OT Evaluation : 05/23/2025 (1288820672) Freitas, Jacinto ( MA250319054101 ) Date of Birth: 05/14/1941  Patient identity confirmed			Nightingale Visiting Nurses 125 County ST. Taunton , MA 02780 Phone: (508) 967-0761
Time In: 10:00 Time Out:	10:30	Visit Date: 05/23/2025	Fax: (508) 967-0767
Diagnosis / History Medical Diagnosis:			
OT Diagnosis: muscle weakness			
Relevant Medical History:			
Pt is an 83 year old male who present: FALL resulting in DISPLACED INTERTROCO WITH ROUTINE HEALING. Pt's PMH include	HANTERÎC FRACTURE	OF RIGHT FEMUR, SUBSEQUENT	ENCOUNTER FOR CLOSED FRACTURE
Prior Level of Functioning: mod i for self care tasks, adls, iadls	S		
Patient's Goals: i want to be independent again			
Precautions: FALL RISK			
Homebound? □ No ▼ Yes			
For a patient to be eligible to receive covered I all cases that the patient is confined to his/her (homebound) if the following two criteria are m	home. For purposes of		
Criteria One:			
✓ Patient is confined because of illness, needs special transportation; or the assistance of and			, wheelchairs, and walkers; the use o
AND/OR  ☐ Patient has a condition such that leaving his	or her home is medic	ally contraindicated.	
Specify:			
If the patient meets one of the criterion one colbelow.	nditions, then the patie	ent must ALSO meet two addition	al requirements defined in criterion tw
Criteria Two:			
$\checkmark$ Patient has a normal inability to leave home			
<b>AND</b> ☐ Leaving home requires a considerable and t	taxing effort for the pat	tient.	
Specify:			
Social Supports / Safety Hazards			
Patient Living Situation and Availability of A Patient lives: Assistance is available: With other personal Around the clock	on(s) in the home		
Current Types of Assistance Received			
☐ Narrow or obstructed walkway ☐ Lack o	nning water, plumbing of fire safety devices quate lighting, heating	☐ Insect / rodent infestation ☐ No gas / electric appliance and/or cooling	☐ Pets ☐ Unsecured floor coverings
<b>Evaluation of Living Situation, Supports, ar</b> patient lives in a single family home		nd or descend stairs.	
Freitas, Jacinto (MA250319054101) Vital Signs		© 2004-2025 Kinr	Page 1 of nser Software, Inc. All Rights reserved
ician: Dr. Mistikawy, Hany A.	Clinician	Agency, Clinician	
iture:	Signature	:	
6/3/2025	Date: 5/30	0/2025	

Temperature:

Taken:

BP: **Heart Rate:** Respirations: O2 Sat: Room Air / Rate Position Side Route Prior Prior Prior

Prior 128 **/**76 78 98 via Post Post Post via Post

Comments:

**Physical Assessment** 

Speech: Vision: Muscle Tone: Coordination: Good Good Hearing: Edema: Oriented: Good Fair WNL Sensation:

Endurance: Posture: ✓ Person ✓ Place ✓ Time Good

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Signature: Signature:

Date: 6/3/2025 Date: 5/30/2025

**OT Evaluation**: 05/23/2025 Freitas, Jacinto ( MA250319054101 )

# **Evaluation of Cognitive and/or Emotional Functioning**

 $A + O \times 4$  pleasant and cooperative

Pain Assessment

Relieved by: rest

☐ No Pain Reported Location
Primary Site: R LE Intensity (0-10) Location Intensity (0-10) Secondary Site:

Increased by: ambulation

Interferes with:fxnl mobility and self care tasks

# ROM / Strength

		ROM		Streng	jth			ROM		Streng	ıth
Part	Action	Right	Left	Right	Left	Part	Action	Right	Left	Right	Left
Shoulder	Flexion	WFL	WFL	4	4	Forearm	Pronation	WFL	WFL	4	4
	Extension	WFL	WFL	4	4		Supination	WFL	WFL	4	4
	Abduction	WFL	WFL	4	4	Wrist	Flexion	WFL	WFL	4	4
	Adduction	WFL	WFL	4	4		Extension	WFL	WFL	4	4
	Int Rot	WFL	WFL	4	4		Radial Deviation	WFL	WFL	4	4
	Ext Rot	WFL	WFL	4	4		Ulnar Deviation	WFL	WFL	4	4
Elbow	Flexion	WFL	WFL	4	4	Finger	Grip	WFL	WFL	4	4
	Extension	WFL	WFL	4	4	ŭ	Flexion	WFL	WFL	4	4
	Supination	WFL	WFL	4	4		Extension	WFL	WFL	4	4

Comments:

