

PT Re-Evaluation : 04/22/2025 (1269525765)

Ferreira, Connie C. (MA250318055911)

Date of Birth: 05/16/1959

✓ Patient identity confirmed

Time In: 15:45

Time Out: 16:15

Visit Date: 04/22/2025

Diagnosis / History

Medical Diagnosis: Z47.1

PT Diagnosis: R26.2

Relevant Medical History:

right knee OA s/p right TKA, right sided hemiplegia due to stroke, overweight BMI 26, hx lumbar compression fx, falls, HTN, legally blind, osteoporosis, urinary frequency, HLD, generalized epilepsy, hx left breast ca, cerebral palsy, GERD. PSH: Rt rotator cuff repair, hx of Lt TKA, left breast lumpectomy.

Prior Level of Functioning:

(I) throughout home and community with RW.

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: pain, ROM, 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. Sherlock, Mary E.

Clinician: Agency, Clinician

Signature:



Date: 6/6/2025

Signature:

Date: 5/30/2025

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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

☐ 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

Pt lives in single-level apt with elevator access.

Vital Signs

Temperature:

97.6 Taken: Temporal

BP:

Prior 130 / 74 Position Sitting

Side

Left

Heart Rate:

Prior 74

Respirations:

Prior 18

O2 Sat:

Prior 98

Room Air / Rate

Room Air

Route

via

Post

/

Post

Post

Post

via

Comments:

Subjective Information

Pt agrees to recommended 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

	<i>Location</i>	<i>Intensity (0-10)</i>		<i>Location</i>	<i>Intensity (0-10)</i>
Primary Site:	Knee	7	Secondary Site:		
Increased by:					
Relieved by:					
Interferes with:					

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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	90	WFL	3+	4+
	Extension						Extension	-15	WFL	3+	4+
Forearm	Pronation					Ankle	Plantar Flexion	WFL	WFL	4+	4+
	Supination						Dorsiflexion	WFL	WFL	4+	4+
Finger	Flexion					Neck	Inversion				
	Extension						Eversion				
Wrist	Flexion						Flexion				
	Extension						Extension				
Trunk	Extension					Lat Flexion					
	Rotation					Rotation					
	Flexion										

Functional Assessment

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

Factors Contributing to Functional Impairment:
 Impairments re: pain, ROM, strength, balance, and functional activity tolerance, resulting in pt's functional decline and increased (Continued)

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Transfer

	Assist Level	Assistive Device
Sit - Stand	SB (A)	RW
Stand - Sit	SB (A)	RW
Bed - Wheelchair		
Wheelchair - Bed		
Toilet or BSC	SB (A)	RW
Tub or Shower		
Car / Van		

Factors Contributing to Functional Impairment:
Impairments re: pain, ROM, 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 65 year old female who presents today for PT Reassessment following hospitalization and STR-stay secondary to right knee OA s/p right TKA. Pt's PMH includes: right sided hemiplegia due to stroke, overweight BMI 26, hx lumbar compression fx, falls, HTN, legally blind, osteoporosis, urinary frequency, HLD, generalized epilepsy, hx left breast ca, cerebral palsy, GERD. PSH: Rt rotator cuff repair, hx of Lt TKA, left breast lumpectomy. Pt's PLOF includes being (I) throughout her home (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:**

PT to remain 2x/week as medically necessary to attain LTGs.

Care Coordination

Conference with:

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

Name(s): Mollie Lane, PTA.

Regarding: PT Reassessment completed and Visit Schedule.

☒ Physician Notified Re: Plan of Care, Goals, Frequency, Duration and DirectionOther 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

04/22/2025

Physician Name
MARY SHERLOCK MD**Physician Phone:** (508) 567-6920
Physician FAX: (774) 365-4686**Physician Signature****Date**

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Signature:



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Bed Mobility - Factors Contributing to Functional Impairment:

risk for falls.

Gait - Factors Contributing to Functional Impairment:

risk for falls.

