assistance for all functional mobility Balance Able to assume midline orientation Able to maintain midline orientation Standing: Movement into/out of position Standing: Movement	
Sit - Stand	
Car / Van Factors Contributing to Functional Impairment: Patient with impaired endurance, strength and balance requires assistance for all functional mobility Balance Able to assume midline orientation Able to maintain midline orientation Sitting: Movement into/out of position Standing: Movement into/out of position Standing: Available Wheelchair Walker Hospital Bed Bedside Commode Raised Toilet Seat Tub / Shower Bet Other: Needs Clinical Statement of Assessment Findings and Recommendations	t Level
Balance ✓ Able to assume midline orientation ✓ Able to maintain midline orientation ✓ Able to maintain midline orientation Sitting: Movement into/out of position Standing: Movement into/out of position Movement into/out of position Available □ Wheelchair ✓ Walker □ Hospital Bed □ Bedside Commode □ Raised Toilet Seat □ Tub / Shower Bel Other: Needs Clinical Statement of Assessment Findings and Recommendations	
Able to maintain midline orientation Sitting: Movement into/out of position Standing: Movement into/out of position Standing: Movement into/out of position DME Available □ Wheelchair ✓ Walker □ Hospital Bed □ Bedside Commode □ Raised Toilet Seat □ Tub / Shower Bel Other: Needs Clinical Statement of Assessment Findings and Recommendations	
Available ☐ Wheelchair ✓ Walker ☐ Hospital Bed ☐ Bedside Commode ☐ Raised Toilet Seat ☐ Tub / Shower Bed Other: Needs Clinical Statement of Assessment Findings and Recommendations	
□ Wheelchair ✓ Walker □ Hospital Bed □ Bedside Commode □ Raised Toilet Seat □ Tub / Shower Bedother: Needs Clinical Statement of Assessment Findings and Recommendations	
Clinical Statement of Assessment Findings and Recommendations	ıch
Clinical Statement of Assessment Findings and Recommendations Patient is a91 y/o male with a PMH significant for ASTHMA, COPD, DM-II, HX OF INFLUENZA B PNA, CHRONIC D CHF who presents back to HH PT services s/p hospitalization due to PNA. Prior to hospitalization, patien independent with all functional mobility without the use of an AD, was independent with all ADLS, and wa independent for IADLS. Patient is now independent for bed mobility, SBA for transfers, SBA for ambulatio even surfaces for 150ft with use of SC, and CGA on (Continued)	
	ASTOLIC: was: i over

Mimoso, Serafim (MA250414053302)

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PT Evaluation : 06/02/2025 Mimoso, Serafim (MA250414053302)	
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 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 output □ To output □ To self care when max potential achieved	patient therapy with MD approval
Therapist Signature (Crowe, Sarah) & Date of Verbal Order for Start of PT Treatment Digitally Signed by: Sarah Crowe, PT	Date 06/02/2025
Physician Name Daniel Martin MD	Physician Phone: (508) 996-3991 Physician FAX: (508) 213-3429
	Physician Phone: (508) 996-3991 Physician FAX: (508) 213-3429
Daniel Martin MD	Physician FAX: (508) 213-3429
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Date: 7/11/2025 Date: 7/3/2025

