

OT Evaluation : 04/24/2025 (1277699895)

Rodrigues, Doris (MA250415113301)

Date of Birth: 11/14/1933

☐ Patient identity confirmed

Time In: 16:30

Time Out: 17:15

Visit Date: 04/24/2025

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 91-year-old female who was referred to skilled ot services to assess pts safety and independence in the home after recent hospitalization. Patient was hospitalized s/p becoming dizzy and lowering herself to the ground at home.

Prior Level of Functioning:

independent with self care tasks and adls.

Patient's Goals:

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 high rise building, alone.

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Vital Signs

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Physician: Dr. Sorial, Ehab N.

Clinician: Agency, Clinician

Signature:



Signature:

Date: 6/6/2025

Date: 5/30/2025

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Temperature:

Taken:

BP:Prior 133 / 69
Prior /*Position**Side***Heart Rate:**Prior 88
Post**Respirations:**Prior
Post**O2 Sat:**Prior 98
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

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Evaluation of Cognitive and/or Emotional Functioning

Pain Assessment

☐ No Pain Reported

Primary Site: *Location* *Intensity (0-10)* Secondary Site: *Location* *Intensity (0-10)*
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+
	Ext Rot	WFL	WFL	3+	3+		Ulnar Deviation	WFL	WFL	3+	3+
Elbow	Flexion	WFL	WFL	3+	3+	Finger	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
Toileting / Hygiene
Oral Hygiene
Grooming
Shaving
Bathing
Dressing:
Upper Body
Lower Body
Manipulation of Fasteners
Socks & Shoes
Feeding
Swallowing
Deficits Due To / Comments:
Patient presents with decreased strength, standing balance, activity (Continued)

Bed Mobility

Assist Level **Assistive Device**
MOD I ✓ L ✓ R
Rolling
Supine - Sit MOD I
Sit - Supine MOD I
Deficits Due To / Comments:

Transfer

Assist Level **Assistive Device**
CGA
CGA
CGA
CGA
CGA
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
MOD I
Light Housekeep
Light Meal Prep
Clothing Care
Use of Telephone
Manage Money
Manage Medication
Home Safety Awareness
Deficits Due To / Comments:
FAMILY ASSISTS PT WITH IADLs

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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

Prior to Injury
Dominance

☒ Right handed ☐ Left handed

Deficits Due To

Fine Motor
Gross Motor

WNL
WNL

Comments:

Cognitive Status / Perception

Memory: Short Term
Memory: Long Term
Safety Awareness
Judgment
Visual Comprehension
Auditory Comprehension
Stereognosis
Spatial Awareness
Ability to Express Needs
Attention Span
Comments:

WNL
WNL
Impaired
WNL
WNL
WNL
WNL
WNL
WNL
WNL

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 91-year-old female who was referred to skilled ot services to assess pts safety and independence in the home after recent hospitalization. Patient was hospitalized s/p becoming dizzy and lowering herself to the ground at home. 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 (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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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):

Regarding:

☒ 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

Digitally Signed by: JESSICA MELLO , OT

Date

04/24/2025

Physician Name
EHAB SORIAL MD

Physician Phone: (508) 235-5434
Physician FAX: (508) 235-5436

Physician Signature

Date

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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 shower chair and grab bars within 8 weeks **Goal Term:** long **Target Date:** 06/16/25

(FT) patient will retrieve a snack with mod i and good dynamic standing balance utilizing rw within 8 weeks **Goal Term:** long **Target Date:** 06/16/25

(FT) patient will increase B UE shoulder ext, IR and add to 4/5 to perform fxnl transfers with ease within 8 weeks **Goal Term:** long **Target Date:** 06/16/25

(FT) Patient will increase Barthel index score to 80/100 indicating increased independence with self care tasks and IADLs **Goal Term:** long **Target Date:** 06/16/25

Goals and Interventions Updated This Visit

Goals Added (4)

(FT) patient will increase B UE shoulder ext, IR and add to 4/5 to perform fxnl transfers with ease within 8 weeks **Target Date:** 06/16/25 **Goal Term:** long

(FT) patient will retrieve a snack with mod i and good dynamic standing balance utilizing rw within 8 weeks **Target Date:** 06/16/25 **Goal Term:** long

(FT) Patient will increase Barthel index score to 80/100 indicating increased independence with self care tasks and IADLs **Target Date:** 06/16/25 **Goal Term:** long

(FT) Patient will perform shower level tasks with mod i with good safety tech utilizing shower chair and grab bars within 8 weeks **Target Date:** 06/16/25 **Goal Term:** long

Interventions Added (4)

(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 neuro reeducation and balance challenges to improve static and dynamic standing balance to restore independence and reduce risk of falls

(FT) Occupational Therapy to provide IADL training to increase client's level of independence with 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

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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

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 plof.

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