

OT Evaluation : 05/16/2025 (1285988411)

Desimas, Guilhermina (MA240403063801)

Date of Birth: 06/04/1938

☐ Patient identity confirmed

Time In: 14:00

Time Out: 14:39

Visit Date: 05/16/2025

Nightingale Visiting Nurses

125 County ST.

Taunton , MA 02780

Phone: (508) 967-0761

Fax: (508) 967-0767

Diagnosis / History

Medical Diagnosis:

OT Diagnosis: muscle weakness

Relevant Medical History:

Patient is an 85 year old female who was referred to skilled OT services due to a decline in function. pmhx: HTN, OA, aortic valve disease, weight gain, repeated falls, short term memory loss.

Prior Level of Functioning:

I with all self care tasks and ADLs

Patient's Goals:

to return to ploff

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:

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

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

Desimas, Guilhermina (MA240403063801)

Vital Signs

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Physician: Dr. Mistikawy, Hany A.

Clinician: Agency, Clinician

Signature:



Signature:

Date: 6/3/2025

Date: 5/30/2025

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Temperature:

Taken:

BP:Prior 132 / 76
Post /*Position**Side***Heart Rate:**Prior 78
Post**Respirations:**Prior
Post**O2 Sat:**Prior 96
Post*Room Air / Rate*via
via*Route*

Comments:

Physical Assessment**Speech:**

WNL

Vision:

WNL

Hearing:

WNL

Edema:**Oriented:**

✓ Person ✓ Place ✓ Time

Muscle Tone:

Good

Coordination:

Good

Sensation:

Good

Endurance:

Fair

Posture:

Good

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Evaluation of Cognitive and/or Emotional Functioning

A + 0 x 4

Pain Assessment

☐ No Pain Reported

Primary Site: *Location* *Intensity (0-10)* Secondary Site: *Location* *Intensity (0-10)*
Increased by:
Relieved by:
Interferes with:

ROM / Strength

Part	Action	ROM		Strength		Part	Action	ROM		Strength	
		Right	Left	Right	Left			Right	Left	Right	Left
Shoulder	Flexion	WFL	WFL	3+	3+	Forearm	Pronation	WFL	WFL	3+	3+
	Extension	WFL	WFL	3+	3+		Supination	WFL	WFL	3+	3+
	Abduction	WFL	WFL	3+	3+	Wrist	Flexion	WFL	WFL	3+	3+
	Adduction	WFL	WFL	3+	3+		Extension	WFL	WFL	3+	3+
	Int Rot	WFL	WFL	3+	3+		Radial Deviation	WFL	WFL	3+	3+
	Ext Rot	WFL	WFL	3+	3+	Finger	Ulnar Deviation	WFL	WFL	3+	3+
Elbow	Flexion	WFL	WFL	3+	3+		Grip	WFL	WFL	3+	3+
	Extension	WFL	WFL	3+	3+		Flexion	WFL	WFL	3+	3+
	Supination	WFL	WFL	3+	3+		Extension	WFL	WFL	3+	3+

Comments:

Functional Assessment

Independence Scale Key Dep Max Assist Mod Assist Min Assist CGA SBA Supervision Ind with Equip Indep

Balance

✓ Able to assume / maintain midline orientation

Sitting Static: Good Dynamic: Good

Standing Static: Fair Dynamic: Fair

Deficits Due To / Comments:

Self Care Skills

Assist Level Assistive Device

CGA

CGA

CGA

Toileting / Hygiene

Oral Hygiene

Grooming

Shaving

Bathing

MIN A

Dressing:

Upper Body

S

Lower Body

MIN A

Manipulation of Fasteners

MOD I

Socks & Shoes

MIN A

Feeding

Swallowing

Deficits Due To / Comments:

Patient presents with decreased strength, standing

balance, activity (Continued)

Instrumental ADLs

Assist Level

Assistive Device

Light Housekeep

MOD A

Light Meal Prep

Clothing Care

MOD I

Use of Telephone

Manage Money

Manage Medication

Home Safety Awareness

Deficits Due To / Comments:

FAMILY ASSISTS PT WITH IADLs

Bed Mobility

Assist Level

MOD I

✓ L ✓ R

Assistive Device

Rolling

Supine - Sit MOD I

Sit - Supine MOD I

Deficits Due To / Comments:

Transfer

Assist Level

CGA

CGA

CGA

CGA

CGA

MIN A

Assistive Device

Sit - Stand

Stand - Sit

Bed - Chair

Chair - Bed

Toilet or BSC

Shower

Tub

Car / Van

Deficits Due To / Comments:

Patient presents with decreased strength, standing

balance, activity (Continued)

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Functional Assessment (Continued)

Independence Scale Key **Dep** **Max Assist** **Mod Assist** **Min Assist** **CGA** **SBA** **Supervision** **Ind with Equip** **Indep**

Motor Coordination

Prior to Injury
Dominance

☒ Right handed ☐ Left handed

Deficits Due To

Fine Motor
Gross Motor
Comments:

