PT Re-Evaluation : 04/30/2025 (1275593296)

Diniz, Patricia (MA230106034701)

Date of Birth: 03/17/1947

Patient identity confirmed

Time Out: 11:20 Visit Date: 04/30/2025 Time In: 10:50

Diagnosis / History Medical Diagnosis: K50.90 125 County ST. Taunton , MA 02780 Phone: (508) 967-0761 Fax: (508) 967-0767

Nightingale Visiting Nurses

R26.81 PT Diagnosis: **Relevant Medical History:**

Patient is 78 yr old female alert and oriented being resumed for homecare services post hopitalization for acute crohns, and weakness. PT to address physical deconditioning and functional decline due multiple myeloma and reports of right sided low back pain and hip and leg pain. PMH: multiple myeloma not remission, colon (Continued)

Prior Level of Functioning:

PLOF: Pt lives with children in 1st floor apt with at least 6 outdoor stairs to manage. Pt requires assistance with adls and iadls, walks with no AD in home, using wheelchair for medical appt. Daughter and granddaughter are PCA assisting with meals, shower assist, food (Continued)

Patient's Goals:

increase strength and endurance

Falls Precautions:

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.

 \square 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 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.

Diniz, Patricia (MA230106034701)

Page 1 of 6

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Date: 6/12/2025 Date: 5/30/2025

PT Re-evaluation w/S	upervisory V	isit : 04/30/2025				
Diniz, Patricia (MA23010603	,					
Social Supports / Safety Hazards Patient Living Situation and Availability of Assistance						
Patient lives:	ith other pers	on(s) in the h	nome			
Current Types of Assistance Pt requires assistance assist, food shopping,	with adls and	iadls. Daughte	er and granddaugl	hter are PCA as	ssisting with mea	ıls, shower
Safety / Sanitation Hazards	_	ma appes. ra	crenc serr manage	es (concinued)		
No hazards identified Steps / Stairs: 5 Narrow or obstructed walk Cluttered / soiled living are Other:	☐ No rur wav ☐ Lack o	nning water, plum of fire safety devid quate lighting, he	abing ☐ Insect / r ces ☐ No gas / ating and/or cooling	odent infestation electric appliance	☐ Pets ☐ Unsecured floo	or coverings
Evaluation of Living Situation Pt lives with children PCA assisting with meal	in 1st floor a	pt with at lea	ast 6 outdoor staping, homemaking	airs to manage. and md appts.	. Daughter and gr	anddaughter are
Vital Signs						
Temperature:						
97.9 Taken: Temporal BP: Posit	ion Side	Heart Rate:	Respirations:	O2 Sat:	Room Air / Rate	Route
Prior 146 /80 Sitt		Prior 72	Prior 17	Prior 98	Room Air	via
Post / Comments:		Post	Post	Post		via
Subjective Information						
patient requesting to		o increase wea	kness and unstea	adiness on feet	i .	
Diniz Patricia (MA230106034	701)					Page 2 of 6

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Date: 5/30/2025

PT Re-Evalu Diniz, Patricia (uation : 04/30/2025 MA230106034701)				
Physical Ass					
	Level		Fu	nctional Impact	
Orientation:	Impairment present but not impacting functional ability.				
Speech:	Impairment present but not impacting functional ability.				
Vision:	Impairment present.	poor vision			'
Hearing:	Impairment present.	НОН			
Skin:	Impairment present but not impacting functional ability.				·
Muscle Tone:	Impairment present.	poor mobility			
Coordination:	present.				ī
Sensation:	Impairment present. Impairment	neuropathy poor endurance			
Endurance:	present. Impairment	slight kyphotic			ı
Posture: Edema	present.	Silghe Kyphoele			
✓ Absent □ Present					
Pain Assessm ☐ No Pain Rep					
	Location	Intensity (0-10) 5 Medium	Secondary Site:	Location Other Low back, LUQ	Intensity (0-10) 3
Relieved by:					
Interferes with:	adls, mobility				
	MA23010603/4701)				Page 3 of 6

