

PT Evaluation : 05/05/2025 (1281931691)

Sousa, Joao (101000376)

Date of Birth: 09/27/1945

✓ Patient identity confirmed

Time In: 11:20

Time Out: 11:55

Visit Date: 05/05/2025

Nightingale Visiting Nurses

125 County ST.

Taunton , MA 02780

Phone: (508) 967-0761

Fax: (508) 967-0767

Diagnosis / History

Medical Diagnosis: Parkinson's Disease

PT Diagnosis: R53.1

Relevant Medical History:

Parkinson's Disease, Dementia, Prostate Cancer with Mets, Depression, Hyperlipidemia, Gait instability, COVID-19 acute respiratory disease, Pneumonia, Parkinson's dis w/o dyskinesia, Dementia, Secondary malignant neoplasm of bone, Essential (primary) hypertension.

Prior Level of Functioning:

PLOF patient ambulates with walker device, supervision with all functional transfers and min assist with adls.

Patient's Goals:

regain strength and walk safely again

Precautions: Falls

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:

Patient is homebound due to decreased strength and endurance, requires assistance of 1 person and device to leave home due to high fall risk due to pain, balance issues and weakness.

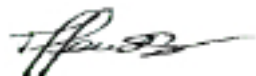
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Physician: Dr. Mendes, Manuela M.

Clinician: Agency, Clinician

Signature:



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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

wife and daughter assist with adls/iadls

Safety / Sanitation Hazards

- ☐ No hazards identified
☒ Steps / Stairs: 4
☐ 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 single family home with 4 STE.

Vital Signs

Temperature:

97.2 Taken: Temporal

BP:		Position	Side	Heart Rate:		Respirations:		O2 Sat:		Room Air / Rate	Route
Prior	116 / 60	Sitting	Left	Prior	76	Prior	16	Prior	96	Room Air	via
Post	/			Post		Post		Post			via

Comments:

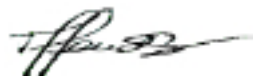
Subjective Information

Wife reports functional decline post hospitalization. Agreeable to have physical therapy services

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Physical Assessment

	Level	Functional Impact
Orientation:	Impairment present.	dementia
Speech:	Impairment present but not impacting functional ability.	
Vision:	Impairment present but not impacting functional ability.	
Hearing:	Impairment present.	HOH
Skin:	Impairment present but not impacting functional ability.	
Muscle Tone:	Impairment present.	due to PD
Coordination:	Impairment present.	due to PD
Sensation:	Impairment present but not impacting functional ability.	
Endurance:	Impairment present.	due to recent pneumonia
Posture:	Impairment present.	R shoulder higher, kyphotic

Edema

☒ **Absent**
☐ **Present**

Pain Assessment

☐ No Pain Reported

Location	Intensity (0-10)	Location	Intensity (0-10)
Primary Site: Other Low back	3	Secondary Site:	
Increased by: standing, walking			
Relieved by: rest, meds as needed			
Interferes with: mobility and ADLs			

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Physical Assessment

ROM / Strength

Part	Action	ROM		Strength		Part	Action	ROM		Strength	
		Right	Left	Right	Left			Right	Left	Right	Left
Shoulder	Flexion					Hip	Flexion	WFL	WFL	3	3
	Extension						Extension	WFL	WFL	4-	4-
	Abduction						Abduction	WFL	WFL	3	3
	Adduction						Adduction	WFL	WFL	3	3
	Int Rot						Int Rot				
	Ext Rot						Ext Rot				
Elbow	Flexion					Knee	Flexion	WFL	WFL	4-	4-
	Extension						Extension	WFL	WFL	4-	4-
Forearm	Pronation					Ankle	Plantar Flexion	WFL	WFL	4-	4-
	Supination						Dorsiflexion	WFL	WFL	3	3
Finger	Flexion						Inversion				
	Extension					Neck	Eversion				
Wrist	Flexion						Flexion				
	Extension						Extension				
Trunk	Extension						Lat Flexion				
	Rotation						Rotation				
	Flexion										

Description of Functional Impact:

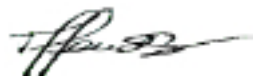
Functional Assessment

Independence Scale Key	Dep	Max Assist	Mod Assist	Min Assist	CGA	SBA	Supervision	Ind with Equip	Indep
Bed Mobility									
Rolling									
Assist Level									
CG (A)									
Assistive Device									
Supine - Sit									
Sit - Supine									
Factors Contributing to Functional Impairment:									
weakness, impaired balance and poor endurance									
Gait									
Assist Level									
Distance/ Amount (Ft)									
Assistive Device									
Level									
SBA									
Unlevel									
Steps /									
Stairs									
Factors Contributing to Functional Impairment:									
weakness, impaired balance and poor endurance									

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Transfer

	Assist Level	Assistive Device
Sit - Stand	SBA	
Stand - Sit	SBA	
Bed - Wheelchair		
Wheelchair - Bed		
Toilet or BSC	SBA	
Tub or Shower	CGA	
Car / Van		
Factors Contributing to Functional Impairment: weakness, impaired balance and poor endurance		

Wheelchair Mobility

Assist Level	Assist Level	Assist Level
Level	Unlevel	Maneuver
Factors Contributing to Functional Impairment:		

Weight Bearing Status

FWB

Balance

✓ Able to assume midline orientation
✓ Able to maintain midline orientation
Sitting: Movement/mobility within position
Standing: Movement/mobility within position

DME

Available

☐ Wheelchair ✓ Walker ☐ Hospital Bed ☐ Bedside Commode ☐ Raised Toilet Seat ✓ Tub / Shower Bench
Other:

Needs

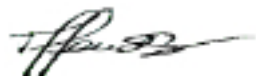
Clinical Statement of Assessment Findings and Recommendations

Patient is a 79 year old male who presents today for PT assessment following hospitalization secondary to pneumonia and falls at home. PMH includes: Parkinson's Disease, Dementia, Prostate Cancer with Mets, Depression, Hyperlipidemia, Gait instability, COVID-19 acute respiratory disease, Pneumonia, Parkinson's dis w/o dyskinesia, Dementia, Secondary malignant neoplasm of bone, Essential (primary) hypertension. Patient lives with wife in a single family home with 5 STE. Wife and daughter are (Continued)

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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: Clinical Manager.

Name(s): Alex Cordeiro, PTA

Regarding: PT POC, goals

☒ Physician Notified Re: Plan of Care, Goals, Frequency, Duration and Direction

Other Discipline Recommendations: ☐ OT ☐ ST ☐ MSW ☐ Aide Other:

Reason:

Statement of Rehab Potential

This patient has the potential to benefit from interventions provided by physical therapy

☒ Yes ☐ No

Treatment / Skilled Intervention This Visit

☒ Completion of the evaluation and development of the plan of care

☐ Other

Discharge Plan

☒ To self care when goals met

☒ To self care when max potential achieved

☐ To outpatient therapy with MD approval

☐ Other:

Therapist Signature (BERNARDO , ROCHELLE) & Date of Verbal Order for Start of PT

Date

Treatment

05/05/2025

Digitally signed by: ROCHELLE BERNARDO , PT

Physician Name

MANUELA MENDES MD

Physician Phone: (508) 679-1033

Physician FAX: (508) 675-2008

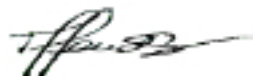
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Treatment Goals and Plan Audits

Goal Summary

Unmet Goals (4)

Patient will have no falls during the episode of care **Goal Term:** long **Target Date:** 05/20/25

Patient will improve gait capacity as evidenced by the ability to ambulate with walker steadily for >150 feet including stairs to allow patient to access bedroom/bathroom and exit home for MD appts within 8 weeks. **Goal Term:** long **Target Date:** 05/20/25

Patient will demonstrate compliance with home exercise program and improvement to BLE strength and dynamic balance to return to PLOF. **Goal Term:** long **Target Date:** 05/20/25

Patient will improve dynamic balance as evidenced by the tinetti score from 16/28 to >20/28 to allow patient to perform all functional mobility and ADLs safely with decrease risk of fall. **Goal Term:** long **Target Date:** 05/20/25

Goals and Interventions Updated This Visit

Goals Added (4)

