

OT Evaluation : 05/17/2025 (1286672415)

Medeiros, Maria L. (MA220929035301)

Date of Birth: 03/22/1953

☐ Patient identity confirmed

Time In: 10:40

Time Out: 11:22

Visit Date: 05/17/2025

Nightingale Visiting Nurses

125 County ST.

Taunton , MA 02780

Phone: (508) 967-0761

Fax: (508) 967-0767

Diagnosis / History**Medical Diagnosis:****OT Diagnosis:** muscle weakness**Relevant Medical History:**

Patient is a 72 year old female who was referred to skilled ot services to assess pts safety and independence in the home per pcp due to increased weakness to B UEs impacting pts ability to perform fxnl tasks and self care tasks. PMHx includes RHABDOMYOLYSIS, AKI DUE TO ATN DEVELOPED INTO ESRD REQUIRING DIALYSIS, ACUTE (Continued)

Prior Level of Functioning:

mod i for self care tasks and adls.

Patient's Goals:

"I want to be independent."

Precautions: 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: With other person(s) in the home

Assistance is available: Around the clock

Current Types of Assistance Received**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**

patient lives in a second floor apartment, alone. Patients family live on the first floor and assists pt as needed

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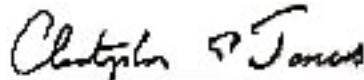
Vital Signs

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Physician: Dr. Joncas, Christopher S.
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Clinician: Rosendes, Laurin

Signature:



Signature:

Date: 6/12/2025

Date: 5/30/2025

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Temperature:

Taken:

BP:Prior 138 / 78
Post /*Position**Side***Heart Rate:**Prior 78
Post**Respirations:**Prior
Post**O2 Sat:**Prior 97
Post*Room Air / Rate*via
via*Route*

Comments:

Physical Assessment**Speech:**

WNL

Vision:

WNL

Hearing:

WNL

Edema:**Oriented:**

✓ Person ✓ Place ✓ Time

Muscle Tone:

Good

Coordination:

Good

Sensation:

Good

Endurance:

Fair

Posture:

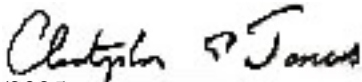
Good

Physician: Dr. Joncas, Christopher

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S.

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Evaluation of Cognitive and/or Emotional Functioning

A + 0 to person and place.

Pain Assessment

☐ No Pain Reported

Location Intensity (0-10) Location Intensity (0-10)

Primary Site: Secondary Site:

Increased by:

Relieved by:

Interferes with:

ROM / Strength

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

Deficits Due To / Comments:

Self Care Skills

Assist Level Assistive Device

CGA

CGA

CGA

Toileting / Hygiene

Oral Hygiene

Grooming

Shaving

Bathing

MIN A

Dressing:

Upper Body

S

Lower Body

MIN A

Manipulation of Fasteners

MOD I

Socks & Shoes

MIN A

Feeding

Swallowing

Deficits Due To / Comments:

Patient presents with decreased strength, standing balance, activity (Continued)

Bed Mobility

Assist Level

MOD I

✓ L ✓ R Assistive Device

Rolling

Supine - Sit MOD I

Sit - Supine MOD I

Deficits Due To / Comments:

Transfer

Assist Level

Assistive Device

Sit - Stand CGA

Stand - Sit CGA

Bed - Chair CGA

Chair - Bed CGA

Toilet or BSC CGA

Shower MIN A

Tub

Car / Van

Deficits Due To / Comments:

Patient presents with decreased strength, standing balance, activity (Continued)

Instrumental ADLs

Assist Level Assistive Device

MOD A

Light Housekeep

Light Meal Prep

Clothing Care

MOD I

Use of Telephone

Manage Money

Manage Medication

Home Safety Awareness

Deficits Due To / Comments:

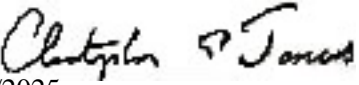
FAMILY ASSISTS PT WITH IADLs

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OT Evaluation : 05/17/2025

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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**Cognitive Status / Perception**Prior to Injury
Dominance☒ Right handed ☐ Left handed**Deficits Due To**

