

**PT Re-Evaluation** : 05/22/2025 (1278517331)

Duff, Lawrence ( MA220308084603 )

Date of Birth: 08/11/1946

✓ Patient identity confirmed

Time In: 14:40

Time Out: 15:30

Visit Date: 05/22/2025

**Diagnosis / History**

**Medical Diagnosis:** Z47

**PT Diagnosis:** R53.1

**Relevant Medical History:**

Patient is 79 year old male with hx of spinal cord injury who recently hospitalized and transferred to SNF for short term rehab secondary to L femoral fracture following a fall at home in January. Patient was initially NWB during rehab stay. Patient dcd to home and now WBAT. Pmhx includes c. Diff, repeated falls, dysphagia, (Continued)

**Prior Level of Functioning:**

Prior to fracture, patient ambulates with walker or crutches at times. He is independent with all functional transfers and adls.

**Patient's Goals:**

to walk again

**Precautions:** Falls, hip

**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:**

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.

**Nightingale Visiting Nurses**

125 County ST.

Taunton, MA 02780

Phone: (508) 967-0761

Fax: (508) 967-0767

Physician: Dr. Singla, Raju

Clinician: Agency, Clinician

Signature:



Signature:

Date: 6/1/2025

Date: 5/30/2025

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### Social Supports / Safety Hazards

#### Patient Living Situation and Availability of Assistance

Patient lives: With other person(s) in the home  
Assistance is available: Around the clock

#### Current Types of Assistance Received

Wife assist with adls and iadls

#### Safety / Sanitation Hazards

☒ No hazards identified  
☐ Steps / Stairs: ☐ No running water, plumbing ☐ Insect / rodent infestation ☐ Pets  
☐ Narrow or obstructed walkway ☐ Lack of fire safety devices ☐ No gas / electric appliance ☐ Unsecured floor coverings  
☐ Cluttered / soiled living area ☐ Inadequate lighting, heating and/or cooling  
Other:  
has stair lift

#### Evaluation of Living Situation, Supports, and Hazards

Patient lives in single family home with wife who is primary caregiver, assisting with ADLs and IADLS, medications and md appointments.

### Vital Signs

#### Temperature:

97.2 Taken: Temporal

BP:		Position	Side	Heart Rate:	Respirations:	O2 Sat:	Room Air / Rate	Route
Prior	128 / 70	Sitting	Right	Prior 78	Prior 17	Prior 99	Room Air	via
Post	/			Post	Post	Post		via

Comments:

#### Subjective Information

reports feeling much stronger, requesting to continue with therapy services

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**Physical Assessment**

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

**Edema**

☒ Absent  
☐ Present

**Pain Assessment**

☐ No Pain Reported

	<b>Location</b>	<b>Intensity (0-10)</b>		<b>Location</b>	<b>Intensity (0-10)</b>
Primary Site:	Hip	3	Secondary Site:		
Increased by:	movement				
Relieved by:	rest, meds as needed				
Interferes with:	adls				

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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			3+	3-
	Extension						Extension			3+	3-
	Abduction						Abduction			3+	3-
	Adduction						Adduction			3+	3-
	Int Rot						Int Rot				
	Ext Rot						Ext Rot				
Elbow	Flexion					Knee	Flexion			3+	3
	Extension						Extension			3+	3
Forearm	Pronation					Ankle	Plantar Flexion			3+	3+
	Supination						Dorsiflexion			3+	3+
Finger	Flexion					Neck	Inversion				
	Extension						Eversion				
Wrist	Flexion						Flexion				
	Extension						Extension				
Trunk	Extension						Lat Flexion				
	Rotation						Rotation				

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										
Rolling	Assist Level									
	CGA									
			<input type="checkbox"/> L <input type="checkbox"/> R							
			Assistive Device							
					Level	Max	A			
Supine - Sit	Mod A				Unlevel			X		
Sit - Supine	Mod A				Steps /			X		
Factors Contributing to Functional Impairment:					Stairs			X		
pain, weakness, impaired balance					Factors Contributing to Functional Impairment:					
					unable at this time					

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**Transfer**

	<b>Assist Level</b>	<b>Assistive Device</b>
Sit - Stand	Mod A	
Stand - Sit	Mod A	
Bed - Wheelchair		
Wheelchair - Bed		
Toilet or BSC	Mod A	
Tub or Shower		
Car / Van		
Factors Contributing to Functional Impairment: pain, weakness, impaired balance		