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PT Re-eval Diniz, Patricia	luation w/Sup (MA2301060347	pervisory 701)	Visit	: 04/30/20)25							
Physical As		,										
ROM / Streng												
3		ROM		Streng	th				ROM		Streng	th
Dowt	A adia w		1 -64	_		Dowt	Antina			1 -64	_	
Part	Action	Right	Len	Right	Len	Part	Action		Right	Len	Right 3	3+
Shoulder	Flexion Extension					Hip	Flexion Extension	n			3	3+
	Abduction						Abductio				3	3+
	Adduction						Adductio				3	3+
	Int Rot						Int Rot	"11			3	3+
	Ext Rot						Ext Rot				3	3+
Elbow	Flexion					Knee	Flexion				3	3+
	Extension						Extension	n			3	3+
orearm	Pronation					Ankle	Plantar F	Tlexion			3+	3+
	Supination						Dorsiflex	ion			3+	3+
inger	Flexion						Inversion				3+	3+
	Extension						Eversion	l			3+	3+
Wrist	Flexion					Neck	Flexion					
	Extension						Extension					
Trunk	Extension						Lat Flexi					
	Rotation Flexion						Rotation					
Description of	f Functional Impa	ct:										
unctional	Assessment											
ndependenc	e Scale Key	Dep Ma	x Assis	st Mod	l Assist	Min Assist	CGA SBA	Supervi	sion l	nd with	Equip	Inde
Bed Mobility	-					Gait						
	Assist Leve	el				А	ssist Level	Dista	nce/	As	sistive I	Device
Rolling	sup		′L √ R					Amou	unt (Ft)			
-		Α	ssistiv	e Device	•		BA	X 150		wa	lker	
Supine - Sit	Sup					Unlevel		X				
Sit - Supine	Sup	nal Impairme	nt.				nable	Χ				
pain, weakn	ibuting to Function	balance	511L.			Stairs Factors Co	ntributing to Fur	nctional Im	nairmen	t·		
						pain, wea	kness, impain	ed balar	ice			

Diniz, Patricia (MA230106034701)

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Date: 6/12/2025 Date: 5/30/2025

PT Re-Evaluation Diniz, Patricia (MA230	: 04/30/2025 106034701)				
Transfer			Wheelchair Mobility		
Sit - Stand Stand - Sit Bed - Wheelchair Wheelchair - Bed Toilet or BSC	Assist Level SBA SBA	Assistive Device walker	Assist Level Level Unlev Factors Contributing to Fun		Assist Level euver
Tub or Shower Car / Van Factors Contributing to pain, weakness, imp	Functional Impair	ment:	Weight Bearing Status		
			Balance		
DME			Able to assume midline of Able to maintain midline Sitting: Movement/m Standing: Maintain p	orientation obility within pos	ition
Available	/alker □ Hospita	al Bed ✓ Bedside Co	mmode □ Raised Toilet	: Seat ✓ Tub / S	hower Bench
Needs					
Patient is 78 yr of acute crohns and we Pestana to PT to acright sided low back	ld female alert eakness. Patien ddress physical ck pain and hip	deconditioning and	recertified for homecare for physical therapy eval functional decline due mu multiple myeloma not remi	ltiple myeloma and	reports of

Diniz, Patricia (MA230106034701)

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Date: 6/12/2025 Date: 5/30/2025

PT Re-evaluation w/Supervisory Visit : 04/30/2025 Diniz, Patricia (MA230106034701)	
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 Comments:	for therapy reassessment visit
Care Coordination	
Conference with: PT PTA OT COTA ST SN Aide Supervisor Other: Name(s): Alex Regarding: POC, progress on 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 ☐ Other: □ Other: □ To out	patient therapy with MD approval
Therapist Signature (BERNARDO, ROCHELLE) & Date of Verbal Order for Start of PT Treatment Digitally Signed by: ROCHELLE BERNARDO, PT	Date 04/30/2025
Treatment	
Treatment Digitally Signed by: ROCHELLE BERNARDO , PT Physician Name	04/30/2025 Physician Phone: (508) 235-5445
Treatment Digitally Signed by: ROCHELLE BERNARDO , PT Physician Name CHRISTOPHER JONCAS MD	04/30/2025 Physician Phone: (508) 235-5445 Physician FAX: (508) 235-5594

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Date: 5/30/2025

PT Re-Evaluation Addendum Page: 04/30/2025

Diniz, Patricia (MA230106034701)

Relevant Medical History

rectal/cancer, right upper lob lung cancer, COPD, DM, anxiety,depression, HTN, Crohn's disease, rectal cancer, osteoporosis, DJD lumbar spine, lumbosacral radiculopathy, other iron deficiency anemia, vit B12 deficiency. PSH: rectal resection, right upper lob resection, mediastinal lymph node dissection, low anterior resection, partial hysterectomy, bladder suspension, cholecystectomy.

Prior Level of Functioning

shopping, homemaking and md appts. Patient self manages medications with occasional assistance from daughter.

Current Types of Assistance Received (other than home health staff)

medications with occasional assistance from daughter.

Clinical Statement of Assessment Findings and Recommendations

HTN, Crohn's disease, rectal cancer, osteoporosis, DJD lumbar spine, lumbosacral radiculopathy, other iron deficiency anemia, vit B12 deficiency.

PSH: rectal resection, right upper lob resection, mediastinal lymph node dissection, low anterior resection, partial hysterectomy, bladder suspension, cholecystectomy.

Dme: walker, cane, shower chair, transport chair.

PLOF: Pt lives with children in 1st floor apt with at least 6 outdoor stairs to manage. Pt requires assistance with adls and iadls, walks with no AD in home, using wheelchair for medical appt. Daughter and granddaughter are PCA assisting with meals, shower assist, food shopping, homemaking and md appts. Patient self manages medications with occasional assistance from daughter.

