

PT Evaluation : 05/24/2025 (1287568334)

Ossick, Dale (MA240102094604)

Date of Birth: 09/19/1946

✓ Patient identity confirmed

Time In: 13:22

Time Out: 13:52

Visit Date: 05/24/2025

Diagnosis / History**Medical Diagnosis:** S82.64XD**PT Diagnosis:** R26.2**Relevant Medical History:**

Fall; Rt lateral malleolus nondisplaced fracture, UTI, HTN, DM hyperglycemia, NASH, CKD 3, polyarthritis, HLD, hx CVA, chronic back pain, anemia, heel spurs, atherosclerosis calcification, neuropathy, morbid obesity due to excess calories, left non-dominant hemiplegia due to CVA, OAB, RLS, B knee OA, cervical spinal stenosis, (Continued)

Prior Level of Functioning:

(I) throughout home and community with Rollator/Electric WC.

Patient's Goals:

Regain PLOF; prevent falls.

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:

Impairments re: strength, balance, and functional activity tolerance, resulting in pt's functional decline and increased risk for falls.

Nightingale Visiting Nurses

125 County ST.

Taunton, MA 02780

Phone: (508) 967-0761

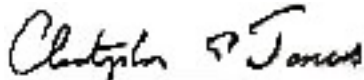
Fax: (508) 967-0767

Physician: Dr. Joncas, Christopher

Clinician: Clinician, Agency

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Signature:



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Social Supports / Safety Hazards

Patient Living Situation and Availability of Assistance

Patient lives: Alone
Assistance is available: No assistance available

Current Types of Assistance Received

N/A.

Safety / Sanitation Hazards

- ☒ No hazards identified
- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Steps / Stairs: | <input type="checkbox"/> No running water, plumbing | <input type="checkbox"/> Insect / rodent infestation | <input type="checkbox"/> Pets |
| <input type="checkbox"/> Narrow or obstructed walkway | <input type="checkbox"/> Lack of fire safety devices | <input type="checkbox"/> No gas / electric appliance | <input type="checkbox"/> Unsecured floor coverings |
| <input type="checkbox"/> Cluttered / soiled living area | <input type="checkbox"/> Inadequate lighting, heating and/or cooling | | |
- Other:

Evaluation of Living Situation, Supports, and Hazards

Pt lives in single-level apt with elevator access.

Vital Signs

Temperature:

97.6 Taken: Temporal

BP:		Position	Side	Heart Rate:	Respirations:	O2 Sat:	Room Air / Rate	Route
Prior	124 / 68	Sitting	Left	Prior 74	Prior 18	Prior 98	Room Air	via
Post	/			Post	Post	Post		via

Comments:

Subjective Information

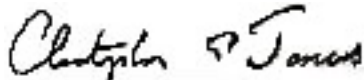
Pt reports motivation to continue Home PT POC.

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Physical Assessment

	Level	Functional Impact
Orientation:	Impairment present but not impacting functional ability.	
Speech:	Impairment present but not impacting functional ability.	
Vision:	Impairment present but not impacting functional ability.	
Hearing:	Impairment present but not impacting functional ability.	
Skin:	Impairment present but not impacting functional ability.	
Muscle Tone:	Impairment present but not impacting functional ability.	
Coordination:	Impairment present but not impacting functional ability.	
Sensation:	Impairment present but not impacting functional ability.	
Endurance:	Impairment present.	
Posture:	Impairment present but not impacting functional ability.	

Edema

- ☒ Absent
☐ Present

Pain Assessment

☐ No Pain Reported

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

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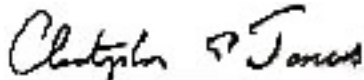
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Physical Assessment

ROM / Strength

		ROM		Strength				ROM		Strength	
Part	Action	Right	Left	Right	Left	Part	Action	Right	Left	Right	Left
Shoulder	Flexion					Hip	Flexion	WFL	WFL	4	4
	Extension						Extension	WFL	WFL	4	4
	Abduction						Abduction	WFL	WFL	4	4
	Adduction						Adduction	WFL	WFL	4	4
	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	4	4
Finger	Flexion						Inversion				
Wrist	Extension					Neck	Eversion				
	Flexion						Flexion				
Trunk	Extension					Extension					
	Rotation					Lat Flexion					
	Flexion					Rotation					

Description of Functional Impact:

Functional Assessment

Dep	Max Assist	Mod Assist	Min Assist	CGA	SBA	Supervision	Ind with Equip	Indep
Independence Scale Key								
Bed Mobility			Gait					
Assist Level			Assist Level			Distance/ Amount (Ft)		Assistive Device
(I)	<input type="checkbox"/> L <input type="checkbox"/> R		Level	SB (A)		X 150		Rollator
Supine - Sit	(I)		Unlevel			X		
Sit - Supine	(I)		Steps / Stairs			X		
Factors Contributing to Functional Impairment:								

Factors Contributing to Functional Impairment:
 Impairments re: strength, balance, and functional activity tolerance, resulting in pt's functional decline and increased risk for falls.

