



HW485011L6J1KKH6T7VL

Community Nurse Inc
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INTERIM ORDERS

Send To Christine A Will, MD Hawthorn Medical Associates 531 Faunce Corner Rd. North Dartmouth, MA 02747 (508) 996-3991 Fax (508) 961-2535		Primary Physician Christine A Will, MD Hawthorn Medical Associates 531 Faunce Corner Rd. North Dartmouth, MA 02747 (508) 996-3991 Fax (508) 961-2535	
Medical Record No.	Insurance	Start of Care	Certification Period
3684011	Medicare	06/28/2024	06/23/2025 Through 08/21/2025
Patient Levin, Frances 441 Slocum Rd North Dartmouth, MA 02747		DOB 01/16/1935	Sex F

Orders for Discipline and Treatments	PT: Start on 06/30/2025: Once every 14 das x 3 das, 1x/wk x 8 wks, PRNx4 Change in Functional Stat Assess oxygen saturation as needed and report to physician if less than 88%. Assess vital signs and report the following to the physician: Temperature over 101.5, Systolic Blood Pressure over 160, or less than 90, Diastolic Blood Pressure over 90, Heart Rate less than 50, or greater than 120, Respirations greater than 26. C- Assess patient pain. Fall Prevention Instruction. Patient/Caregiver Education. Provide With Activities to Enhance Balance. Recommend Equipment As Needed. Safety Precaution Instruction. Teach ROM Exercises. Teach- Interventions to monitor and mitigate pain. Therapeutic exercises focused on improving LE flexibility/strength, balance, endurance/activity tolerance, and safety during functional mobility.. Therapeutic Exercises/Muscle Re-education. Transfer Training. Teach Activities to Enhance Endurance, Body Mechanics, Community Ambulation, Gait Training, Home Exercise Program, Home Safety, Pacing & Energy Conservation Techniques, Stair Training
Goals/Rehabilitation Potential/Discharge Plans	PT Goals: Long Term Goal: Follow Home Exercise With Assist of Family/Caregiver. Long Term Goal: Patient-stated personal goal: "No more falls, and to be able to keep moving and walking". Long Term Goal: The patient will experience less interfering pain as evidenced by improved mobility. Short term goal: Independent/safe transfers sit/stand with the RW (bed, toilet, chair) and ambulation with the RW in the home including in the bedroom, hallway, and bathroom area-to reduce risk for falls, especially when getting up at night to use the bathroom. Short term goal: Pt will agree to use the RW at night and also during the day if needed, to reduce risk for falls. Long term goal: Independent/safe transfers and ambulation with the st cane or no device if appropriate, to access all rooms in the home for ADLs. Long term goal: Safe ambulation outdoors >= 300' with the st cane or a RW if needed and supervision, for access to the community. Long term goal: Good safety/energy conservation awareness during all functional mobility, to reduce risk for falls. Long Term Goal: Patient will demonstrate improved balance as evidenced by Tinetti score of >= 19 and TUG score Rehab Potential is Good For the Above Goals Discharge Plan: Discharge to Self Care With Family Community Support
Clinical Summary	PT SOC summary: Pt is a very pleasant 90 year old female. She was previously seen for admission to CN on 6/28/24 by SN and had PT 7/1-7/23/24: "s/p being seen in ER 6/28/24 after falling in between kitchen and dining area of home with laceration to right cheek requiring sutures, avulsed skin tear sustained right upper arm to right dorsal lower arm to wrist. Some flaps were approximated by steristrip in ER no sutures to arm. Sustained skin tear to right anterior lower leg, and left knee". Also had PT 9/19-10/10/24: "sustained a fall in the middle of the night on 9/18 stating "I lost my balance". She reports walking with her cane to the bathroom at that time. She states that she was on the floor for about 4 hours. Her housekeeper assisted her off the floor." Per SN note 6/22/25: "Patient fell last night at 3am, getting up to go to the bathroom, grabbed for walker, "walker tipped over and I went with it". Patient reports injuring left forearm during fall, denies head strike or loss of consciousness. Patient stayed on the floor until 7:30am when she called a friend to pick her up off the floor. Patient declines ER eval. Ambulating without pain. Patient noted with bruising left hip, left lateral leg, skin intact. Left forearm skin tear with partial thickness loss. Area cleansed with NS, pat dry and xeroform and foam bandage placed". Referred for home PT to address frequent falls. PMH includes: Afib, Mitral Valve Prolapse, Aortic Valve Stenosis, Subarachnoid Hemorrhage 9/28/21, OA of multiple joints, Carpal Tunnel Syndrome, Common peroneal Neuropathy at

Fibular Head, Hyperlipidemia, Neoplasm of uncertain behavior skin.