WNL
WNL

Cognitive Status / Perception

Memory: Short Term
Memory: Long Term
Safety Awareness
Judgment
Visual Comprehension
Auditory Comprehension
Stereognosis
Spatial Awareness
Ability to Express Needs
Attention Span
Comments:

WNL
WNL
Impaired
WNL
WNL
WNL
WNL
WNL
WNL
WNL

Deficits Due To

Evaluation and Testing Description:

DME

Available

☐ Wheelchair ☒ Walker ☐ Hospital Bed ☐ Bedside Commode ☐ Raised Toilet Seat ☐ Tub / Shower Bench
☐ Splints ☐ Cane ☐ Reacher ☐ Sock Donner ☐ Dressing Stick ☒ Shower Chair
☐ Long-Handled Sponge
Other:

Needs

Evaluation Assessment

Evaluation Assessment Summary

Patient is an 85 year old female who was referred to skilled OT services due to a decline in function. pmhx: HTN, OA, aortic valve disease, weight gain, repeated falls, short term memory loss. Patient presents with decreased strength, standing balance, activity tolerance and safety impacting pts ability to perform fxnl transfers and self care tasks. CLOF: B UE shoulder AROM wfl 3+/5 impacting pts ability to perform fxnl transfers and self care tasks. Patient ambulates with use of RW with (Continued)

Functional Limitations

☒ Decreased ROM / Strength
☒ Decreased Transfer Ability
Comments:

☒ Impaired Balance / Gait
☒ Decreased Bed Mobility

☒ Increased Pain
☒ Decreased Self-Care

☒ Decreased Endurance
☒ Poor Safety Awareness

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Treatment Goals and Plan

Refer to last page for patient goal and intervention documentation.

Comments:

Care Coordination

Conference with:

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

Name(s): Kim costa

Regarding: ot poc and goals

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

Other Discipline Recommendations: ☐ PT ☐ ST ☐ MSW ☐ Aide Other:

Reason:

Statement of Rehab Potential

good due to pt motivated to return to ploff

Treatment / Skilled Intervention This Visit

ot eval

Discharge Plan

☒ To self care when goals met

☒ To self care when max potential achieved

☐ To outpatient therapy with MD approval

☐ Other:

Therapist Signature (MELLO , JESSICA) & Date of Verbal Order for Start of OT Treatment

Digitally Signed by: JESSICA MELLO , OT

Date

05/16/2025

Physician Name

HANY MISTIKAWY MD

Physician Phone: (508) 679-2265

Physician FAX: (508) 646-0586

Physician Signature

Date

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Treatment Goals and Plan Audits

Goal Summary

Unmet Goals (4)

(FT) patient will increase bue shoulder strength to 4/5 to perform fxnl transfers with ease within 8 weeks **Goal Term:** long **Target Date:** 07/12/25

(FT) patient will perform shower transfers with mod i and good safety tech within 8 weeks **Goal Term:** long **Target Date:** 07/12/25

(FT) patient will perform light meal prep tasks with mod i and good dynamic standing balance within 8 weeks **Goal Term:** long **Target Date:** 07/12/25

(FT) patient will perform grooming tasks with mod i standing >10 minutes within 8 weeks **Goal Term:** long **Target Date:** 07/12/25

Goals and Interventions Updated This Visit

Goals Added (4)

(FT) patient will increase bue shoulder strength to 4/5 to perform fxnl transfers with ease within 8 weeks **Target Date:** 07/12/25 **Goal Term:** long

(FT) patient will perform shower transfers with mod i and good safety tech within 8 weeks **Target Date:** 07/12/25 **Goal Term:** long

(FT) patient will perform light meal prep tasks with mod i and good dynamic standing balance within 8 weeks **Target Date:** 07/12/25 **Goal Term:** long

(FT) patient will perform grooming tasks with mod i standing >10 minutes within 8 weeks **Target Date:** 07/12/25 **Goal Term:** long

Interventions Added (4)

(FT) Occupational therapist to provide manual therapy techniques including PROM, stretching, joint mobilization and therapeutic massage to improve joint ROM required for I with ADL and IADL tasks

(FT) Occupational Therapy to instruct patient/caregiver in safe transfer training and provide instruction for equipment use and proper body mechanics

(FT) Occupational therapy to provide patient and caregiver training and education on fall reduction strategies including home modifications, proper use of AD/AE and proper body mechanics to reduce overall risk of falls

(FT) Occupational therapy to provide education on energy conservation techniques to improve functional activity tolerance during functional tasks

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Transfer - Deficits Due To / Comments

tolerance and safety impacting pts ability to perform fxnl transfers and self care tasks.

Self Care Skills - Deficits Due To / Comments

tolerance and safety impacting pts ability to perform fxnl transfers and self care tasks.

Evaluation Assessment Summary

fair - dynamic standing balance, increasing risk of falls. Patient requires multiple rests during fxnl tasks due to decreased activity tolerance. Patient requires seated rest after 3 minutes of standing. MIN A to perform LB self care tasks and light meal prep tasks . Patient requires cues for safety and tech during self care tasks and IADLs. Barthel index score 60/100 indicating decreased independence with self care tasks. Recommending skilled OT services to address above impairments and to return to ploff.

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