

**PT Evaluation** : 06/12/2025 (1294631325)

Desousa, Gilda S ( MA241218114103 )

Date of Birth: 11/01/1941

✓ Patient identity confirmed

Time In: 14:15

Time Out: 14:53

Visit Date: 06/12/2025

**Nightingale Visiting Nurses**

125 County ST.

Taunton , MA 02780

Phone: (508) 967-0761

Fax: (508) 967-0767

**Diagnosis / History**

**Medical Diagnosis:** Sepsis due to Escherichia coli [E coli]

Onset 04/24/2025

**PT Diagnosis:** Muscle weakness

Onset 06/12/2025

**Relevant Medical History:**

HYPOKALEMIA, HYPOMAGNESEMIA, THROMBOCYTOPENIA, ANEMIA, POSTPROCEDURAL HYPOTHYROIDISM, HTN, MCI, DEPRESSION, HLD, HX OF THYROID CA, THYROIDECTOMY, CHOLECYSTECTOMY, HYSTERECTOMY, KNEE REPLACEMENT

**Prior Level of Functioning:**

Independent on Bed mobility, Transfers and Ambulation without ambulatory assistive device.

**Patient's Goals:**

To improve strength and balance.

**Precautions:** Falls

**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:**

Patient requires the assistance of another person to leave the home.

Clinician: Agency, Clinician

Signature:

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### 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

Patient lives with alone and has supportive daughter.

#### Safety / Sanitation Hazards

- ☐ No hazards identified  
☒ Steps / Stairs: 4  
☐ 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 lives with alone, has supportive daughter and uses no assistive device for ambulation; 4 stairs with rail to enter the house.

#### Vital Signs

##### Temperature:

97.4 Taken: Temporal

BP:		Position	Side	Heart Rate:		Respirations:		O2 Sat:		Room Air / Rate	Route	
Prior	136	/ 72	Sitting	Right	Prior	76	Prior	14	Prior	96	Room Air	via
Post		/			Post		Post		Post			via

Comments:

#### Subjective Information

1. Signs or symptoms of a respiratory infection, such as a fever, cough, and SOB. NO 2. International travel within the last 14 days to countries with sustained community transmission. NO 3. In (Continued)

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**Physical Assessment**

	Level	Functional Impact
<b>Orientation:</b>	Within normal limits.	
<b>Speech:</b>	Within normal limits.	
<b>Vision:</b>	Within normal limits.	
<b>Hearing:</b>	Within normal limits.	
<b>Skin:</b>	Within normal limits.	
<b>Muscle Tone:</b>	Within normal limits.	
<b>Coordination:</b>	Within normal limits.	
<b>Sensation:</b>	Within normal limits.	
<b>Endurance:</b>	Within normal limits.	
<b>Posture:</b>	Within normal limits.	

**Edema**

- ☒ Absent  
☐ Present

**Pain Assessment**

☒ No Pain Reported  
*Location*

<i>Intensity (0-10)</i>	<i>Location</i>	<i>Intensity (0-10)</i>
Primary Site:	Secondary Site:	
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	WNL	WNL	4+	4+
	Extension						Extension	WNL	WNL	4+	4+
	Abduction						Abduction	WNL	WNL	4+	4+
	Adduction						Adduction	WNL	WNL	4+	4+
	Int Rot						Int Rot	WNL	WNL	4+	4+
	Ext Rot						Ext Rot	WNL	WNL	4+	4+
Elbow	Flexion					Knee	Flexion	WNL	WNL	4+	4+
	Extension						Extension	WNL	WNL	4+	4+
Forearm	Pronation					Ankle	Plantar Flexion	WNL	WNL	4+	4+
	Supination						Dorsiflexion	WNL	WNL	4+	4+
Finger	Flexion						Inversion	WNL	WNL	4+	4+
	Extension						Eversion	WNL	WNL	4+	4+
Wrist	Flexion					Neck	Flexion				
	Extension						Extension				
Trunk	Extension						Lat Flexion				
	Rotation						Rotation				
	Flexion										

Description of Functional Impact:  
WNL

### Functional Assessment

Independence Scale Key		Dep	Max Assist	Mod Assist	Min Assist	CGA	SBA	Supervision	Ind with Equip	Indep
Bed Mobility					Gait					
	Assist Level					Assist Level		Distance/ Amount (Ft)		Assistive Device
Rolling	Independent		✓ L ✓ R		Level	Independent		X 200		None
Supine - Sit	Independent		None		Unlevel	NT		X		
Sit - Supine	Independent		None		Steps / Stairs	Independent		X 4		None
Factors Contributing to Functional Impairment:					Factors Contributing to Functional Impairment:					
WNL					WNL					

