

**PT Re-Evaluation** : 05/13/2025 (1275463215)

Barros, Candida ( MA231027083803 )

Date of Birth: 08/13/1938

✓ Patient identity confirmed

Time In: 09:42

Time Out: 10:12

Visit Date: 05/13/2025

**Nightingale Visiting Nurses**

125 County ST.

Taunton , MA 02780

Phone: (508) 967-0761

Fax: (508) 967-0767

**Diagnosis / History**

**Medical Diagnosis:** osteoarthritis,multiple fall

12/18/2024

**PT Diagnosis:** Difficulty with walking

12/18/2024

**Relevant Medical History:**

Pt is a 86 year old Female, Admitted to NHHC post in office visit for frequent falls PMH: HTN, Hyperparathyroidism, CTS, Iron deficiency, Osteoporosis, Osteoarthritis, Bilat shoulder rotator cuff arthropathy, GERD, Hiatal hernia

**Prior Level of Functioning:**

patient lives alone first floor apartment. Pt has pca assistance for shower at least 2x/wk and 1x/wk housekeeping. Pt uses rollator at baseline

**Patient's Goals:**

"to not fall"

**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:**

Due to multiple jt pains, weakness, decrease standing balance with high risk of falling requiring assistance at all times

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Physician: Dr. Mendes, Manuela M.

Clinician: Clinician, Agency

Signature:



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Date: 6/5/2025

Date: 5/30/2025

Electronically signed by Dr. Mendes, Manuela M. on 6/5/2025

**PT Re-evaluation w/Supervisory Visit** : 05/13/2025  
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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

has pca assistance 2x//wk

#### Safety / Sanitation Hazards

- ☐ No hazards identified  
☒ Steps / Stairs: 6  
☐ 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

has pca assistance dtr and pt's brother assist as needed

### Vital Signs

#### Temperature:

98.7 Taken: Temporal

BP:		Position	Side	Heart Rate:		Respirations:		O2 Sat:		Room Air / Rate	Route	
Prior	130	/ 80	Sitting	Left	Prior	87	Prior		Prior	95	Room Air	via
Post		/			Post		Post		Post			via

Comments:

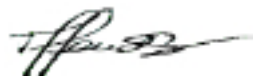
#### Subjective Information

" I feel ok"

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### Physical Assessment

	Level	Functional Impact
<b>Orientation:</b>	Impairment present but not impacting functional ability.	alert and oriented x 3, stm deficit
<b>Speech:</b>	Impairment present.	slight dysarthria
<b>Vision:</b>	Impairment present but not impacting functional ability.	
<b>Hearing:</b>	Impairment present but not impacting functional ability.	
<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>	Within normal limits.	
<b>Endurance:</b>	Impairment present.	fatigue with sob with exertion, activity limited by multiple jt pain
<b>Posture:</b>	Impairment present.	
<b>Edema</b>		
<input type="checkbox"/> Absent <input checked="" type="checkbox"/> Dependent		
<input checked="" type="checkbox"/> Present <input type="checkbox"/> Pitting		
<b>Location:</b>		
B LE		

### Circumferential Measurements:

#### Pain Assessment

☐ No Pain Reported

	Location	Intensity (0-10)	Secondary Site:	Location	Intensity (0-10)
Primary Site:	Other multiple jts	5 Medium			
Increased by:	standing and walking				
Relieved by:	rest, acetaminophen				
Interferes with:	overall mobility				

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### Physical Assessment

#### ROM / Strength

Part	Action	ROM		Strength		Part	Action	ROM		Strength	
		Right	Left	Right	Left			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				
	Extension					Neck	Eversion				
Wrist	Flexion						Flexion				
	Extension						Extension				
Trunk	Extension						Lat Flexion				
	Rotation						Rotation				
	Flexion										

Description of Functional Impact:

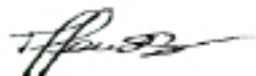
### Functional Assessment

Independence Scale Key	Dep	Max Assist	Mod Assist	Min Assist	CGA	SBA	Supervision	Ind with Equip	Indep
Bed Mobility									
	Assist Level			Assist Level		Distance/ Amount (Ft)	Assistive Device		
Rolling			<input type="checkbox"/> L <input type="checkbox"/> R						
			Assistive Device						
Supine - Sit	CGA			Level	SBA	X 70		rollator	
Sit - Supine	CGA			Unlevel		X			
Factors Contributing to Functional Impairment:				Steps /		X			
pain with mobility, decrease strength				Stairs					
				Factors Contributing to Functional Impairment:					
				pain with mobility, decrease standing balance with risk					
				of falling, decrease coordination, decrease activity					
				tolerance					

