



AlphaCare Home Health Agency, Inc.

Caregiver: Meneses, Marie (PT) Visit Date: 05/22/2025

Patient: Souza, William F.-MR#000004130 DOB:11/29/1964

Chart: 2 Episode: 1 Therapy Visit #: Travel Time: minutes Chart Time: minutes Mileage: 6 Billing Code: PT30 - PT 30 DAY EVAL Time In: 10:15 AM Time Out: 10:45 AM

PHYSICAL THERAPY FUNCTIONAL REASSESSMENT

1=:=4/C====4	Movement	Range	PR	OM	AR	OM	Joint/Segment	Movement	Range	PROM		AR	OM		S TOWARDS
Joint/Segment	wovement	Kange	Right	Left	Right	Left	Joint/Segment	Wovement	Range	Right	Left	Right	Left		DUTCOMES
Elbow	Flexion	0-140						Flexion	0-120					BLE joints a	re wfl
	Hyperextension	0-0					Extension	0-25							
Forearm	Pronation	0-90					Hip	Adduction	0-45						
	Supination	0-90					, iiip	Abduction	0-45						
Wrist	Extension	0-70						Internal Rot.	0-45						
	Flexion	0-70						External Rot.	0-45						
	Radial Deviation	0-70					Knee	Flexion	0-120						
	Ulnar Deviation	0-70						Extension	0-15						
	Flexion	0-70						Flexion	0-13						
	Abduction	0-180					Ankle	Extension	0-43						
	Other	0-100						Flexion	0-36						
	Otriei							Hyperextension							
Shoulder							_	Lateral Flexion	0-45						
Silouidei				<u> </u>			Cervical Spine		0 40						
							•	Rotation	0-45						
	TRENGTH AC									RANSFE					
	5 = WNL 4 =												n 1 = Inc	lependent	
LUE:	05 04 0	3 🔵 2	O 1	O 0 [RUE:	\circ	5 (4 (3	0 2 0 1 0	0 (Assi	st	Assist			Assistiv Device
_	○ 5			_	RLE:		5 🔘 4 💽 3			4 = Mode	erate 2 =	= Standby	W/O AI) = Without	Device
Left Hand:	05 04 0	3 🔵 2	O 1	00 [Right H	and: 🔘	5 0 4 0 3	02 01 0	0 (Assi		Assist	W/O AL	Assistive	
PROGRESS TO	WARDS GOALS	OUTCO	MES											Device	
									 ✓ E	Bed Mobili	ty	Chair			
BALANCE/	CAIT								1			2			
				В.	AL ANCE!	CAIT				AD	W/O AD	AD		AD AD	W/O AD
SITTING NO DEFICIT BALANCE/ GAIT ALTERED Describe: Berg Score:								▼ I	n/Out of B	ed	Comn	node/Toile	et 🔲		
STANDING NO DEFICIT NO DEFICIT NO DEFICIT NO DEFICIT											2				
										AD 🔲	W/O AD	AD		AD AD	W/O AD
ALTERED	Describe:			0	ther:30 se	c STS tes	t:5 times		▼ 9	Sit to Stan	d	▼ Tub/S	hower		
GAIT SHU	JFFLING 🔲 U	NSTEAD	Y 🔲 T	REMOR:	S				1			2			
Gait Surfaces: ((Indicate highest I	level of fu	inction)											AD AD	W/O AD
4 - Navigates various surfaces without assistive Gait Surface Score:								Performance Affected By:							
device					ait Distan	•			bala	nce instat	oility				
_	s various surface				istance: ft	•			PRO	CRESS T	OWARD	S GOALS	/OUTCOI	MES	
-	s flat surfaces wi			_	With ass					OILLOO I	OWARD	O OOALO	,001001	·ILO	
	s flat surfaces wi			_	Without		device								
assistive de	o navigate flat sui vice	naces wit	ii oi wiliio	ut Sp	peed for 1	meter:									
PROGRESS TO	WARDS GOALS	OUTCO	MES												
ENDURAN		A /:4 la a 4 a													
With assistiv	_		ssistive de												
_	oled with breathle						and the second second second								
	by shortness of lower than people			-			reathlessness or	has to stop for a	breath wh	nen walkir	ng at own	pace on le	evel surfa	ce	
	oo breathless to I										-				
Endurance Sco						-	-								
PROGRESS TO	WARDS GOALS	OUTCO	MES												
PAIŅ ,	N. M. 411-	1	T	A			ot	1							

Physician: Dr. Mistikawy, Hany A. Clinician: clinician, Agency

Signature: Signature:

Date: 6/3/2025 Date: 5/25/2025

Electronically signed by Dr. Mistikawy, Hany A. on 6/3/2025





AlphaCare Home Health Agency, Inc.

