



AlphaCare Home Health Agency, Inc.

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

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

Chart: 2 Episode: 1 Therapy Visit #: 9 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

ASSESSMENT														
RANGE OF MOTION / MOBILITY														
Joint/Segment	Movement	Range	PROM		AROM		Joint/Segment	Movement	Range	PROM		AROM		PROGRESS TOWARDS GOALS/OUTCOMES
			Right	Left	Right	Left				Right	Left	Right	Left	
Elbow	Flexion	0-140					Hip	Flexion	0-120					BLE joints are wfl
	Hyperextension	0-0						Extension	0-25					
Forearm	Pronation	0-90						Adduction	0-45					
	Supination	0-90						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						
Shoulder	Flexion	0-180					Ankle	Flexion	0-45					
	Abduction	0-180						Extension	0-30					
	Other						Cervical Spine	Flexion	0-45					
								Hyperextension	0-45					
						Lateral Flexion		0-45						
						Rotation		0-45						

MUSCLE STRENGTH AGAINST GRAVITY											
Strength Scale: 5 = WNL 4 = Good 3 = Fair 2 = Poor 1 = Trace 0 = Absent											
LUE: 5 4 3 2 1 0 RUE: 5 4 3 2 1 0											
LLE: 5 4 3 2 1 0 RLE: 5 4 3 2 1 0											
Left Hand: 5 4 3 2 1 0 Right Hand: 5 4 3 2 1 0											

TRANSFERS											
KEY: 5 = Maximum Assist 3 = Minimum Assist 1 = Independent AD = With Assistive Device											
4 = Moderate Assist 2 = Standby Assist W/O AD = Without Assistive Device											
Bed Mobility 1 Chair 2											
AD W/O AD AD W/O AD AD W/O AD											
In/Out of Bed 2 Commode/Toilet											
AD W/O AD AD W/O AD AD W/O AD											
Sit to Stand 2 Tub/Shower											
AD W/O AD AD W/O AD AD W/O AD											
Performance Affected By: balance instability											

PROGRESS TOWARDS GOALS/OUTCOMES											
BALANCE/GAIT											
SITTING NO DEFICIT											
ALTERED Describe:											
STANDING NO DEFICIT											
ALTERED Describe:											
GAIT SHUFFLING UNSTEADY TREMORS											
Gait Surfaces: (Indicate highest level of function)											
4 - Navigates various surfaces without assistive device											
3 - Navigates various surfaces with assistive device											
2 - Navigates flat surfaces without assistive device											
1 - Navigates flat surfaces with assistive device											
0 - Unable to navigate flat surfaces with or without assistive device											
Gait Surface Score:											
Gait Distance/Speed:											
Distance: ft per sec/min											
With assistive device											
Without assistive device											
Speed for 1 meter:											

ENDURANCE											
With assistive device Without assistive device											
0 - Not troubled with breathlessness except with strenuous exercise											
1 - Troubled by shortness of breath when hurrying on level surface or walking up a slight hill											
2 - Walks slower than people of the same age on level surface because of breathlessness or has to stop for a breath when walking at own pace on level surface											
3 - Usually too breathless to leave the house or breathless when dressing or undressing											
Endurance Score:											

PROGRESS TOWARDS GOALS/OUTCOMES											
PAIN											

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

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DOB:11/29/1964

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