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**Transfer**

	<b>Assist Level</b>	<b>Assistive Device</b>
Sit - Stand	SBA	
Stand - Sit	SBA	
Bed - Wheelchair	SBA bed to chair	rollator
Wheelchair - Bed	SBA bed to chair	rollator
Toilet or BSC		
Tub or Shower		
Car / Van		
<b>Factors Contributing to Functional Impairment:</b> pain with mobility, decrease standing balance with risk of falling, decrease coordination, decrease activity tolerance		

**Wheelchair Mobility**

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

**Weight Bearing Status**

**Balance**

✓ Able to assume midline orientation  
✓ Able to maintain midline orientation  
Sitting: Movement into/out of position  
Standing: Movement into/out of position

**DME**

**Available**

☐ Wheelchair    ☐ Walker    ☐ Hospital Bed    ☐ Bedside Commode    ☐ Raised Toilet Seat    ☐ Tub / Shower Bench  
Other:

**Needs**

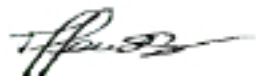
**Clinical Statement of Assessment Findings and Recommendations**

Pt is a 86 year old Female, admitted to NHHC post in office visit for frequent falls. Pt being seen today for PT 30th day reassessment PMH: HTN, Hyperparathyroidism, CTS, Iron deficiency, Osteoporosis, Osteoarthritis, Bilat shoulder rotator cuff arthropathy, GERD, Hiatal hernia PLOF: patient lives alone first floor apartment. Pt has pca assistance for shower at least 2x/wk and 1x/wk housekeeping. Pt uses rollator at baseline CLOF: CGA supine to sit, CGA sit to stand, CGA transfers and (Continued)

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**Treatment Goals and Plan**

*Refer to last page for patient goal and intervention documentation.*

☐ **No Change to Plan of Care:** physician signature is not required if no change to Plan of Care for therapy reassessment visit  
Comments:

**Care Coordination**

Conference with:

☐ PT ☒ PTA ☒ OT ☒ COTA ☐ ST ☐ SN ☐ Aide ☒ Supervisor Other:

Name(s):

Regarding: ongoing PT POC

☒ 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 ( GABRANG , JENIFER ) & Date of Verbal Order for Start of PT Treatment**

Digitally Signed by: JENIFER GABRANG , PT

**Date**

05/13/2025

**Physician Name**

MANUELA MENDES MD

**Physician Phone:** (508) 679-1033

**Physician FAX:** (508) 675-2008

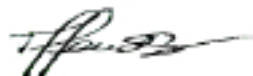
**Physician Signature**

**Date**

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**Clinical Statement of Assessment Findings and Recommendations**

ambulation with rollator

Pt alert and oriented x 3, pleasant female, (+) for STM deficit. Pt continue to report multiple jt pain graded 6-8/10 chronic in nature, taking tylenol with fair relief. Denies sob at rest , ongoing sob with exertion, limits activity in addition to activity limited by multiple jt pain. Physical impairments noted: slows steady gait with B LE mm strength see section for details . Noted ongoing high risk of falling with Tinetti gait and balance score of 10/28, no gains since PT recertification assessment. This visit to require SBA with sit to stand, SBA with transfers and ambulation with rollator. This visit, completed approx 70 ft ambulation with rollator, gait continue to be unsteady with decrease foot clearance, decrease step and stride length with increase lean on rollator, PT recommended use of RW to improve safe management of AD in home and improve steady gait, pt not receptive. Pt progressing slowly with PT POC, she will continue to benefit with skilled PT 2x/wk to address physical impairments and limitations to improve mobility to max potential with decrease risk of falling, pt in agreement with PT POC

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**Supervisory Visit** : 05/13/2025 (1275463215)  
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Date of Birth: 08/13/1938

**Nightingale Visiting Nurses**  
125 County ST.  
Taunton , MA 02780  
Phone: (508) 967-0761  
Fax: (508) 967-0767

**Visit Assessment**

Supervision Date:	05/13/2025 Start: End:
Supervisor Name:	JENIFER GABRANG, PT
Clinician Name:	Carreiro, Ellen
	<i>Name of person being supervised</i>
Clinician Present at Time of Visit:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Notifies client/caregiver of schedule:	Satisfactory
Reports for duty as assigned:	Satisfactory
Cooperative with client and others:	Satisfactory
Courteous toward client and others:	Satisfactory
Maintains an open communication with client and others:	Satisfactory
Follows client plan of care as instructed:	Satisfactory
Demonstrates competency with assigned tasks:	Satisfactory
Documents appropriately:	Satisfactory
Timely notification to supervisor of client's needs or changes in condition:	Satisfactory
Adheres to organizational policies and procedures:	Satisfactory
Complies with infection prevention and control policies and procedures:	Satisfactory
Honors patient rights:	Satisfactory