Caregiver: Meneses, Marie (PT) Visit Date: 05/22/2025

Patient: Souza, William F.-MR#000004130 DOB:11/29/1964

WONG- Intensity: No Hurt BAKER FACES¹ PAIN RATING SCALE 0 1 2 3 4 6 8 10 0 0 1 2 3 4 5 6 7 8 9 10	Onset Date: Pain precipitated by: Pain relieved by: Current pain management & eff Pain site assessment: PROGRESS TOWARDS GOAL		s					
¹ From Hockenberry MJ, Wilson D: Wong's Essentials of Pediatric Nursing, ed. 8, St. Louis, 2009 Mosby. Used with permission. Copyright Mosby. Pain Description: ☐ Sharp ☐ Dull ☐ Other:								
	D/D Luine	Cittina	Chandina					
VITAL SIGNS:	B/P Lying L R	Sitting 120/70	Standing					
VARIABLE FACTORS/CONDITIONS AFFECTING PATIENT'S RESPONSE								
Unexpected Temporary Illness Unexpected Family/Personal Event New Diagnosis Oth	ner (specify):							
EXPECTATIONS PATIENT'S CONDITION WILL IMPROVE								
Is Patient Progressing towards goals/outcomes? Yes No Is Goal attainable in a reasonable ar	• • • • • • • • • • • • • • • • • • • •	time?	es O No					
Progress towards goals identified by patient: Pt reports that he is able to occ ambulate with no AD inside the								
Provide Clinically Supportable statement to explain: Pt exhibits improvement in tinetti and 30 sec STS test scores Continue with current Plan of Care? Yes No If No, notify MD if update to POC is needed								
SKILLED SERVICES PROVIDED THIS VISIT								
Interventions PT TREATMENT PLAN: Balance Training Start Effective Date: 04/24/2025 Met/Discontinued Date: 05/22/2025 Functional mobilities Start Effective Date: 04/24/2025 Met/Discontinued Date: 05/22/2025 Gait Training Start Effective Date: 04/24/2025 Met/Discontinued Date: 05/22/2025 Home Program Establish/Upgrade Start Effective Date: 04/24/2025 Met/Discontinued Date: 05/22/2025 Muscle re-education Start Effective Date: 04/24/2025 Met/Discontinued Date: 05/22/2025 Teach Pt/Pcg: Safe, effective use of adaptive/assist device Start Effective Date: 04/24/2025 Met/Discontinued Date: 05/22/2025 Teach safety precautions Start Effective Date: 04/24/2025 Met/Discontinued Date: 05/22/2025 Therapeutic Exercise Start Effective Date: 04/24/2025 Met/Discontinued Date: 05/22/2025 Transfer Training Start Effective Date: 04/24/2025 Met/Discontinued Date: 05/22/2025								
Goals PT SHORT TERM AND LONG TERM GOALS: Patient will demonstrate improved LE strength AEB increased ability to perform 30 second chair stand test fr Status/Specify: 5 times Met/Discontinued Date: 05/22/2025 Pt will be able to ambulate at least 200 ft using RW on all types of surfaces independently in preparation for of Met/Discontinued Date: 05/22/2025 Pt will be able to perform all transfers independently to be able to perform ADLs with more ease Start Effe Pt will be able to perform HEP independently to aid in improving muscle strength to be able to do ADLs. S Pt will exhibit improvement in Tinetti score from 14/28 to 22/28 or higher to prevent falls while performing AD Date: 05/22/2025	going to MD appointments safely ctive Date: 04/24/2025 Met/Discortart Effective Date: 04/24/2025 Met	Start Effectiv ntinued Date: 0 et/Discontinued	ve Date: 04/24/2025 05/22/2025 I Date: 05/22/2025					
Pt seen for PT service due to impairment in functional mobility, decreased endurance, impairment in balan education on transfers, ambulation using AD, balance, pain management, fall prevention and HEP. Pt has i								
THERAPY/AIDE PTA COTA AIDE Other: SUPERVISION (optional)	<u> </u>							
Present on this visit?	if any), caregivers and family?	Yes O No						
Follows the patient's plan of • Yes No Complies with infection prevention and control • Yes No Complies with infection prevention and control		Yes	O No					
care? policies and procedures? Honors patient's rights? • Yes No Demonstrates competency with assigned saks? • Yes No Demonstrates competency with assigned tasks?	patient's condition? No Additional instruction give during visit?	ven Yes	○ No					
Signature: Date: 05/22/2025								
Physician's Signature (optional per agency policy):	Date:	CHECK ONE:	G0151-PT G0159-PT Maintenance					
	•PASS™ 800-438-8884 of Document Design	1						
nysician: Dr. Mistikawy, Hany A. Clinician: clinician	ı. Agency							

Phy

Signature: Signature:

Date: 6/3/2025 Date: 5/25/2025

Electronically signed by Dr. Mistikawy, Hany A. on 6/3/2025





AlphaCare Home Health Agency, Inc.

Patient: Souza, William F.-MR#000004130 DOB:11/29/1964

Caregiver: Meneses, Marie (PT) Visit Date: 05/22/2025

Patient's Signature

Signed on 05/22/2025 10:26:34 AM EDT

This form has been electronically signed by:

Meneses, Marie (PT) PT 05/25/2025 09:47:58 PM EDT

PHYSICIAN NAME: Mistikawy, Hany (MD (Dr. Alliance))

Physician: Dr. Mistikawy, Hany A. Clinician: clinician, Agency

Signature: Signature:

Date: 6/3/2025 Date: 5/25/2025

Electronically signed by Dr. Mistikawy, Hany A. on 6/3/2025