

**OT Evaluation** : 04/30/2025 (1281710049)

Burns, Ada M. ( MA220701015501 )

Date of Birth: 01/15/1955

✓ Patient identity confirmed

Time In: 07:00

Time Out: 07:36

Visit Date: 04/30/2025

**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

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**Vital Signs**

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Signature:

Date: 7/10/2025

Temperature:

97.3 Taken: Temporal

BP:			Position	Side	Heart Rate:	Respirations:	O2 Sat:	Room Air / Rate	Route
Prior	122	/ 76	Sitting	Right	Prior 65	Prior 19	Prior 97	Room Air	via
Post		/			Post	Post	Post		via

Comments:

Physical Assessment

Speech:	WNL	Muscle Tone:	Good
Vision:	WNL	Coordination:	Fair LUE impaired
Hearing:	WNL	Sensation:	Fair LUE impaired
Edema:		Endurance:	Fair Borg scale 1 out of 10
Oriented:	✓ Person ✓ Place ✓ Time	Posture:	Good

Signature:  
Date: 7/10/2025

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### 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	4	Secondary Site:	RUE	4
Increased by:	movement				

Relieved by: rest

Interferes with: Adl

### ROM / Strength

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

Comments:

### Functional Assessment

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

	Assist Level	
Rolling	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	S	
Stand - Sit	S	
Bed - Chair	S	
Chair - Bed	S	
Toilet or BSC	S	
Shower	Sba	
Tub		
Car / Van		

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

#### Self Care Skills

	Assist Level	Assistive Device
Toileting / Hygiene	SBA	
Oral Hygiene	Sba	
Grooming	max assist	
Shaving	max assist	
Bathing	max assist	
Dressing:		
Upper Body	min assist	
Lower Body	min assist	
Manipulation of Fasteners	min assist	
Socks & Shoes	min assist	
Feeding	mod I	
Swallowing	mod I	

Deficits Due To / Comments:  
Clients reduced balance and lue strength increasing difficulty with adl and (Continued)

#### Instrumental ADLs

	Assist Level	Assistive Device
Light Housekeep	max assist	
Light Meal Prep	max assist	
Clothing Care	max assist	
Use of Telephone	mod i	
Manage Money	mod I	
Manage Medication	max assist	
Home Safety Awareness	mod i	

Deficits Due To / Comments:

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### 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 OT evaluation under new episode patient was recently admitted to home care OT services following CVA affecting her RUE and RLE and status post left shoulder replacement . patient continues to be non weight bearing to her LUE 120 degree AROM to her LUE 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 (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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**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:

☒ 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 pain management and HEP to her UB ROM and strength

**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**

**Date**

**Treatment**

04/30/2025

Digitally Signed by: Ashleylynn Machado , OT

**Physician Name**

KARINE MAALOUF-KALESCHAN MD

**Physician Phone:** (508) 996-3991

**Physician FAX:** (508) 961-0949

**Physician Signature**

**Date**

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Signature:

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**Treatment Goals and Plan Audits**

**Goal Summary**

**Unmet Goals (4)**

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

(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

**Goals and Interventions Updated This Visit**

**Goals Added (4)**

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

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

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

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

**Interventions Added (2)**

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

(FT) OT to provide self care management to educate on ADL compensation technique

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**OT Evaluation Addendum Page** : 04/30/2025  
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**Self Care Skills - Deficits Due To / Comments**

mobility with rollator

**Evaluation Assessment Summary**

her left shoulder both seated and supine and 70 degree AROM to left shoulder ABduction, RUE full ROM patient improved from 2 to 3 strength since her recent assessment . Patient presents below her baseline for ADLS, dressing, 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

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