CLOF this assessment, patient remains SBA on all functional transfers and supervision on bed mobility. She ambulates with walker device and transport chair for medical appts. Gait is slow, short steps and unsteady on turns, recommend consistent use of walker for safety and patient in agreement. Dynamic balance remains improved with tinetti 20/28 from 18/28. Patient continue with decreased functional endurance requires cues for pacing and longer rest periods each functional activity due to pain, poor endurance and leg weakness. Physical therapy will continue to provide thera ex program for strengthening, provide endurance and balance activities, gait training to improve overall functional mobility to reach good functional baseline. Patient goal is to walk longer distance, get stronger and decrease burden of care. Patient in agreement with POC and vfo for the remainder of cert period.

Diniz, Patricia (MA230106034701)

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Date: 6/12/2025 Date: 5/30/2025

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Date: 6/12/2025

Date: 5/30/2025

Supervisory Visit : 04/30/2025 (1275593296) Diniz, Patricia (MA230106034701) Date of Birth: 03/17/1947 Visit Assessment		Nightingale Visiting Nurses 125 County ST. Taunton , MA 02780 Phone: (508) 967-0761 Fax: (508) 967-0767
Supervision Date:	04/30/2025 Start : 10:50 En	.d. 11.20
Supervisor Name:	ROCHELLE BERNARDO, PT	u. 11:20
Clinician Name:		
Cillician Ivanie.	CORDEIRO, ALEX	
	Name of person being superv	/ised
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 (BERNARDO, ROCHELLE) & Date of Verbal Order for Treatment Digitally Signed by: ROCHELLE BERNARDO, PT	Start of PT Date 04/30/20	25

Diniz, Patricia (MA230106034701)

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Date: 6/12/2025 Date: 5/30/2025

PT Re-evaluation w/Supervisory Visit: 04/30/2025

Diniz, Patricia (MA230106034701)

Treatment Goals and Plan Audits

Goal Summary

Unmet Goals (4)

Patient will improve dynamic balance as evidenced by the tinetti score from 18/28 to >24/28 to allow patient to perform all functional mobility and ADLs safely with decrease risk of fall. **Goal Term:** long **Target Date:** 05/30/25

Patient will improve gait capacity as evidenced by the ability to ambulate with walker or cane steadily for >250 feet including stairs to allow patient to access bedroom/bathroom and exit home for MD appts within 8 weeks. **Goal Term:** long **Target Date:** 05/30/25

Patient/CG will demonstrate compliance with home exercise program and improvement to BLE strength and dynamic balance to return to PLOF. **Goal Term:** long **Target Date:** 05/30/25

Patient will have no falls during the episode of care Goal Term: long Target Date: 05/30/25

Goal Progress Summary For This Visit

Goals Addressed (4)

(1 of 4) Patient will improve gait capacity as evidenced by the ability to ambulate with walker or cane steadily for >250 feet including stairs to allow patient to access bedroom/bathroom and exit home for MD appts within 8 weeks.

Progress:Improving

Progress Note:

(2 of 4) Patient will have no falls during the episode of care

Progress:Improving

Progress Note:

(3 of 4) Patient will improve dynamic balance as evidenced by the tinetti score from 18/28 to >24/28 to allow patient to perform all functional mobility and ADLs safely with decrease risk of fall.

Progress:Improving

Progress Note:

(4 of 4) Patient/CG will demonstrate compliance with home exercise program and improvement to BLE strength and dynamic balance to return to PLOF.

Progress:Improving

Progress Note:

Diniz, Patricia (MA230106034701)

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Date: 6/12/2025 Date: 5/30/2025

Test and Measures: 04/30/2025 Diniz, Patricia (MA230106034701) Standardized Tests and Measures Tinetti - POMA **Balance Test Answers** Sitting Balance (1) Steady, safe (1) Able, but uses arms to help Arises Attempts to Rise (2) Able to rise with one attempt Immediate Standing Balance (first 5 seconds) (1) Steady, but uses walker or other support Standing Balance (1) Steady, but wide stance (medial heels > 4 inches apart) and uses cane or other support Nudged (1) Staggers, grabs, catches self Eyes Closed (0) Unsteady Turning 360 Degrees I (1) Continuous steps Turning 360 Degrees II (1) Steady Sitting Down (1) Uses arms or not a smooth motion **Gait Test** Initiation of Gait (1) No hesitancy Step Length and Height - Right Foot Swing (1) Passes left stance foot Step Length and Height - Right Foot Clearance (1) Right foot completely clears floor Step Length and Height - Left Foot Swing (1) Passes right stance foot Step Length and Height - Left Foot Clearance (1) Left foot completely clears floor Step Symmetry (1) Right and left step length appear equal Step Continuity (1) Steps appear continuous Path (1) Mild/moderate deviation or uses a walking aid Trunk (1) No sway, but flexion of knees or back os spreads arms out while Walk Stance (1) Heels almost touching while walking Total Score: 20/28 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 : Patricia Diniz (MA230106034701)

(OASIS-D/2019)

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Date: 6/12/2025 Date: 5/30/2025