



AlphaCare Home Health Agency, Inc.

Patient: Grasso, Thomas A.-MR#000004196
DOB:10/5/1947

Caregiver: Meneses, Marie (PT) Visit Date: 05/21/2025

Chart: 4 Episode: 3 Therapy Visit #: 11 Travel Time: minutes Chart Time: minutes Mileage: Billing Code: PT30 - PT 30 DAY EVAL Time In: 10:00 AM Time Out: 10:35 AM

PHYSICAL THERAPY FUNCTIONAL REASSESSMENT

ASSESSMENT														
RANGE OF MOTION / MOBILITY														
Joint/Segment	Movement	Range	PROM		AROM		Joint/Segment	Movement	Range	PROM		AROM		PROGRESS TOWARDS GOALS/OUTCOMES
			Right	Left	Right	Left				Right	Left	Right	Left	
Elbow	Flexion	0-140					Hip	Flexion	0-120					all joints are wfl
	Hyperextension	0-0						Extension	0-25					
Forearm	Pronation	0-90						Adduction	0-45					
	Supination	0-90						Abduction	0-45					
Wrist	Extension	0-70						Internal Rot.	0-45					
	Flexion	0-70						External Rot.	0-45					
	Radial Deviation	0-70					Knee	Flexion	0-120					
Ulnar Deviation	0-70					Extension		0-15						
Shoulder	Flexion	0-180					Ankle	Flexion	0-45					
	Abduction	0-180						Extension	0-30					
	Other						Cervical Spine	Flexion	0-45					
								Hyperextension	0-45					
						Lateral Flexion		0-45						
						Rotation		0-45						

MUSCLE STRENGTH AGAINST GRAVITY												TRANSFERS											
Strength Scale: 5 = WNL 4 = Good 3 = Fair 2 = Poor 1 = Trace 0 = Absent												KEY: 5 = Maximum Assist 3 = Minimum Assist 1 = Independent AD = With Assistive Device											
<input type="checkbox"/> LUE: 5 4 3 2 1 0 <input type="checkbox"/> RUE: 5 4 3 2 1 0												4 = Moderate Assist 2 = Standby Assist W/O AD = Without Assistive Device											
<input checked="" type="checkbox"/> LLE: 5 4 3 2 1 0 <input checked="" type="checkbox"/> RLE: 5 4 3 2 1 0																							
<input type="checkbox"/> Left Hand: 5 4 3 2 1 0 <input type="checkbox"/> Right Hand: 5 4 3 2 1 0																							
PROGRESS TOWARDS GOALS/OUTCOMES												1 <input checked="" type="checkbox"/> Bed Mobility <input checked="" type="checkbox"/> Chair <input type="checkbox"/>											
BALANCE/GAIT												2 <input type="checkbox"/> AD <input type="checkbox"/> W/O AD <input checked="" type="checkbox"/> In/Out of Bed <input checked="" type="checkbox"/> Commode/Toilet <input type="checkbox"/>											
SITTING <input type="checkbox"/> NO DEFICIT <input type="checkbox"/> ALTERED Describe:												3 <input type="checkbox"/> AD <input type="checkbox"/> W/O AD <input type="checkbox"/> AD <input type="checkbox"/> W/O AD											
BALANCE/ GAIT												2 <input checked="" type="checkbox"/> Sit to Stand <input type="checkbox"/> Tub/Shower <input type="checkbox"/>											
STANDING <input type="checkbox"/> NO DEFICIT <input type="checkbox"/> ALTERED Describe:												Performance Affected By:											
Other: 30 sec STS test: 3 times												PROGRESS TOWARDS GOALS/OUTCOMES											
GAIT <input type="checkbox"/> SHUFFLING <input checked="" type="checkbox"/> UNSTEADY <input type="checkbox"/> TREMORS																							
Gait Surfaces: (Indicate highest level of function)																							
<input type="radio"/> 4 - Navigates various surfaces without assistive device												Gait Surface Score:											
<input type="radio"/> 3 - Navigates various surfaces with assistive device												Gait Distance/Speed:											
<input type="radio"/> 2 - Navigates flat surfaces without assistive device												Distance: ft per sec/min											
<input checked="" type="radio"/> 1 - Navigates flat surfaces with assistive device												<input type="checkbox"/> With assistive device											
<input type="radio"/> 0 - Unable to navigate flat surfaces with or without assistive device												<input type="checkbox"/> Without assistive device											
Speed for 1 meter:																							
PROGRESS TOWARDS GOALS/OUTCOMES																							
ENDURANCE																							
<input type="checkbox"/> With assistive device <input type="checkbox"/> Without assistive device																							
<input type="checkbox"/> 0 - Not troubled with breathlessness except with strenuous exercise																							
<input type="checkbox"/> 1 - Troubled by shortness of breath when hurrying on level surface or walking up a slight hill																							
<input checked="" type="checkbox"/> 2 - Walks slower than people of the same age on level surface because of breathlessness or has to stop for a breath when walking at own pace on level surface																							
<input type="checkbox"/> 3 - Usually too breathless to leave the house or breathless when dressing or undressing																							
Endurance Score:																							
PROGRESS TOWARDS GOALS/OUTCOMES																							
PAIN																							

Physician: Dr. Mistikawy, Hany A.