**Functional Assessment** 

i unctional As	36331116111										
Independence S	Scale Key	Dep	Max Assist	Mod Assist	Min Assist	CGA	SBA	Supervision	Ind	with Equip	Indep
Balance					Self Care	Skills					
	Static: Go Static: Fa	od	entation Dynamic: Dynamic:	Good Fair	Toileting / H Oral Hygien Grooming	, 0		Assist Level services	vel	Assistive De	evice
Bed Mobility	Assist Leve	ı			Shaving Bathing Dressing:			MIN A			
Rolling	MOD I	-	✓L ✓R		Upper Body	,		S			
Supine - Sit	MOD I		Assistive De	vice	Lower Body	•		MIN A			
Sit - Supine	MOD I				Manipulation	n of Fas	teners	MOD I			
Deficits Due To /	Comments:				Socks & Sh			MIN A			
					Feeding						
Transfer					Swallowing						
Sit - Stand Stand - Sit	Assist Lever mod i mod i	/el	Assistive Do	evice	Deficits Due Patient pr balance, a	resents	with	decreased st	reng	gth, standir	ıg
Bed - Chair	mod i		rw		Instrumen	tal ADL	.s				
Chair - Bed	mod i		rw					Assist Lev	ام	Assistive De	vice
Toilet or BSC Shower Tub Car / Van	mod i cga		rw		Light House Light Meal F Clothing Ca	Prep re		MOD A	GI I	Assistive De	VICE
Deficits Due To / Patient preser balance, activ	nts with dec		strength, s	tanding	Use of Teler Manage Mo Manage Me Home Safet	ney dication		MOD I			

Freitas, Jacinto (MA250319054101)

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Deficits Due To / Comments: FAMILY ASSISTS PT WITH IADLS

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Date: 6/3/2025 Date: 5/30/2025

OT Evaluation : 05/23/20 Freitas, Jacinto ( MA250319										
<b>Functional Assessmen</b>	` _	,						_		
Independence Scale Key Motor Coordination	Dep	Max Assist	Mod Assist	Min Assist Cognitive			•	ion	Ind with Equip	Indep
Prior to Injury Dominance	0	nanded □Left Deficits Due To		Memory: S Memory: Lo			WNI		Deficits Due	То
Fine Motor Gross Motor Comments:	WNL	Denotes Due 10		Safety Awa Judgment Visual Com Auditory Co Stereognos Spatial Awa Ability to Ex Attention S Comments	iprehens omprehei sis areness kpress No pan	nsion	MNI MNI MM MNI MNI MNI MNI MNI MNI MNI M		1	
Evaluation and Testing Desc	ription:									
Available  Wheelchair Splints Cane Long-Handled Sponge Other:		lospital Bed leacher	☐ Bedside Co☐ Sock Donn	ommode er	□ Raise				ub / Shower Benc hower Chair	h
Necus										
Evaluation Assessment Super is an 83 year old mapped in DISPL WITH ROUTINE HEALING. PERSONAL HISTORY OF MALWITHOUT LOWER URINARY TO Functional Limitations	mmary le who p ACED INT t's PMH IGNANT N	includes: ACQ EOPLASM OF BI	UIRED ABSENC ADDER(Z85.51	CE OF OTHER L), TOBACCO	R SPECIE USE(Z7	FIED PA	ARTS OF I	DIGEST	FIVE TRACT (Z90	.49),
✓ Decreased ROM / Strengt ✓ Decreased Transfer Ability Comments:			Balance / Gait d Bed Mobility		ncreased ecrease		Care		ecreased Endura oor Safety Aware	

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Date: 6/3/2025 Date: 5/30/2025

OT Evaluation : 05/23/2025 Freitas, Jacinto ( MA250319054101 )	
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): Connie marques 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 plof	
Treatment / Skilled Intervention This Visit	
ot eval	
Disabanna Dian	
Discharge Plan  ✓ To self care when goals met  ✓ To self care when max potential achieved  □ To outp	patient therapy with MD approval
Other:	
Therapist Signature (MELLO, JESSICA) & Date of Verbal Order for Start of OT	Date
Treatment	05/23/2025
Digitally Signed by: IESSICA MELLO OT	
Digitally Signed by: JESSICA MELLO , OT	
	Physician Phone: (508) 679-2265
Physician Name HANY MISTIKAWY MD	Physician Phone: (508) 679-2265 Physician FAX: (508) 646-0586
Physician Name	Physician Phone: (508) 679-2265 Physician FAX: (508) 646-0586
Physician Name HANY MISTIKAWY MD	Physician FAX: (508) 646-0586
Physician Name HANY MISTIKAWY MD	Physician FAX: (508) 646-0586
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OT Evaluation: 05/23/2025

Freitas, Jacinto (MA250319054101)

**Treatment Goals and Plan Audits** 

# **Goal Summary**

# **Unmet Goals (4)**

- (FT) Patient will perform shower level tasks with mod i with good safety tech utilizing tub transfer bench and grab bars within 8 weeks **Goal Term:** long **Target Date:** 07/18/25
- (FT) Patient will be independent with use of ECT to improve functional activity tolerance as evidenced by BORG <4/10 during toileting tasks within 8 weeks **Goal Term**: long **Target Date**: 07/18/25
- (FT) Patient will increase Barthel index score to 80/100 indicating increased independence with self care tasks and IADLs **Goal Term:** long **Target Date:** 07/18/25
- (FT) Patient will perform grooming tasks with mod i while standing at sink >10 minutes with no reports of fatigue within 8 weeks **Goal Term:** long **Target Date:** 07/18/25

