

**PT Evaluation** : 05/08/2025 (1282978284)

Carmo, George A ( MA250124104906 )

Date of Birth: 10/06/1949

✓ Patient identity confirmed

Time In: 11:52

Time Out: 12:27

Visit Date: 05/08/2025

**Nightingale Visiting Nurses**

125 County ST.

Taunton , MA 02780

Phone: (508) 967-0761

Fax: (508) 967-0767

**Diagnosis / History****Medical Diagnosis:** Gallstone

05/08/2025

**PT Diagnosis:** Generalized weakness

01/27/2025

**Relevant Medical History:**

Pt is a 75 y/o M, seen for resumption of PT following recent hospital stay with complain of abdominal pain, chest pain and vomiting, acute calculus cholecystitis, s/p Cholecystostomy tube. Prior to most recent hospital admission, pt was working with PT for ongoing gait difficulty, noted decline in function this visit PMHx:  
(Continued)

**Prior Level of Functioning:**

Pt lives alone in single family home with at least 2 outdoor stairs to manage. Pt was indep with adls, dtr assist with med management, medical appt and housekeeping. Pt states walks with no AD and drives prior to mechanical fall

**Patient's Goals:**

" to have less pain"

**Precautions:** fall risk, WBAT per in patient PT notes, R knee immobilizer at all times**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:**

Due to weakness, decrease standing balance with risk of falling, decrease endurance level with report of ongoing fatigue at rest

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**Social Supports / Safety Hazards****Patient Living Situation and Availability of Assistance**

Patient lives: Alone

Assistance is available: Around the clock

**Current Types of Assistance Received**

pt continue to stay with patient to provide assistance

**Safety / Sanitation Hazards**☐ No hazards identified☒ Steps / Stairs: 3☐ 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**

has at least 3 outdoor stairs. has access to all rooms in main floor of home Dtr very supportive, pt's sister currently staying to assist patient

**Vital Signs****Temperature:**

97.8 Taken: Temporal

**BP:**

Prior 128 / 80 Position Sitting

**Side**

Left

**Heart Rate:**

Prior 97 Post

**Respirations:**

Prior Post

**O2 Sat:**

Prior 94 Post

**Room Air / Rate**

Room Air

**Route**

via via

Comments:

**Subjective Information**

" I just feel tired today"

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### Physical Assessment

	Level	Functional Impact
<b>Orientation:</b>	Within normal limits.	alert and oriented x 3, noted stm deficit
<b>Speech:</b>	Within normal limits.	
<b>Vision:</b>	Impairment present but not impacting functional ability.	
<b>Hearing:</b>	Impairment present but not impacting functional ability.	
<b>Skin:</b>	Impairment present but not impacting functional ability.	
<b>Muscle Tone:</b>	Impairment present but not impacting functional ability.	
<b>Coordination:</b>	Impairment present but not impacting functional ability.	
<b>Sensation:</b>	Impairment present but not impacting functional ability.	
<b>Endurance:</b>	Impairment present.	fatigue at rest, sob with moderate exertion
<b>Posture:</b>	Impairment present but not impacting functional ability.	

### Edema

☒ Absent  
☐ Present

### Pain Assessment

☒ No Pain Reported

Primary Site:	Location	Intensity (0-10)	Secondary Site:	Location	Intensity (0-10)
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	wf1	wf1	4-	4-
	Extension						Extension	wf1	wf1	4-	4-
	Abduction						Abduction	wf1	wf1	4-	4-
	Adduction						Adduction				
	Int Rot						Int Rot				
	Ext Rot						Ext Rot				
Elbow	Flexion					Knee	Flexion	wf1	wf1	4	4
	Extension						Extension	wf1	wf1	4	4
Forearm	Pronation					Ankle	Plantar Flexion	wf1	wf1	4	4
	Supination						Dorsiflexion	wf1	wf1	4	4
Finger	Flexion					Neck	Inversion				
	Extension						Eversion				
Wrist	Flexion						Flexion				
	Extension						Extension				
Trunk	Extension						Lat Flexion				
	Rotation						Rotation				

Description of Functional Impact:

**Functional Assessment**

Independence Scale Key	Dep	Max Assist	Mod Assist	Min Assist	CGA	SBA	Supervision	Ind with Equip	Indep
<b>Bed Mobility</b>									
	<b>Assist Level</b>		<b>Assist Level</b>		<b>Distance/ Amount (Ft)</b>		<b>Assistive Device</b>		
Rolling			<input type="checkbox"/> L <input type="checkbox"/> R						
			<b>Assistive Device</b>						
Supine - Sit	indep			Level	SBA	X 50		none	
Sit - Supine	indep			Unlevel		X			
Factors Contributing to Functional Impairment:				Steps /		X			
				Stairs					

Factors Contributing to Functional Impairment:

pain with mobility, decrease standing balance with risk of falling, decrease endurance with sob with moderate exertion, reports fatigue at rest

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**Transfer**

	<b>Assist Level</b>	<b>Assistive Device</b>
Sit - Stand	SBA	
Stand - Sit	SBA	
Bed - Wheelchair	SBA bed to chair	none
Wheelchair - Bed	SBA chair to bed	none
Toilet or BSC	SBA	
Tub or Shower		
Car / Van		