Signature:

Chastyn & Jones

Signature:

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Transfer

	Assist Level	Assistive Device
Sit - Stand	(S)	Rollator
Stand - Sit	(S)	Rollator
Bed - Wheelchair		
Wheelchair - Bed		
Toilet or BSC	(S)	Rollator
Tub or Shower		
Car / Van		

Factors Contributing to Functional Impairment:

Impairments re: strength, balance, and functional activity tolerance, resulting in pt's functional decline and increased risk for falls.

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: Maintain 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 78 year old female who presents today for PT Evaluation in new certification following hospitalization and STR-stay secondary to Fall; Rt lateral malleolus nondisplaced fracture, UTI. Pt's PMH includes: HTN, DM hyperglycemia, NASH, CKD 3, polyarthrititis, HLD, hx CVA, chronic back pain, anemia, heel spurs, atherosclerosis calcification, neuropathy, morbid obesity due to excess calories, left non-dominant hemiplegia due to CVA, OAB, RLS, B knee OA, cervical spinal stenosis, DDD (Continued)

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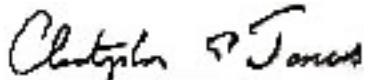
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Treatment Goals and Plan

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): Tammy Bienvenue, PTA.

Regarding: PT Eval completed and visit schedule.

☒ 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 (FAUVELL , DANIELJ) & Date of Verbal Order for Start of PT Treatment
Digitally Signed by: DANIELJ FAUVELL , PT

Date
05/24/2025

Physician Name
CHRISTOPHER JONCAS MD

Physician Phone: (508) 235-5445
Physician FAX: (508) 235-5594

Physician Signature

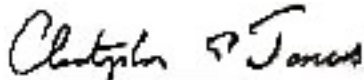
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Treatment Goals and Plan Audits

Goal Summary

Unmet Goals (6)

Patient will Improve gait capacity as evidenced by the ability to ambulate with Rollator for 200' (I) to allow patient to safely access community within 60 days. **Goal Term:** long **Target Date:** 07/15/25

Patient will Improve mobility as evidenced by a TUG Score of 13.5 seconds using Rollator for in-home mobility without fall risk **Goal Term:** long **Target Date:** 07/15/25

Pt will demonstrate ability to perform HEP to maintain/progress health and functional abilities, prevent the need for future intervention, within cert **Goal Term:** long **Target Date:** 07/15/25

Patient will Improve ability to safely transfer from all surfaces to all surfaces with Independence to allow patient to perform Transfers with decreased risk for falls. **Goal Term:** long **Target Date:** 07/15/25

Pt will not fall during this episode of care. **Goal Term:** long **Target Date:** 07/15/25

Pt will remain out of hospital throughout this episode of care. **Goal Term:** long **Target Date:** 07/15/25

Goal Progress Summary For This Visit

Goals Addressed (6)

(1 of 6) Pt will remain out of hospital throughout this episode of care.

Interventions Performed (1)

PT to perform ther-ex, ther-act, gait training, and/or pt/caregiver ed. to improve pt's functional abilities and prevent hospitalization.

Result: Needs Reinforcement **Performed On:** Patient,

Note:

(2 of 6) Pt will not fall during this episode of care.

Interventions Performed (1)

PT to perform ther-ex, ther-act, gait training, neuro. re-ed., and pt/caregiver ed. to improve pt's functional abilities and prevent falls.

Result: Needs Reinforcement **Performed On:** Patient,

Note:

(3 of 6) Patient will Improve ability to safely transfer from all surfaces to all surfaces with Independence to allow patient to perform Transfers with decreased risk for falls.

Interventions Performed (1)

Physical Therapy to utilize ther-ex, ther-act, gait training, neuro. re-ed., and pt ed. to facilitate pt's (I) with all Transfers.

Result: Needs Reinforcement **Performed On:** Patient,

Note:

(4 of 6) Pt will demonstrate ability to perform HEP to maintain/progress health and functional abilities, prevent the need for future intervention, within cert

Interventions Performed (1)

PT to perform ther-ex, ther-act, gait training, neuro. re-ed., and pt/caregiver ed. to improve pt's functional abilities to facilitate pt's PLOF.