Fine Motor

WNL

Gross Motor

WNL

Comments:

Memory: Short Term

WNL

Memory: Long Term

WNL

Safety Awareness

Impaired

Judgment

WNL

Visual Comprehension

WNL

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 a 72 year old female who was referred to skilled ot services to assess pts safety and independence in the home per pcp due to increased weakness to B UEs impacting pts ability to perform fxnl tasks and self care tasks. PMHx includes RHABDOMYOLYSIS, AKI DUE TO ATN DEVELOPED INTO ESRD REQUIRING DIALYSIS, ACUTE METABOLIC ENCEPHLOPATHY, OBSTRUCTIVE BILIARY DISEASE/AMPULLARY STENOSIS S/P ERCP WITH BILIARY STENT, BLE ISCHEMIA, ORTHOSTATIC HYPOTENSION, AFIB, MILD PVD, A FLUTTER, CHRONIC (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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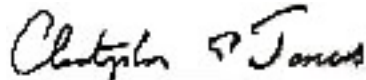
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Treatment Goals and Plan

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): Helena ferreira

Regarding: ot poc and goals

☒ 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 due to pt motivated to return to ploff

Treatment / Skilled Intervention This Visit

ot eval

Discharge Plan

☒ To self care when goals met ☒ To self care when max potential achieved ☐ To outpatient therapy with MD approval
☐ Other:

Therapist Signature (MELLO , JESSICA) & Date of Verbal Order for Start of OT Treatment

Date
 05/17/2025

Digitally Signed by: JESSICA MELLO , OT

Physician Name
 CHRISTOPHER JONCAS MD

Physician Phone: (508) 235-5445
Physician FAX: (508) 235-5594

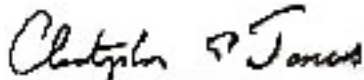
Physician Signature

Date

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Treatment Goals and Plan Audits

Goal Summary

Unmet Goals (4)

(FT) patient will increase barthel index score to 80/100 indicating increased independence with self care tasks within 8 weeks **Goal Term:** long **Target Date:** 07/01/25

(FT) patient will increase bu e shoulder strength to 4/5 to perform fxnl transfers with ease within 8 weeks **Goal Term:** long **Target Date:** 07/01/25

(FT) patient will perform shower level tasks with s and good dynamic standing balance within 8 weeks **Goal Term:** long **Target Date:** 07/01/25

(FT) patient will perform grooming tasks with mod i standing >10 minutes with no reports of fatigue within 8 weeks **Goal Term:** long **Target Date:** 07/01/25

Goals and Interventions Updated This Visit

Goals Added (4)

(FT) patient will perform grooming tasks with mod i standing >10 minutes with no reports of fatigue within 8 weeks **Target Date:** 07/01/25 **Goal Term:** long

(FT) patient will increase bu e shoulder strength to 4/5 to perform fxnl transfers with ease within 8 weeks **Target Date:** 07/01/25 **Goal Term:** long

(FT) patient will increase barthel index score to 80/100 indicating increased independence with self care tasks within 8 weeks **Target Date:** 07/01/25 **Goal Term:** long

(FT) patient will perform shower level tasks with s and good dynamic standing balance within 8 weeks **Target Date:** 07/01/25 **Goal Term:** long

Interventions Added (4)

(FT) Occupational therapy to provide education on energy conservation techniques to improve functional activity tolerance during functional tasks

(FT) Occupational therapist to provide manual therapy techniques including PROM, stretching, joint mobilization and therapeutic massage to improve joint ROM required for I with ADL and IADL tasks

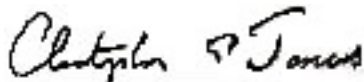
(FT) occupational therapy to provide ADL retraining focused on safety cues, environmental modifications, compensatory strategies to address decreased independence with self care tasks

(FT) Occupational therapy to provide neuro reeducation and balance challenges to improve static and dynamic standing balance to restore independence and reduce risk of falls

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OT Evaluation Addendum Page : 05/17/2025
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Relevant Medical History

