

OT Re-Evaluation : 06/04/2025 (1283314061)

Burns, Ada M. (MA220701015501)

Date of Birth: 01/15/1955

✓ Patient identity confirmed

Time In: 07:06

Time Out: 07:55

Visit Date: 06/04/2025

Nightingale Visiting Nurses

125 County ST.

Taunton , MA 02780

Phone: (508) 967-0761

Fax: (508) 967-0767

Diagnosis / History**Medical Diagnosis:** MS, Left Shoulder Athroplasty, cva

Exacerbation 07/12/2022

OT Diagnosis: muscle weakness

Exacerbation 07/12/2022

Relevant Medical History:

Pt is a 67 y/o Female who was initially seen today for ot evaluation due to due referral from Dr kipp due to increased B shoulder pain patient has left shoulder replacement , patient was sent to acute hospital due to CVA right side affect PMH MS , left shouoderreplacement, and left carpal tunnel surgery ,

Prior Level of Functioning:

Client has 18 hours of pca weekly for adls and iadls jen case manager 7745105228 coastline step 8572867692

Patient's Goals:

patient states her goal is to get her left ue stronger

Precautions: High 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

pca daily patient has case manager jen from coastline coming tomorrow for an assessment

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**

Lives in an apartment building alone has PCA to assist with ADL and IADLS

Burns, Ada M (MA220701015501)

Vital Signs

© 2004-2025 Kinnser Software, Inc. All Rights reserved.

Page 1 of 5

Clinician: Clinician_Agency

Signature:

Date: 7/10/2025

Temperature:

98.6 Taken: Temporal

BP:

Prior 134 / 82
Post /

Position
Sitting

Side
Left

Heart Rate:
Prior 60
Post

Respirations:
Prior 18
Post

O2 Sat:
Prior 98
Post

Room Air / Rate
Room Air

Route
via
via

Comments:

Physical Assessment

Speech:

WNL

Vision:

WNL

Hearing:

WNL

Edema:

Oriented: ✓ Person ✓ Place ✓ Time

Muscle Tone:

Good

Coordination:

Fair

LUE impaired

Sensation:

Fair

LUE impaired

Endurance:

Fair

Borg scale 1 out of 10

Posture:

Good

Signature:

Date: 7/10/2025

OT Re-Evaluation : 06/04/2025
Burns, Ada M. (MA220701015501)

Evaluation of Cognitive and/or Emotional Functioning

Cleint demonstrates good safety awareness

Pain Assessment

☐ No Pain Reported

	Location	Intensity (0-10)		Location	Intensity (0-10)
Primary Site:	left shoulder	2	Secondary Site:	RUE	3
Increased by:	movement				

Relieved by: rest

Interferes with: Adl

ROM / Strength

Part	Action	ROM		Strength		Part	Action	ROM		Strength	
		Right	Left	Right	Left			Right	Left	Right	Left
Shoulder	Flexion	120		3	3-	Forearm	Pronation			3	
	Extension			3	3-		Supination			3	
	Abduction			3	3-	Wrist	Flexion			3	
	Adduction			3	3-		Extension			3	
	Int Rot			3	3-		Radial Deviation			3	
	Ext Rot			3	3-	Finger	Ulnar Deviation			3	
Elbow	Flexion			3	3-		Grip			3	
	Extension			3	3-		Flexion			3	
	Supination			3	3-		Extension			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:	Good	Dynamic:	Fair

Deficits Due To / Comments:
Fair dyanmic standing balance

Bed Mobility

Rolling	Assist Level	
	min assist	

✓L ✓R
Assistive Device

Supine - Sit	min assist
Sit - Supine	min assist

Deficits Due To / Comments:

Transfer

	Assist Level	Assistive Device
--	--------------	------------------

Sit - Stand	mod I	
Stand - Sit	mod I	
Bed - Chair	mod I	
Chair - Bed	mod I	
Toilet or BSC	mod I	
Shower	Sba	
Tub		
Car / Van		

Deficits Due To / Comments:
balance, strength sensation to her le , and poor endurance

Self Care Skills

Toileting / Hygiene

Oral Hygiene

Grooming

Shaving

Bathing

Dressing:

Upper Body

Lower Body

Manipulation of Fasteners

Socks & Shoes

Feeding

Swallowing

Deficits Due To / Comments:

Clients reduced balance and lue strength increasing difficulty with adl and (Continued)

Instrumental ADLs

Light Housekeep

Light Meal Prep

Clothing Care

Use of Telephone

Manage Money

Manage Medication

Home Safety Awareness

Deficits Due To / Comments:

Assist Level	Assistive Device
--------------	------------------

mod I

Sba

max assist

max assist

max assist

mod I

mod I

mod I

mod I

mod I

mod I

Assist Level	Assistive Device
--------------	------------------

max assist

max assist

max assist

mod i

mod I

max assist

mod i

Clinician: Clinician_Agency

Signature:

Date: 7/10/2025

OT Re-Evaluation : 06/04/2025
Burns, Ada M. (MA220701015501)

Functional Assessment (Continued)

Independence Scale Key **Dep** **Max Assist** **Mod Assist** **Min Assist** **CGA** **SBA** **Supervision** **Ind with Equip** **Indep**

Motor Coordination

Prior to Injury
Dominance

✓ Right handed ✓ Left handed

Deficits Due To

Fine Motor

Impaired

Gross Motor

Impaired

Comments:

Cognitive Status / Perception

Memory: Short Term

Impaired

Memory: Long Term

WNL

Safety Awareness

WNL

Judgment

Impaired

Visual Comprehension

Impaired

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 30 DAY ASSESSMENT, PATIENT HAS MADE GREAT progress this past month, patient is now able to perform HEP protocol progressing well tolerating AROM per Dr kipp patient is now progressing in to AROM , patient progressing well and is able to tolerate to 120 degree shoulder flexion to her left shoulder both seated and supine and 75 degree AROM to left shoulder ABduction, reduce strength noted 3 - strength Patient presents below her baseline for ADLS, dressing (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:

Clinician: Clinician_Agency

Signature:

Date: 7/10/2025

OT Re-Evaluation : 06/04/2025
Burns, Ada M. (MA220701015501)

Treatment Goals and Plan

Refer to last page for patient goal and intervention documentation.

☐ **No Change to Plan of Care:** physician signature is not required if no change to Plan of Care for therapy reassessment visit
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 , HEP to focus on LUE ROM with AAROM and AROM 10 times 3 sets

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

Digitally Signed by: Ashleylynn Machado , OT

Date

06/04/2025

Physician Name

KARINE MAALOUF-KALESIAN MD

Physician Phone: (508) 996-3991

Physician FAX: (508) 961-0949

Physician Signature

Date

Clinician: Clinician_Agency

Signature:

Date: 7/10/2025

OT Re-Evaluation : 06/04/2025
Burns, Ada M. (MA220701015501)

Treatment Goals and Plan Audits

Goal Summary

Unmet Goals (3)

(FT) patient will perform light meal and beverage retrieval with rollator independently within 4 week **Goal Term:** short **Target Date:** 05/31/25

(FT) patient will improve RUE strength to 4 out of 5 to improve aDI performance within 8 weeks **Goal Term:** long **Target Date:** 06/19/25

(FT) patient will improve LUE strength to 3 out of 5 to improve aDI performance within 8 weeks **Goal Term:** long **Target Date:** 06/19/25

Met Goals (1)

(FT) patient will perform UB and IB dressing independently within 8 weeks **Goal Term:** long **Target Date:** 06/19/25

Goal Progress Summary For This Visit

Goals Addressed (2)

(1 of 2) (FT) patient will improve LUE strength to 3 out of 5 to improve aDI performance within 8 weeks

Interventions Performed (1)

(FT) OT to provide Hep to focus on UB ROM and strengthening per MD protocol

Result: Needs Reinforcement **Performed On:** Patient,

Note:

(2 of 2) (FT) patient will improve RUE strength to 4 out of 5 to improve aDI performance within 8 weeks

Interventions Performed (1)

(FT) OT to provide Hep to focus on UB ROM and strengthening per MD protocol

Result: Needs Reinforcement **Performed On:** Patient,

Note:

Clinician: Clinician_Agency

Signature:

Date: 7/10/2025

OT Re-Evaluation Addendum Page : 06/04/2025

Burns, Ada M. (MA220701015501)

Self Care Skills - Deficits Due To / Comments

mobility with rollator

Evaluation Assessment Summary

improved from min assist to mod I, max assist needed shower routine and light meal prep, SBA for dressing with compensation technique, min assist shower routine and Max assist meal prep Patient would benefit from skilled OT services 2 times a week for 8 weeks to focus on HEP to her RUE and LUE per MD protocol , education on pain management and ADL compensation technique patient is homebound unable to leave the home without taxing effort and assistance secondary to her limitations in her left upper extremity and poor balance

Burns, Ada M (MA220701015501)

© 2004-2025 Kinnser Software, Inc. All Rights reserved.

Clinician: Clinician_Agency

Signature:

Date: 7/10/2025