Result: Needs Reinforcement **Performed On:** Patient,

(Continued)

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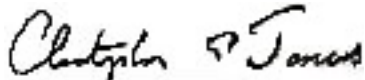
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Relevant Medical History

DDD cervical with myelopathy, lumbosacral other DDD, MDD recurrent, muscle wasting and atrophy of multiple sites, fall, OSA, rt carotid occlusion hx, GERD, left shoulder pain. PSH: Cataract sx, carotid stenting, intraocular lens, bariatric surgery.

Clinical Statement of Assessment Findings and Recommendations

cervical with myelopathy, lumbosacral other DDD, MDD recurrent, muscle wasting and atrophy of multiple sites, fall, OSA, rt carotid occlusion hx, GERD, left shoulder pain. PSH: Cataract sx, carotid stenting, intraocular lens, bariatric surgery.
Pt's PLOF includes being (I) throughout her home and community with Rollator/Electric WC. However, pt currently requires (S) to maintain safety. Pt has made functional gains since initial Eval, yet requires further progressions to attain LTGs/PLOF. Pt continues to demonstrate impairments re: strength, balance, and functional activity tolerance, resulting in pt's functional decline and increased risk for falls. Skilled PT is required to address impairments, increase strength, increase balance, increase functional activity tolerance, reduce pt's risk for falls, reduce pt's dependence on caregivers, facilitate pt's PLOF to resume safe community activity, restore pt's overall quality of life. Without skilled PT, pt is at risk for further decline, increased weakness, immobility, increased risk for falls/injury, and hospitalization.

Goals and Interventions**Note:**

(5 of 6) Patient will Improve mobility as evidenced by a TUG Score of 13.5 seconds using Rollator for in-home mobility without fall risk

Interventions Performed (1)

Physical Therapy to develop and manage a balance program focused on static/dynamic balance activities to address pt's risk for falls.

Result: Needs Reinforcement **Performed On:** Patient,

Note:

(6 of 6) Patient will Improve gait capacity as evidenced by the ability to ambulate with Rollator for 200' (I) to allow patient to safely access community within 60 days.

Interventions Performed (1)

Physical Therapy to utilize ther-ex, ther-act, gait training, neuro. re-ed., and pt ed. to facilitate pt's PLOF.

Result: Needs Reinforcement **Performed On:** Patient,

Note:**Goals and Interventions Updated This Visit****Goals Added (6)**

Pt will remain out of hospital throughout this episode of care. **Target Date:** 07/15/25 **Goal Term:** long

Pt will not fall during this episode of care. **Target Date:** 07/15/25 **Goal Term:** long

Patient will Improve ability to safely transfer from all surfaces to all surfaces with Independence to allow patient to perform Transfers with decreased risk for falls. **Target Date:** 07/15/25 **Goal Term:** long

Pt will demonstrate ability to perform HEP to maintain/progress health and functional abilities, prevent the need for future intervention, within cert **Target Date:** 07/15/25 **Goal Term:** long

Patient will Improve mobility as evidenced by a TUG Score of 13.5 seconds using Rollator for in-home mobility without fall risk **Target Date:** 07/15/25 **Goal Term:** long

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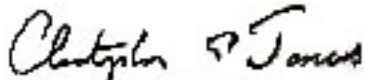
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Goals and Interventions

Patient will Improve gait capacity as evidenced by the ability to ambulate with Rollator for 200' (I) to allow patient to safely access community within 60 days. **Target Date:** 07/15/25 **Goal Term:** long

Interventions Added (6)

PT to perform ther-ex, ther-act, gait training, and/or pt/caregiver ed. to improve pt's functional abilities and prevent hospitalization.

PT to perform ther-ex, ther-act, gait training, neuro. re-ed., and pt/caregiver ed. to improve pt's functional abilities and prevent falls.

Physical Therapy to utilize ther-ex, ther-act, gait training, neuro. re-ed., and pt ed. to facilitate pt's (I) with all Transfers.

PT to perform ther-ex, ther-act, gait training, neuro. re-ed., and pt/caregiver ed. to improve pt's functional abilities to facilitate pt's PLOF.

Physical Therapy to develop and manage a balance program focused on static/dynamic balance activities to address pt's risk for falls.

Physical Therapy to utilize ther-ex, ther-act, gait training, neuro. re-ed., and pt ed. to facilitate pt's PLOF.

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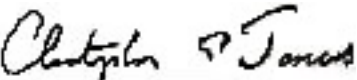
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WOUND CARE

Wounds Not Addressed This Visit

Wound 3: Location - left shin , **Type:** Other - cut , **Date of Onset:** 04/01/2025

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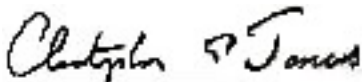
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