# **Goals and Interventions Updated This Visit**

# Goals Added (4)

- (FT) Patient will perform grooming tasks with mod i while standing at sink >10 minutes with no reports of fatigue within 8 weeks **Target Date**: 07/18/25 **Goal Term**: long
- (FT) Patient will increase Barthel index score to 80/100 indicating increased independence with self care tasks and IADLs **Target Date:** 07/18/25 **Goal Term:** long
- (FT) Patient will be independent with use of ECT to improve functional activity tolerance as evidenced by BORG <4/10 during toileting tasks within 8 weeks **Target Date:** 07/18/25 **Goal Term:** long
- (FT) Patient will perform shower level tasks with mod i with good safety tech utilizing tub transfer bench and grab bars within 8 weeks **Target Date**: 07/18/25 **Goal Term**: long

### Interventions Added (4)

- (FT) Occupational therapy to provide gross motor control activities and therapeutic activities that facilitate large muscle movements, mobility, strength and dexterity required for 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 Relevant Medical History
- (FT) Occupational therapy to provide education on energy conservation techniques to improve functional activity tolerance during functional 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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Date: 6/3/2025 Date: 5/30/2025

# OT Evaluation Addendum Page: 05/23/2025

Freitas, Jacinto ( MA250319054101 )

### Relevant Medical History

TRACT (290.49), PERSONAL HISTORY OF MALIGNANT NEOPLASM OF BLADDER (285.51), TOBACCO USE (272.0), BENIGN PROSTATIC HYPERPLASIA WITHOUT LOWER URINARY TRACT SYMPTOMS (N40.0), DISPLACED INTERTROCHANTERIC FRACTURE OF RIGHT FEMUR, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING (S72.141D), DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED (R26.2), MUSCLE WEAKNESS (GENERALIZED) (M62.81), PRESENCE OF RIGHT ARTIFICIAL HIP JOINT (Z96.641), FALL (ON) (FROM) OTHER STAIRS AND STEPS, SUBSEQUENT ENCOUNTER (W10.8XXD), UNSPECIFIED ATRIAL FIBRILLATION (I48.91), ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS (125.10), CALCULUS OF BILE DUCT WITH ACUTE CHOLANGITIS WITH OBSTRUCTION (K80.33), ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, RIGHT LEG(I70.221), PERIPHERAL VASCULAR DISEASE, UNSPECIFIED (I73.9), CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED (J44.9), HYPERLIPIDEMIA, UNSPECIFIED (E78.5), PERIPHERAL VASCULAR ANGIOPLASTY STATUS WITH IMPLANTS AND GRAFTS (Z95.820), SYNCOPE AND COLLAPSE (R55), CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE (I50.22), TYPE 2 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITHOUT GANGRENE (E11.51), PRIMARY PULMONARY HYPERTENSION (127.0).

#### 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**

INTERTROCHANTERIC FRACTURE OF RIGHT FEMUR, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING(S72.141D), DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED(R26.2), MUSCLE WEAKNESS (GENERALIZED) (M62.81),
PRESENCE OF RIGHT ARTIFICIAL HIP JOINT(Z96.641), FALL (ON) (FROM) OTHER STAIRS AND STEPS, SUBSEQUENT ENCOUNTER (W10.8XXD),
UNSPECIFIED ATRIAL FIBRILLATION (148.91), ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA
PECTORIS(125.10), CALCULUS OF BILE DUCT WITH ACUTE CHOLANGITIS WITH OBSTRUCTION(K80.33), ATHEROSCLEROSIS OF NATIVE
ARTERIES OF EXTREMITIES WITH REST PAIN, RIGHT LEG(170.221), PERIPHERAL VASCULAR DISEASE, UNSPECIFIED(173.9), CHRONIC
OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED(J44.9), HYPERLIPIDEMIA, UNSPECIFIED(E78.5), PERIPHERAL VASCULAR ANGIOPLASTY
STATUS WITH IMPLANTS AND GRAFTS(Z95.820), SYNCOPE AND COLLAPSE(R55), CHRONIC SYSTOLIC (CONGESTIVE) HEART
FAILURE(150.22),
TYPE 2 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITHOUT GANGRENE(E11.51), PRIMARY PULMONARY
HYPERTENSION(127.0)
Pt was seen this day for ot eval in new certification. Patient has made good progress with skilled ot services since soc. Patient presents with increased strength, standing balance and activity to the home.
CLOF: B UE shoulder AROM wfl 4-/5 from 3+/5 impacting pts ability to perform fxnl transfers and self care tasks. Although pt has made good progress cont services warranted to cont to increase independence and safety in the home.
CLOF: B UE shoulder AROM wfl 4-/5 from 3+/5 impacting pts ability to perform fxnl transfers and self care tasks. Patient medulates with use of RW with fair + from fair - dynamic standing balance, increasing risk of falls. Patient requires cues for safety and tech during self care tasks and LADLs. Barthel index score 60/100 impairments and to return to plof.
Patient presents with decreased strength, standing balance, activity tolerance and safety impacting pts ability to perform fxnl transfers and self care tasks. Patient medulates and to return to plof.
Pati

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Signature: Signature:

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