**Factors Contributing to Functional Impairment:**  
 pain with mobility, decrease standing balance with risk of falling, decrease endurance with sob with moderate exertion, reports fatigue at rest

**Wheelchair Mobility**

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

Factors Contributing to Functional Impairment:

**Weight Bearing Status****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**

Pt is a 75 y/o M, seen for resumption of PT following recent hospital stay with complain of abdominal pain, chest pain and vomiting, acute calculus cholecystitis, s/p Cholecystostomy tube. Prior to most recent hospital admission, pt was working with PT for ongoing gait difficulty, noted decline in function this visit. PMHx: CHF, HLD, HTN, ISCHEMIC CARDIOMYOPATHY, ANGINA PECTORIS, CVA, BRADYCARDIA, ASTHMA, NSTEMI, BELL'S PALS, OBESITY, CKD STAGE 3, CAD, CHRONIC HFpEF, BPH, OSA, CERVICAL DISC (Continued)

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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: PT POC

☒ Physician Notified Re: Plan of Care, Goals, Frequency, Duration and DirectionOther 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:**Therapist Signature ( GABRANG , JENIFER ) & Date of Verbal Order for Start of PT Treatment**

Digitally signed by: JENIFER GABRANG , PT

**Date**

05/08/2025

**Physician Name**  
ROBERT CALDAS DO**Physician Phone:** (508) 996-3991  
**Physician FAX:** (508) 961-2979**Physician Signature****Date**

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### Treatment Goals and Plan Audits

#### Goal Summary

##### Unmet Goals (7)

Patient to demonstrate understanding of progression of HEP for B LE to improve strength and overall activity tolerance **Goal Term:** short **Target Date:** 04/12/25

Patient will demonstrate modified independence with stair management to safely egress home for medical appt **Goal Term:** short **Target Date:** 04/19/25

(FT) Patient will report improve pain management to 3-5/10 at rest and with mobility following pain management recommendations **Goal Term:** long **Target Date:** 04/26/25

Patient will improve gait capacity as evidenced by the ability to ambulate with LRD with modified independence for >350 ft even and uneven surface to allow patient to improve mobility on all surface within 8 weeks **Goal Term:** long **Target Date:** 04/26/25

Patient will be free from fall this VNA episodes **Goal Term:** long **Target Date:** 04/26/25

Patient will improve balance as evidenced by the tinetti gait and balance score from 21/28 to 25/28 to allow patient to decrease risk of falling during functional task completion **Goal Term:** long **Target Date:** 04/26/25

Patient will improve strength of R LE from 3+/- to /by 1/2 to 1 mm grade to allow patient to improve functional task completion **Goal Term:** short **Target Date:** 04/12/25

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**PT Evaluation Addendum Page** : 05/08/2025  
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### Relevant Medical History

CHF, HLD, HTN, ISCHEMIC CARDIOMYOPATHY, ANGINA PECTORIS, CVA, BRADYCARDIA, ASTHMA, NSTEMI, BELL'S Palsy, OBESITY, CKD STAGE 3, CAD, CHRONIC HFpEF, BPH, OSA, CERVICAL DISC DO, MI-OLD, LUMBOSACRAL DISC DISEASE, HYPERCHOLESTEROLEMIA, DENTAL DISEASE, LEFT SIDED FACIAL WEAKNESS FROM PREVIOUS STROKE, GERD, CAD

### Clinical Statement of Assessment Findings and Recommendations

DO, MI-OLD, LUMBOSACRAL DISC DISEASE, HYPERCHOLESTEROLEMIA, DENTAL DISEASE, LEFT SIDED FACIAL WEAKNESS FROM PREVIOUS STROKE, GERD, CAD  
 PLOF: Pt lives alone in single family home with at least 2 outdoor stairs to manage. Pt was indep with adls, dtr assist with med management, medical appt and housekeeping. Pt states walks with no AD and drives prior to mechanical fall  
 Pt alert and oriented x 3 pleasant male. Sister still staying with patient to provide assistance. Denies pain at rest and with mobility. Report fatigue at rest, no sob at rest, minimal sob with moderate exertion. Noted decline in mm strength of B LE see section for details. Noted ongoing risk of falling with Tinetti gait and balance score of 21/28. Noted decline in function with supervision with transfers and ambulation in home with no AD due to fatigue easily with sob and risk of falling. Pt currently unable to participate with stair management or short outdoor ambulation due to report of fatigue. Pt will continue to benefit with skilled PT 2x/wk to address ongoing physical impairments with decline in function following recent hospital admission. Pt in agreement with PT POC

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**Test and Measures** : 05/08/2025  
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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

(1) Able, but uses arms to help

(2) Able to rise with one attempt

(2) Steady without walker or other support

(1) Steady, but wide stance (medial heels > 4 inches apart) and uses cane or other support

(2) Steady

(1) Steady

(0) Discontinuous steps

(1) Steady

(1) Uses arms or not a 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

(0) Right foot does not clear floor completely with step

(1) Passes right stance foot

(0) Left foot does not clear floor completely with step

(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

(0) Heels apart

**Total Score: 21/28**

**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).

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