Unmet Goals (6) (FT) Patient will be independent with HEP by end of episode to increase functional strength and long Target Date: 06/16/25 (FT) Patient will improve gross BLE strength to at least 4/5 for all major muscle groups in order to Term: long Target Date: 06/16/25 (FT) Patient will improve transfers from SBA to mod I with LRAD or no AD in order to increased fiby end of episode Goal Term: long Target Date: 06/16/25 (FT) Patient will improve ambulation from SBA 150ft with RW to independent for at least 200ft with order for patient to safely access entire home Goal Term: long Target Date: 06/16/25 (FT) Patient to improve standing static and dynamic balance from fair- to at least fair+ by end of Term: long Target Date: 06/16/25	PT Evaluation : 06/02/2025 Mimoso, Serafim (MA250414053302)
Unmet Goals (6) (FT) Patient will be independent with HEP by end of episode to increase functional strength and long Target Date: 06/16/25 (FT) Patient will improve gross BLE strength to at least 4/5 for all major muscle groups in order to Term: long Target Date: 06/16/25 (FT) Patient will improve transfers from SBA to mod I with LRAD or no AD in order to increased fiby end of episode Goal Term: long Target Date: 06/16/25 (FT) Patient will improve ambulation from SBA 150ft with RW to independent for at least 200ft with order for patient to safely access entire home Goal Term: long Target Date: 06/16/25 (FT) Patient to improve standing static and dynamic balance from fair- to at least fair+ by end of Term: long Target Date: 06/16/25	Treatment Goals and Plan Audits
(FT) Patient will be independent with HEP by end of episode to increase functional strength and long Target Date : 06/16/25 (FT) Patient will improve gross BLE strength to at least 4/5 for all major muscle groups in order to Term : long Target Date : 06/16/25 (FT) Patient will improve transfers from SBA to mod I with LRAD or no AD in order to increased fiby end of episode Goal Term : long Target Date : 06/16/25 (FT) Patient will improve ambulation from SBA 150ft with RW to independent for at least 200ft with order for patient to safely access entire home Goal Term : long Target Date : 06/16/25 (FT) Patient to improve standing static and dynamic balance from fair- to at least fair+ by end of Term : long Target Date : 06/16/25	<u>Goal Summary</u>
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by end of episode Goal Term : long Target Date : 06/16/25 (FT) Patient will improve ambulation from SBA 150ft with RW to independent for at least 200ft wi order for patient to safely access entire home Goal Term : long Target Date : 06/16/25 (FT) Patient to improve standing static and dynamic balance from fair- to at least fair+ by end of Term : long Target Date : 06/16/25 (FT) Patient will improve stair negotiation to at least supervision for 2 flights of stairs in order to be	(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 : 06/16/25
order for patient to safely access entire home Goal Term : long Target Date : 06/16/25 (FT) Patient to improve standing static and dynamic balance from fair- to at least fair+ by end of Term : long Target Date : 06/16/25 (FT) Patient will improve stair negotiation to at least supervision for 2 flights of stairs in order to be	(FT) Patient will improve transfers from SBA to mod I with LRAD or no AD in order to increased functional independence and safety in home by end of episode Goal Term: long Target Date: 06/16/25
Term: long Target Date: 06/16/25 (FT) Patient will improve stair negotiation to at least supervision for 2 flights of stairs in order to be	(FT) Patient will improve ambulation from SBA 150ft with RW to independent for at least 200ft with LRAD or no AD by end of episode in order for patient to safely access entire home Goal Term : long Target Date : 06/16/25
(FT) Patient will improve stair negotiation to at least supervision for 2 flights of stairs in order to b building Goal Term: long Target Date: 06/16/25	(FT) Patient to improve standing static and dynamic balance from fair- to at least fair+ by end of episode in order to decrease risk of fal Goal Term: long Target Date: 06/16/25
	(FT) Patient will improve stair negotiation to at least supervision for 2 flights of stairs in order to be able to safely enter/exit his apartment building Goal Term : long Target Date : 06/16/25

Mimoso, Serafim (MA250414053302)

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Physicianin Dr. Martin Martin

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Date: 7/11/2025 Date: 7/3/2025

Mimoso, Serafim (MA250414053302)	
Clinical Statement of Assessment Findings and Recommendations	
stairs. Reviewed standard precautions, fall precautions, HEP, and pain management with patient and caregiver. Patient scored a 17/28 on tinetti and 21sec on TUG both indicating increased risk of falls, and scored 32sec of 5XSTS indicating decreased BLE strength. Patient would benefit from continued skilled PT services 2x week/4 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.	n
Mimoso, Serafim (MA250414053302)	_
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Test and Measures: 06/02/2025 Mimoso, Serafim (MA250414053302) Standardized Tests and Measures Tinetti - POMA **Balance Test Answers** Sitting Balance (1) Steady, safe Arises (1) Able, but uses arms to help Attempts to Rise (1) Able, but requires more than one attempt Immediate Standing Balance (first 5 seconds) (1) Steady, but uses walker or other support (1) Steady, but wide stance (medial heels > 4 inches apart) and uses Standing Balance cane or other support Nudged (1) Staggers, grabs, catches self Eyes Closed (0) Unsteady Turning 360 Degrees I (1) Continuous steps Turning 360 Degrees II (1) Steady Sitting Down (1) Uses arms or not a smooth motion **Gait Test** Initiation of Gait (1) No hesitancy Step Length and Height - Right Foot Swing (1) Passes left stance foot Step Length and Height - Right Foot Clearance (1) Right foot completely clears floor Step Length and Height - Left Foot Swing (1) Passes right stance foot Step Length and Height - Left Foot Clearance (1) Left foot completely clears floor Step Symmetry (1) Right and left step length appear equal Step Continuity (1) Steps appear continuous Path (1) Mild/moderate deviation or uses a walking aid Trunk (0) Marked sway or uses walking aid Walk Stance (0) Heels apart Total Score: 17/28 Interpretation: 0-19 = High fall risk | 20-24 = Medium fall risk | 25-28 = Low fall risk Result Interpretation: Reference: 1. Tinetti ME. Performance orientated assessment of mobility problems in elderly patients. JAGS 1986; 34: 119-126. (Scoring description: PT Bulletin Feb. 10, 1993).

PT Evaluation: Serafim Mimoso (MA250414053302)

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Date: 7/11/2025 Date: 7/3/2025