**Wheelchair Mobility**

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

**Weight Bearing Status**

WBAT

**Balance**

☒ Able to assume midline orientation  
☐ Able to maintain midline orientation  
Sitting: Maintain position  
Standing: Attain position

**DME**

**Available**

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

**Needs**

**Clinical Statement of Assessment Findings and Recommendations**

Patient is 79 year old male with hx of spinal cord injury who recently hospitalized and transferred to SNF for short term rehab secondary to L femoral fracture following a fall at home in January. Patient was initially NWB during rehab stay. Patient dcd to home and now WBAT. Pmhx includes c. Diff, repeated falls, dysphagia, SCI, depression. DME: cane, rollator, wheelchair, shower chair, bed bar, stander, stairlift. Patient lives in single family home with wife who is primary caregiver, (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): Jordan

Regarding: POC, 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 ☒ To self care when max potential achieved ☐ To outpatient therapy with MD approval

☐ Other:

**Therapist Signature ( BERNARDO , ROCHELLE ) & Date of Verbal Order for Start of PT Treatment**

Digitally Signed by: ROCHELLE BERNARDO , PT

**Date**

05/22/2025

**Physician Name**  
RAJU SINGLA MD

**Physician Phone:** (508) 679-5888  
**Physician FAX:** (508) 679-1059

**Physician Signature**

**Date**

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**Treatment Goals and Plan Audits**

**Goal Summary**

**Unmet Goals (5)**

Patient will have no falls during the episode of care **Goal Term:** long **Target Date:** 06/15/25

(FT) Patient will improve all functional transfers and bed mobility from mod-max assist to CGA to decrease burden of care and return to PLOF within 8 weeks. **Goal Term:** long **Target Date:** 06/15/25

Patient will demonstrate compliance with home exercise program and improvement to BLE strength and dynamic balance to return to PLOF. **Goal Term:** long **Target Date:** 06/15/25

(FT) Patient will remain functionally independent within limitations of pain within 60 days and will have adequate working knowledge of disease process, symptom management. **Goal Term:** long **Target Date:** 06/15/25

(FT) Patient will Improve dynamic balance as evidenced by tolerance to standing to be able to return to ambulatory status and to allow patient to perform all functional mobility and ADLs safely with decrease risk of fall. **Goal Term:** long **Target Date:** 06/15/25

**Goal Progress Summary For This Visit**

**Goals Addressed (5)**

(1 of 5) (FT) Patient will Improve dynamic balance as evidenced by tolerance to standing to be able to return to ambulatory status and to allow patient to perform all functional mobility and ADLs safely with decrease risk of fall.

**Progress:**Improving

**Progress Note:**

(2 of 5) (FT) Patient will improve all functional transfers and bed mobility from mod-max assist to CGA to decrease burden of care and return to PLOF within 8 weeks.

**Progress:**Improving

**Progress Note:**

(3 of 5) Patient will have no falls during the episode of care

**Progress:**Improving

**Progress Note:**

(4 of 5) Patient will demonstrate compliance with home exercise program and improvement to BLE strength and dynamic balance to return to PLOF.

**Progress:**Improving

**Progress Note:**

(5 of 5) (FT) Patient will remain functionally independent within limitations of pain within 60 days and will have adequate working knowledge of disease process, symptom management.

**Progress:**Improving

**Progress Note:**

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**Relevant Medical History**

SCI, depression.

**Clinical Statement of Assessment Findings and Recommendations**

assisting with ADLs and IADLs, medications and md appointments.  
Prior to fracture, patient ambulates with walker or crutches at times. He is independent with all functional transfers and adls.  
CLOF this assessment, patient is sit to stand lift with mod assist on all functional transfers and bed mobility with extra time. He is able to tolerate static standing for 90 seconds holding on a walker with CGA. Patient showing steady progress but continue to present with decreased safety and endurance with ambulation, decreased strength on lower extremities, impaired dynamic balance and needs further training on pain management, precautions, pacing techniques, home exercise program, home safety issues and symptom management.  
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 again, get stronger and decrease burden of care. Patient in agreement with POC and vfo for the remainder of cert period.

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**WOUND CARE**

Wounds Not Addressed This Visit

**Wound 1: Location** - L buttock, **Type:** Pressure Injury - Stage 1, **Date of Onset:** 04/22/2025

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