

**OT Evaluation** : 06/27/2025 (1300488889)

Burns, Ada M. ( MA220701015501 )

Date of Birth: 01/15/1955

✓ Patient identity confirmed

Time In: 07:15

Time Out: 07:49

Visit Date: 06/27/2025

**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:

97.4 Taken: Temporal

BP:			Position	Side	Heart Rate:	Respirations:	O2 Sat:	Room Air / Rate	Route
Prior	124	/ 78	Sitting	Right	Prior 60	Prior 18	Prior 98	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

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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

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

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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 is moving to a new apartment tomorrow. Patient has been on Occupational therapy services to focus on her LUE ROM and RUE strengthening due to recent CVA and shoulder replacement to her LUE by Dr Kipp progressing well in her HEP continues with pain varies from 3 to 6t o B shoulders. Pateint is now independent for dressing and toilet routine, will assess transfers in new apartment on next OT session, patient requires max (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 techniques all prevention and HEP to address LUE trial 1 pound next session

**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**

06/27/2025

**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 (3)**

(FT) pt will perform light meal prep with good safety independently within 8 weeks **Goal Term:** long **Target Date:** 08/18/25

(FT) patient will improve LUE strength from 3 - to 3+ within 8 weeks to improve ADL performance **Goal Term:** long **Target Date:** 08/18/25

(FT) Patient will perform HEP with visual aids to focus on UB ROM and strengthening to improve ADL performance independently within 8 weeks **Goal Term:** long **Target Date:** 08/18/25

**Goals and Interventions Updated This Visit**

**Goals Added (3)**

(FT) Patient will perform HEP with visual aids to focus on UB ROM and strengthening to improve ADL performance independently within 8 weeks **Target Date:** 08/18/25 **Goal Term:** long

(FT) patient will improve LUE strength from 3 - to 3+ within 8 weeks to improve ADL performance **Target Date:** 08/18/25 **Goal Term:** long

(FT) pt will perform light meal prep with good safety independently within 8 weeks **Target Date:** 08/18/25 **Goal Term:** long

**Interventions Added (2)**

(FT) Patient will be provided with therex to focus on UB ROM and strengthening routine

(FT) Patient will be provided with self care management to educate on ADL compensation technique

Signature:

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**OT Evaluation Addendum Page** : 06/27/2025  
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**Self Care Skills - Deficits Due To / Comments**

mobility with rollator

**Evaluation Assessment Summary**

assist for shower routine due to limitations to her dynamic standing balance and B shoulder strength and ROM. 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 would benefit from continue dOT services in new episode 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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