METABOLIC ENCEPHLOPATHY, OBSTRUCTIVE BILIARY DISEASE/AMPULLARY STENOSIS S/P ERCP WITH BILIARY STENT, BLE ISCHEMIA, ORTHOSTATIC HYPOTENSION, AFIB, MILD PVD, A FLUTTER, CHRONIC PAIN, ACUTE METABOLIC ENCEPHLOPATHY, TRANSAMINITIS. Pt's PMH includes: CHRONIC KNEE PAIN, ANEMIA SECONDARY TO CHRONIC KIDNEY CHRONIC KNEE PAIN, ANEMIA SECONDARY TO CHRONIC KIDNEY DISEASE, BLE ISCHEMIA, ANXIETY, DEPRESSION, ASTHMA, CTS BILATERAL, CERVICAL RADICULOPATHY, CHRONIC PAIN SYNDROME, COPD, DEGENERATION OF CERVICAL INTERVERTEBRAL DISC, DEGENERATION OF LUMBAR OR LUMBOSACRAL DISC, DEPRESSION, FACET ARTHROPATHY CERVICAL, GERD, GLAUCOMA, HTN, HYPERCHOLESTEROLEMIA, HYPOTHYROIDISM, LUMBAR FACET ARTHROPATHY, LUMBAR SPONDYLOSIS, MIGRAINE, OA, SLEEP APNEA, THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS, TROCHANTERIC BURSITIS, VERTEBROGENIC LOW BACK PAIN, VISION LOSS, VITAMIN D DEF. PSH: BILIARY STENT PLACED, CARPAL TUNNEL INJECTION, CERVICAL EPIDURAL STEROID INJECTION, WRIST TENDON INJECTION, RADIOFREQUENCY ABLATION.

Transfer - Deficits Due To / Comments

tolerance and safety impacting pts ability to perform fxnl transfers and self care tasks.

Self Care Skills - Deficits Due To / Comments

tolerance and safety impacting pts ability to perform fxnl transfers and self care tasks.

Evaluation Assessment Summary

PAIN, ACUTE METABOLIC ENCEPHLOPATHY, TRANSAMINITIS. Pt's PMH includes: CHRONIC KNEE PAIN, ANEMIA SECONDARY TO CHRONIC KIDNEY CHRONIC KNEE PAIN, ANEMIA SECONDARY TO CHRONIC KIDNEY DISEASE, BLE ISCHEMIA, ANXIETY, DEPRESSION, ASTHMA, CTS BILATERAL, CERVICAL RADICULOPATHY, CHRONIC PAIN SYNDROME, COPD, DEGENERATION OF CERVICAL INTERVERTEBRAL DISC, DEGENERATION OF LUMBAR OR LUMBOSACRAL DISC, DEPRESSION, FACET ARTHROPATHY CERVICAL, GERD, GLAUCOMA, HTN, HYPERCHOLESTEROLEMIA, HYPOTHYROIDISM, LUMBAR FACET ARTHROPATHY, LUMBAR SPONDYLOSIS, MIGRAINE, OA, SLEEP APNEA, THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS, TROCHANTERIC BURSITIS, VERTEBROGENIC LOW BACK PAIN, VISION LOSS, VITAMIN D DEF. PSH: BILIARY STENT PLACED, CARPAL TUNNEL INJECTION, CERVICAL EPIDURAL STEROID INJECTION, WRIST TENDON INJECTION, RADIOFREQUENCY ABLATION. Patient presents with decreased strength, standing balance, activity tolerance and safety impacting pts ability to perform fxnl transfers and self care tasks. CLOF: B UE shoulder AROM wfl 3+/5 impacting pts ability to perform fxnl transfers and self care tasks. Patient ambulates with use of RW with fair - dynamic standing balance, increasing risk of falls. Patient requires multiple rests during fxnl tasks due to decreased activity tolerance. Patient requires seated rest after 3 minutes of standing. MIN A to perform LB self care tasks and light meal prep tasks. Patient requires cues for safety and tech during self care tasks and IADLs. Barthel index score 60/100 indicating decreased independence with self care tasks. Recommending skilled OT services to address above impairments and to return to pprof.

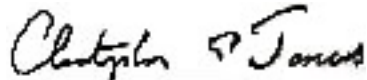
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