Clinical Statement of Assessment Findings and Recommendations

and community with RW. However, pt currently requires CG(A)/SB(A) to maintain safety. Pt has made ROM and functional gains since initial Eval, yet requires further progressions to attain LTGs/PLOF. Pt continues to demonstrate Impairments re: pain, ROM, strength, balance, and functional activity tolerance, resulting in pt's functional decline and increased risk for falls. Skilled PT is required to continue addressing impairments, decrease pain, increase ROM, 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, decreased ROM, increased pain, increased weakness, immobility, increased risk for falls/injury, and hospitalization.

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Supervisory Visit : 04/22/2025 (1269525765)
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125 County ST.
Taunton , MA 02780
Phone: (508) 967-0761
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Visit Assessment

Supervision Date: 04/22/2025 Start: End:
Supervisor Name: DANIELJ FAUVELL, PT
Clinician Name: LANE, MOLLIE
Name of person being supervised

Clinician Present at Time of Visit: ☐ Yes ☒ No

Notifies client/caregiver of schedule: Excellent

Reports for duty as assigned: Excellent

Cooperative with client and others: Excellent

Courteous toward client and others: Excellent

Maintains an open communication with client and others: Excellent

Follows client plan of care as instructed: Excellent

Demonstrates competency with assigned tasks: Excellent

Documents appropriately: Excellent

Timely notification to supervisor of client's needs or changes in condition: Excellent

Adheres to organizational policies and procedures: Excellent

Complies with infection prevention and control policies and procedures: Excellent

Honors patient rights: Excellent

Changes and/or Instructions

Comments

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

Date
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Treatment Goals and Plan Audits

Goal Summary

Unmet Goals (8)

Pt will adequately manage pain symptoms in 60 days. **Goal Term:** long **Target Date:** 05/19/25

Patient will Improve mobility as evidenced by a TUG Score of 13.5 seconds using RW for in-home mobility without fall risk **Goal Term:** long **Target Date:** 05/19/25

Pt will remain out of hospital throughout this episode of care. **Goal Term:** long **Target Date:** 05/19/25

Pt will not fall during this episode of care. **Goal Term:** long **Target Date:** 05/19/25

Pt will ascend/descend 1 FOS (I) to safely access home/community. **Goal Term:** long **Target Date:** 05/19/25

Patient will Improve gait capacity as evidenced by the ability to ambulate with RW for 200' (I) to allow patient to safely access community within 60 days. **Goal Term:** long **Target Date:** 05/19/25

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:** 05/19/25

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:** 05/19/25

Goal Progress Summary For This Visit

Goals Addressed (8)

(1 of 8) 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.

Progress:Improving

Progress Note:

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:

(2 of 8) Pt will not fall during this episode of care.

Progress:Improving

Progress Note:

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 8) Pt will remain out of hospital throughout this episode of care.

Progress:Improving

Progress Note:

Interventions Performed (1)

PT to perform ther-ex, ther-act, gait training, and/or (Continued)

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Goals and Interventions

pt/caregiver ed. to improve pt's functional abilities and prevent hospitalization.

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

Note:

(4 of 8) Patient will Improve mobility as evidenced by a TUG Score of 13.5 seconds using RW for in-home mobility without fall risk

Progress:Improving

Progress Note:

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:

(5 of 8) Pt will demonstrate ability to perform HEP to maintain/progress health and functional abilities, prevent the need for future intervention, within cert

Progress:Improving

Progress Note:

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,

Note:

(6 of 8) Pt will adequately manage pain symptoms in 60 days.

Progress:Improving

Progress Note:

Interventions Performed (1)

Physical Therapy to utilize ther-ex, ther-act, neuro. re-ed., manual therapy, and pt ed. to reduce pt's pain symptoms.

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

Note:

(7 of 8) Patient will Improve gait capacity as evidenced by the ability to ambulate with RW for 200' (I) to allow patient to safely access community within 60 days.

Progress:Improving

Progress Note:

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:

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Goals and Interventions

(8 of 8) Pt will ascend/descend 1 FOS (I) to safely access home/community.

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 safely negotiate stairs.

Result: Verbalized Understanding **Performed On:** Patient,

Note:

Goals and Interventions Updated This Visit

Goals Added (1)

Pt will ascend/descend 1 FOS (I) to safely access home/community. **Target Date:** 05/19/25 **Goal Term:** long

Interventions Added (1)

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

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