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INTERIM ORDERS

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Medical Record No.	Insurance	Start of Care	Certification Period
519009	Fallon Navicare	05/16/2025	05/16/2025 Through 07/14/2025
Patient		DOB	Sex
Reddy, Cynthia 34 Summer Street Fairhaven, MA 02719		10/04/1946	F

Goals/Rehabilitation Potential/Discharge Plans	
Clinical Summary	<p>Functional Assessment</p> <p>CURRENT LEVEL OF FUNCTION:</p> <p>Mrs. Reddy is being seen for functional reassessment and is making slow steady gains with PT. She initially was placed on home services due to hospitalization for acute metabolic encephalopathy, sepsis, and acute cystitis. She had recently been discharged home after hospitalization and a prolonged rehab stay due to GI issues. She has participated in two PT sessions with a focus on functional mobility training and the establishment of HEP. She is demonstrating improved sit-to-stand transfers with decreased effort due to increased lower extremity strength. She demonstrates independent bed mobility today and independent/ supervision with gait in the home with a straight cane. O2 sats remaining 96% on 3 liters of O2. She has been without falls and demonstrates improvements with balance as evidenced by the Tinetti Test today 13/28 with cane vs 11/28 with cane at initial eval. She continues to demonstrate balance issues on stairs and in outdoor surroundings. She remains below her baseline and would benefit from PT for one more visit to finalize community reentry, progress HEP, and discharge planning.</p> <p>BARRIERS/CHALLENGES: Pulmonary status O2 dependent, multiple comorbidities, continued smoking despite being oxygen dependent .</p> <p>SKILL/REASON FOR CONTINUED SERVICE: Continued skilled PT to progress home exercise program, monitor CP status in response to functional mobility, gait training on various surfaces, stair training, community reentry, home safety, and DC planning. Mrs. Reddy's goal remains to be as independent as possible to be able to get outside and not fall. Without continuous skilled PT, she is at risk of falls, decreased quality of life, increased dependence on caregiver, and rehospitalization. PT is expected to improve her mobility and ambulation to prior level of function.</p> <p>HOMEBOUND: Mrs. Reddy demonstrates unsteady gait, impaired balance, decreased strength, and impaired endurance due to recent hospitalization, metabolic encephalopathy due to UTI, pulmonary issues, and history of falls. It is a severely taxing effort for her to exit her home due to multiple doors, uneven surfaces, stairs, and she requires the assistance of one person and use of a cane and assistance to carry portable O2 to safely exit her home.</p> <p>24/7 CN availability and red flags reviewed.</p> <p>DISCHARGE PLANNING: One more week.</p> <p>ADJUSTMENT TO THE POC: Continue with established POC, goals reviewed and ongoing.</p> <p>POC REVIEW: Plan of care reviewed with Mrs. Reddy who verbalizes understanding and agrees to participate.</p> <p>Stephanie Duprey PT</p>

Physician: Dr. Martin, Daniel J.

Signature: 

Date: 7/11/2025

Electronically signed by Dr. Martin, Daniel J. on 7/11/2025

Clinician's Signature and Date

Stephanie A Duprey PT-MA Lic# 11339 *E-Signature* 07/02/2025 @ 08:14 PM VO Date
07/02/2025 08:14 PM


Physician's Signature **X**

Date **X**

Daniel J Martin, MD

Date HHA Received Signed POT (Sent 7/8/2025 10:46 AM)

Physician: Dr. Martin, Daniel J.

Signature: 

Date: 7/11/2025

Electronically signed by Dr. Martin, Daniel J. on 7/11/2025