**Changes and/or Instructions**

**Comments**

**Therapist Signature ( GABRANG , JENIFER ) & Date of Verbal Order for Start of PT Treatment**  
Digitally Signed by: JENIFER GABRANG , PT

**Date**  
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**Treatment Goals and Plan Audits**

**Goal Summary**

**Unmet Goals (6)**

Patient will improve balance as evidenced by the tinetti gait and balance score from 10/28 to 15/28 to allow patient to decrease risk of falling during functional task completion **Goal Term:** long **Target Date:** 06/13/25

Patient to demonstrate understanding of HEP for B LE to improve strength and overall activity tolerance **Goal Term:** short **Target Date:** 05/17/25

Patient will improve gait capacity as evidenced by the ability to ambulate with rollator with modified independence for >100 ft even to allow patient to improve mobility household mobility within 8 weeks **Goal Term:** long **Target Date:** 06/13/25

Patient will improve ability to safely complete bed mobility with CGA to modified independence to allow patient to safely prepare for transfers within 8 weeks **Goal Term:** long **Target Date:** 06/13/25

Patient will improve strength of B LE from 3+/4- to /by 1/2 to 1 mm grade to allow patient to improve functional task completion **Goal Term:** short **Target Date:** 05/17/25

Patient will demonstrate supervision with stair management to safely egress home for medical appt **Goal Term:** long **Target Date:** 06/13/25

**Goal Progress Summary For This Visit**

**Goals Addressed (5)**

(1 of 5) Patient to demonstrate understanding of HEP for B LE to improve strength and overall activity tolerance

**Progress:**Improving

**Progress Note:**

(2 of 5) Patient will improve gait capacity as evidenced by the ability to ambulate with rollator with modified independence for >100 ft even to allow patient to improve mobility household mobility within 8 weeks

**Progress:**Unchanged

**Progress Note:**

(3 of 5) Patient will improve strength of B LE from 3+/4- to /by 1/2 to 1 mm grade to allow patient to improve functional task completion

**Progress:**Improving

**Progress Note:**

(4 of 5) Patient will improve ability to safely complete bed mobility with CGA to modified independence to allow patient to safely prepare for transfers within 8 weeks

**Progress:**Unchanged

**Progress Note:**

(5 of 5) Patient will improve balance as evidenced by the tinetti gait and balance score from 10/28 to 15/28 to allow patient to decrease risk of falling during functional task completion

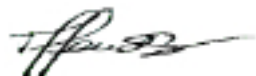
**Progress:**Unchanged

**Progress Note:**

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**Test and Measures** : 05/13/2025  
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### Standardized Tests and Measures

#### Tinetti - POMA

##### Balance Test

Sitting Balance

Arises

Attempts to Rise

Immediate Standing Balance (first 5 seconds)

Standing Balance

Nudged

Eyes Closed

Turning 360 Degrees I

Turning 360 Degrees II

Sitting Down

##### Gait Test

Initiation of Gait

Step Length and Height - Right Foot Swing

Step Length and Height - Right Foot Clearance

Step Length and Height - Left Foot Swing

Step Length and Height - Left Foot Clearance

Step Symmetry

Step Continuity

Path

Trunk

Walk Stance

##### Answers

(1) Steady, safe

(1) Able, but uses arms to help

(1) Able, but requires more than one attempt

(0) Unsteady (staggers, moves feet, marked trunk away)

(0) Unsteady

(0) Begins to Fall

(0) Unsteady

(0) Discontinuous steps

(0) Unsteady (grabs, staggers)

(1) Uses arms or not a smooth motion

(1) No hesitancy

(1) Passes left stance foot

(0) Right foot does not clear floor completely with step

(1) Passes right stance foot

(0) Left foot does not clear floor completely with step

(1) Right and left step length appear equal

(0) Stopping or discontinuity between steps

(1) Mild/moderate deviation or uses a walking aid

(0) Marked sway or uses walking aid

(1) Heels almost touching while walking

**Total Score: 10/28**

**Interpretation:** 0-19 = High fall risk | 20-24 = Medium fall risk | 25-28 = Low fall risk

##### Result Interpretation:

##### Reference:

1. Tinetti ME. Performance orientated assessment of mobility problems in elderly patients. JAGS 1986; 34: 119-126. (Scoring description: PT Bulletin Feb. 10, 1993).

PT Re-evaluation w/Supervisory Visit : Candida Barros (MA231027083803)

(OASIS-D/2019)

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