

**PT Evaluation** : 05/21/2025 (1287641024)

Finch, Darwin ( MA210304014206 )

Date of Birth: 01/21/1942

✓ Patient identity confirmed

Time In: 14:30

Time Out: 15:05

Visit Date: 05/21/2025

**Nightingale Visiting Nurses**

125 County ST.

Taunton , MA 02780

Phone: (508) 967-0761

Fax: (508) 967-0767

**Diagnosis / History**

**Medical Diagnosis:** Alzheimers disease

**PT Diagnosis:** Weakness

**Relevant Medical History:**

Patient is 83 year old male referred to physical therapy to address physical deconditioning post hospitalization due to sepsis. Pmhx includes alzheimers, CAD, DM, HTN, GERD, OA.

**Prior Level of Functioning:**

independent with all mobility including ambulation and adls.

**Patient's Goals:**

to regain strength and avoid rehospitalization

**Precautions:** dementia, 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. Nakda, Joseph

Clinician: Clinician, Agency

Signature:



Signature:

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**Social Supports / Safety Hazards**

**Patient Living Situation and Availability of Assistance**

Patient lives: Alone  
Assistance is available: Occasional / short-term assistance

**Current Types of Assistance Received**

family assist as needed. Grandson is PCA.

**Safety / Sanitation Hazards**

- ☐ No hazards identified  
☒ Steps / Stairs: 5  
☒ 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 with daughter in 1F apt housing.

**Vital Signs**

**Temperature:**

97.8 Taken: Temporal

BP:		Position	Side	Heart Rate:	Respirations:	O2 Sat:	Room Air / Rate	Route
Prior	106 / 60	Lying	Left	Prior 68	Prior 16	Prior 95	Room Air	via
Post	/			Post	Post	Post		via

Comments:

**Subjective Information**

Patient noted with significant decline. CG agreeable to continue physical therapy to improve functional independence and safety at home

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**Physical Assessment**

	Level	Functional Impact
<b>Orientation:</b>	Impairment present.	
<b>Speech:</b>	Impairment present but not impacting functional ability.	
<b>Vision:</b>	Within normal limits.	
<b>Hearing:</b>	Impairment present.	
<b>Skin:</b>	Impairment present but not impacting functional ability.	
<b>Muscle Tone:</b>	Impairment present but not impacting functional ability.	
<b>Coordination:</b>	Impairment present.	
<b>Sensation:</b>	Impairment present but not impacting functional ability.	
<b>Endurance:</b>	Impairment present.	
<b>Posture:</b>	Impairment present but not impacting functional ability.	


**Edema**  
☒ Absent  
☐ Present

**Pain Assessment**  
☐ No Pain Reported

Location	Intensity (0-10)	Location	Intensity (0-10)
Primary Site: L elbow		Secondary Site:	
Increased by: denies pain			
Relieved by:			
Interferes with:			

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**Transfer**

	<b>Assist Level</b>	<b>Assistive Device</b>
Sit - Stand	Max A	
Stand - Sit	Max A	
Bed - Wheelchair		
Wheelchair - Bed		
Toilet or BSC	Max A	
Tub or Shower		
Car / Van		
Factors Contributing to Functional Impairment: weakness, dementia		

**Wheelchair Mobility**

<b>Assist Level</b>	<b>Assist Level</b>	<b>Assist Level</b>
Level	Unlevel	Maneuver
Factors Contributing to Functional Impairment:		

**Weight Bearing Status**

fwb

**Balance**

☒ Able to assume midline orientation  
☐ Able to maintain midline orientation  
Sitting: Maintain position  
Standing: Attain 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 83 year old male referred to physical therapy to address physical deconditioning post hospitalization due to sepsis. Pmhx includes alzheimers, CAD, DM, HTN, GERD, OA. Patient lives with daughter in lf housing apt, family assisting with adls, iadls. PLOF was independent with all mobility including ambulation and adls. CLOF this assessment, patient transfers with max assist with extra time. He is unable to walk this visit. Dynamic balance impaired, unable to test. Patient with (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:

Name(s): Jordan

Regarding: 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 Treatment**  
Digitally Signed by: ROCHELLE BERNARDO , PT

**Date**  
05/21/2025

**Physician Name**  
JOSEPH NAKDA M.D.

**Physician Phone:** (508) 679-1906  
**Physician FAX:** (508) 673-6630

**Physician Signature**

**Date**

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**Treatment Goals and Plan Audits**

**Goal Summary**

**Unmet Goals (4)**

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:** 06/12/25

Patient will improve gait capacity as evidenced by the ability to ambulate with walker steadily for >200 feet to allow patient to access bedroom/bathroom and exit home for MD appts within 8 weeks. **Goal Term:** long **Target Date:** 06/12/25

Patient will improve dynamic balance as evidenced by the tinetti score from 14/28 to >20/28 to allow patient to perform all functional mobility and ADLs safely with decrease risk of fall. **Goal Term:** long **Target Date:** 06/12/25

Patient will have no falls during the episode of care **Goal Term:** long **Target Date:** 06/12/25

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**Clinical Statement of Assessment Findings and Recommendations**

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 2 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 increasing strength and walk safely again. Patient and CG in agreement with PT POC.

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