Patient will demonstrate compliance with home exercise program and improvement to BLE strength and dynamic balance to return to PLOF. **Target Date:** 05/20/25 **Goal Term:** long

Patient will have no falls during the episode of care **Target Date:** 05/20/25 **Goal Term:** long

Patient will improve dynamic balance as evidenced by the tinetti score from 16/28 to >20/28 to allow patient to perform all functional mobility and ADLs safely with decrease risk of fall. **Target Date:** 05/20/25 **Goal Term:** long

Patient will improve gait capacity as evidenced by the ability to ambulate with walker steadily for >150 feet including stairs to allow patient to access bedroom/bathroom and exit home for MD appts within 8 weeks. **Target Date:** 05/20/25 **Goal Term:** long

Interventions Added (4)

(FT) Physical Therapy to perform therapeutic exercises and provide patient with home exercise program to restore functional strength and mobility.

(FT) Physical therapy to provide skilled assessment, identify and mitigate risk factors, provide instruction and reinforcement of teaching to prevent falls/injury.

(FT) Physical Therapy to perform balance training to increase safety and stability in performing functional mobility and ADLS with decrease the risk for injury.

(FT) Physical Therapy to assess gait and instruct patient on methods to improve gait stability and promote safety in ambulation.

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Clinical Statement of Assessment Findings and Recommendations

primary caregivers assisting with ADLs, IADLs, meds mgmt and MD appt.
DME: cane, walker, grab bars, shower chair, bed bar.
PLOF patient ambulates with walker device, supervision with all functional transfers and min assist with ADLs.
CLOF this assessment, patient transfers with stand by assist with extra time, he requires mod assist for bed mobility. He ambulates up to 60 feet with SBA, using rollator, gait is slow, unsteady on turns, forward trunk lean with poor step clearance. Dynamic balance is poor plus, Tinetti is 16/28. Patient with decreased functional endurance requires cues for pacing and longer rest periods due to easy fatigability. Patient is homebound due to decreased strength and endurance, requires assistance of 1 person and device to leave home due to high fall risk due to pain, balance issues and weakness.
Skilled physical therapy necessary to provide functional mobility training, endurance training and teaching on home safety and fall prevention. Skilled Physical Therapy to instruct patient in mobility safety training to include body mechanics, strengthening exercises, ambulation, correct posture, bed mobility, proper transfer techniques. Patient with good rehab potential to meet goal of regain strength and walk safely again. Patient and wife in agreement with PT POC.

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Test and Measures : 05/05/2025
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Standardized Tests and Measures

Tinetti - POMA

Balance Test

Sitting Balance

Arises

Attempts to Rise

Immediate Standing Balance (first 5 seconds)

Standing Balance

Nudged

Eyes Closed

Turning 360 Degrees I

Turning 360 Degrees II

Sitting Down

Answers

(1) Steady, safe

(1) Able, but uses arms to help

(2) Able to rise with one attempt

(1) Steady, but uses walker or other support

(1) Steady, but wide stance (medial heels > 4 inches apart) and uses cane or other support

(1) Staggers, grabs, catches self

(0) Unsteady

(0) Discontinuous steps

(0) Unsteady (grabs, staggers)

(1) Uses arms or not a smooth motion

Gait Test

Initiation of Gait

Step Length and Height - Right Foot Swing

Step Length and Height - Right Foot Clearance

Step Length and Height - Left Foot Swing

Step Length and Height - Left Foot Clearance

Step Symmetry

Step Continuity

Path

Trunk

Walk Stance

(1) No hesitancy

(1) Passes left stance foot

(0) Right foot does not clear floor completely with step

(1) Passes right stance foot

(0) Left foot does not clear floor completely with step

(1) Right and left step length appear equal

(1) Steps appear continuous

(1) Mild/moderate deviation or uses a walking aid

(1) No sway, but flexion of knees or back or spreads arms out while walking

(1) Heels almost touching while walking

Total Score: 16/28

Interpretation: 0-19 = High fall risk | 20-24 = Medium fall risk | 25-28 = Low fall risk

Result Interpretation:

Reference:

1. Tinetti ME. Performance orientated assessment of mobility problems in elderly patients. JAGS 1986; 34: 119-126. (Scoring description: PT Bulletin Feb. 10, 1993).

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