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**Transfer**

	<b>Assist Level</b>	<b>Assistive Device</b>
Sit - Stand	Independent	None
Stand - Sit	Independent	None
Bed - Wheelchair	Independent	None
Wheelchair - Bed	Independent	None
Toilet or BSC	NT	
Tub or Shower	NT	
Car / Van	NT	

Factors Contributing to Functional Impairment:  
WNL

**Wheelchair Mobility**

<b>Assist Level</b>	<b>Assist Level</b>	<b>Assist Level</b>
Level NA	Unlevel NA	Maneuver NA

Factors Contributing to Functional Impairment:

**Weight Bearing Status**

FWB

**Balance**

✓ Able to assume midline orientation  
✓ Able to maintain midline orientation  
Sitting: Movement into/out of position  
Standing: Movement into/out of position

**DME**

**Available**

☐ Wheelchair    ☐ Walker    ☐ Hospital Bed    ☐ Bedside Commode    ☐ Raised Toilet Seat    ☐ Tub / Shower Bench  
Other:

**Needs**

**Clinical Statement of Assessment Findings and Recommendations**

This 83 y.o. female patient was seen today for Skilled PT Initial Evaluation via physicians referral due to recent hospitalization and SNF admission secondary to METABOLIC ENCEPHALOPATHY, E. COLI SEPSIS, UTI. Patient stayed at SNF for rehab for a while before going back home. Patient declined to have skilled PT services. PMHx includes HYPOKALEMIA, HYPOMAGNESEMIA, THROMBOCYTOPENIA, ANEMIA, POSTPROCEDURAL HYPOTHYROIDISM, HTN, MCI, DEPRESSION, HLD, HX OF THYROID CA, THYROIDECTOMY, (Continued)

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### Treatment Goals and Plan

Refer to last page for patient goal and intervention documentation.

Comments:  
Skilled PT Evaluation Only.

#### Care Coordination

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

Name(s):

Regarding: Skilled PT Evaluation Only.

☒ 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: Skilled PT Evaluation Only.

**Therapist Signature ( BAYNOSA , LLOYDS ) & Date of Verbal Order for Start of PT Treatment**  
Digitally Signed by: LLOYDS BAYNOSA , PT

**Date**  
06/12/2025

**Physician Name**  
CHRISTINE WILL 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**

No goals have been assigned to this patient.

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**Subjective Information**

the last 14 days, has had contact with someone with or under investigation for COVID19, or are ill with respiratory illness (This includes Friends / Family Members). NO  
4. Residing in a community where community-based spread of COVID-19 is occurring. NO

**Clinical Statement of Assessment Findings and Recommendations**

CHOLECYSTECTOMY, HYSTERECTOMY, KNEE REPLACEMENT. Patient lives with alone, has supportive daughter and uses no assistive device for ambulation; 4 stairs with rail to enter the house. Upon PT assessment, the patient has no significant issues on balance, endurance and strength. No recent falls. Current status: Patient does not have pain; Bed mobility at Independent level; Sit <> stand and Transfers at Independent level; Ambulatory without ambulatory assistive device at Independent level x 200 ft on even surfaces; B LE of 4+/5 grossly; Low fall risk (Tinetti of 28/28); Static standing balance of Good; Dynamic standing balance of Good; Stair climbing at Independent level without rail. Based on overall PT assessment, the patient does not need skilled PT services with the patient agreeing with it. Safety awareness emphasized during this visit to prevent any future falls.

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**Test and Measures** : 06/12/2025  
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### Standardized Tests and Measures

#### Tinetti - POMA

##### Balance Test

Sitting Balance

Arises

Attempts to Rise

Immediate Standing Balance (first 5 seconds)

Standing Balance

Nudged

Eyes Closed

Turning 360 Degrees I

Turning 360 Degrees II

Sitting Down

##### Answers

(1) Steady, safe

(2) Able without using arms

(2) Able to rise with one attempt

(2) Steady without walker or other support

(2) Narrow stance without support

(2) Steady

(1) Steady

(1) Continuous steps

(1) Steady

(2) Safe, smooth motion

##### Gait Test

Initiation of Gait

Step Length and Height - Right Foot Swing

Step Length and Height - Right Foot Clearance

Step Length and Height - Left Foot Swing

Step Length and Height - Left Foot Clearance

Step Symmetry

Step Continuity

Path

Trunk

Walk Stance

(1) No hesitancy

(1) Passes left stance foot

(1) Right foot completely clears floor

(1) Passes right stance foot

(1) Left foot completely clears floor

(1) Right and left step length appear equal

(1) Steps appear continuous

(2) Straight without walking aid

(2) No sway, no flexion, no use of arms and no walking aid

(1) Heels almost touching while walking

**Total Score: 28/28**

**Interpretation:** 0-19 = High fall risk | 20-24 = Medium fall risk | 25-28 = Low fall risk

##### Result Interpretation:

Patient is a Low fall risk based on Tinetti gait and balance test conducted.

##### 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).

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