Soc HX: Pt lives alone in a large single family 2 story house. She reports that she has 2 sons and grandchildren who live out of state, and has private duty PCA services 6 days/week, for 4 hours each day. Pt reports PLOF includes: independent ambulation in the home including on the stairs with no A.D. and outdoors with a st cane, sometimes using the RW at night-to go to the bathroom, independent with dressing, PCA assist for showering, housekeeping, shopping, and exercising including the HEP as instructed during previous PT and going for walks outdoors with the cane. Per previous PT D/C summary 10/10/24: independent bed mobility, transfers, and ambulation with the st cane in the home. Equipment: PERS (not wearing), st cane, RW (in bedroom), transfer handle on bed, shower stall-seat/grab bars/hand held shower, grab bar by the toilet.

CODE STATUS: Full Code

COGNITION: A&Ox3, very pleasant and cooperative

CURRENT LEVEL OF FUNCTION: Pt presents with c/o arthritic pain-especially B knees L>R, decreased LE flexibility/strength L>R, difficulty with transfers, impaired balance, overall decreased endurance/activity tolerance, risk for further falls, and a decline in safety/independence during functional mobility. Bed Mobility (w/transfer handle) is independent. Transfers sit/stand (low/swiveling kitchen chair, bed, dining room chair w/armrests) are difficult-supervision, with VCs for safety. Ambulated approx 75' x 2 in the home with the st cane including on 2 stairs w/grab bar in the kitchen area-supervision, with VCs for safety. She also demonstrated ambulating with no A.D. in the kitchen area-SBG for safety. Recommended continued use of the st cane or RW at this time, for safety.

SAFETY: Risk for further falls; Lives alone; the house has 2 stairs w/B grab bars in the kitchen area-to/from the upper living area on the 1st floor with bedroom and full bathroom; 8 stairs with B rails-to/from the 2nd floor, 2 stairs w/rail-to exit/enter the house.

SKILL/REASON FOR THERAPY SERVICES: Pt goal "No more falls, and to be able to keep moving and walking". Continued skilled home PT is indicated for safety/fall prevention ed, energy conservation ed, pain management ed, ther exercise, functional mobility training (transfers, gait training-including in the home, on the stairs, and outdoors with the st cane or RW as appropriate), A.D. recommendations prn, HEP instruction, caregiver ed prn, and cardiovascular monitoring. Without continued PT intervention, pt is at risk for further falls with injury/hospitalization or further debility with increased dependence on caregivers and decreased quality of life. SN to continue. Pt decline referral to OT at this time.

HOMEBOUND: advanced age, pain, decreased LE strength, impaired balance/unsteady gait, overall decreased endurance/activity tolerance, risk for falls, requires assist of a person/device, taxing effort to leave the home.

ESTIMATED # VISITS: 4-6

24/7 CNHC availability and red flags reviewed

POC REVIEW: Plan of care reviewed with pt, who verbalizes understanding and agrees to participate. MD was informed of patient's POC.

Consent form reviewed with pt. Pt verbalized understanding. This writer witnessed pt signing the consent and form scanned to office. J. Seguer PT

Clinician's Signature and Date

Janie Seguer PT-MA Lic# 8621 *E-Signature* 07/02/2025 @ 09:45 AM VO Date 07/01/2025 05:00 PM

Goals/Rehabilitation
Potential/Discharge Plans

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Clinician's Signature and Date

Janie Seguer PT-MA Lic# 8621 *E-Signature* 07/02/2025 @ 09:45 AM VO Date 07/02/2025 09:46 AM

Physician's Signature **X**

Date **X**

Christine A Will, MD

Date HHA Received Signed POT (Sent 7/8/2025 11:07 AM)