Clinician: clinician, Agency

Signature:

Signature:

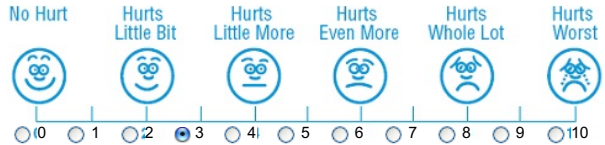

Date: 6/3/2025

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Electronically signed by Dr. Mistikawy, Hany A. on 6/3/2025



Patient: Grasso, Thomas A.-MR#000004196
DOB:10/5/1947

BAKER FACES¹ PAIN RATING SCALE		Pain precipitated by: general mobility Pain relieved by: rest and meds Current pain management & effectiveness: Pain site assessment: low back
PROGRESS TOWARDS GOALS/OUTCOMES		
<small>¹From Hockenberry MJ, Wilson D: Wong's Essentials of Pediatric Nursing, ed. 8, St. Louis, 2009 Mosby. Used with permission. Copyright Mosby.</small>		
Pain Description: <input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input checked="" type="checkbox"/> Other: aching		
VITAL SIGNS: (per agency policy) PULSE: <input type="checkbox"/> Apical <input type="checkbox"/> Radial 74 TEMP.: 98.2 RESP.: 18 Current Weight Bearing Status	Height Weight <input type="checkbox"/> Actual <input type="checkbox"/> Stated	B/P Lying Sitting Standing L 125/75 R
VARIABLE FACTORS/CONDITIONS AFFECTING PATIENT'S RESPONSE		
<input type="checkbox"/> Unexpected Temporary Illness <input type="checkbox"/> Unexpected Family/Personal Event <input type="checkbox"/> New Diagnosis <input type="checkbox"/> Other (specify):		
EXPECTATIONS PATIENT'S CONDITION WILL IMPROVE		
Is Patient Progressing towards goals/outcomes? <input checked="" type="radio"/> Yes <input type="radio"/> No Is Goal attainable in a reasonable and generally predictable period of time? <input checked="" type="radio"/> Yes <input type="radio"/> No		
Progress towards goals identified by patient: Pt reports that he has been doing gait training during PT sessions		
Provide Clinically Supportable statement to explain: Pt now able to perform Tinetti test but score still suggests pt as a high fall risk and pt exhibits better tolerance to standing		
Continue with current Plan of Care? <input checked="" type="radio"/> Yes <input type="radio"/> No If No, notify MD if update to POC is needed		
SKILLED SERVICES PROVIDED THIS VISIT		
Interventions PT TREATMENT PLAN: Balance Training Start Effective Date: 04/08/2025 Functional mobilities Start Effective Date: 04/08/2025 Gait Training Start Effective Date: 04/08/2025 Home Program Establish/Upgrade Start Effective Date: 04/08/2025 Muscle re-education Start Effective Date: 04/08/2025 Therapeutic Exercise Start Effective Date: 04/08/2025 Transfer Training Start Effective Date: 04/08/2025		
Goals PT SHORT TERM AND LONG TERM GOALS: Patient will demonstrate improved LE strength AEB increased ability to perform 30 second chair stand test from 3 times to 6 times to aid in being able to stand up safely to go to the bathroom Start Effective Date: 04/08/2025 Status/Specify: 3 reps Pt will be able to ambulate inside apartment using RW independently to aid in performing ADLs Start Effective Date: 04/08/2025 Pt will be able to perform all transfers independently to be able to perform ADLs with more ease Start Effective Date: 04/08/2025 Pt will be able to perform HEP independently to aid in improving muscle strength to be able to do ADLs Start Effective Date: 04/08/2025 Pt will exhibit improvement in Tinetti score from to at least 19/28 or higher to prevent falls while performing ADLs Start Effective Date: 04/08/2025 Status/Specify: 15/28		
Pt seen for PT recertification of care to continue to receive skilled PT intervention such as therapeutic exercises to address muscle weakness, balance activities to prevent falls, therapeutic activities to improve safety in transfers, gait training to improve safety in ambulation with use of an AD, pt instructions on HEP, DBE, PBM and fall prevention education to improve safety awareness and pain management.		
THERAPY/AIDE SUPERVISION (optional) <input checked="" type="checkbox"/> PTA <input type="checkbox"/> COTA <input type="checkbox"/> AIDE <input type="checkbox"/> Other:		
Present on this visit? <input type="radio"/> Yes <input checked="" type="radio"/> No	Maintains open communications with patient representative (if any), caregivers and family? <input checked="" type="radio"/> Yes <input type="radio"/> No	Reports changes in the patient's condition? <input checked="" type="radio"/> Yes <input type="radio"/> No
Follows the patient's plan of care? <input type="radio"/> Yes <input checked="" type="radio"/> No	Complies with infection prevention and control policies and procedures? <input checked="" type="radio"/> Yes <input type="radio"/> No	Additional instruction given during visit? <input checked="" type="radio"/> Yes <input type="radio"/> No
Honors patient's rights? <input checked="" type="radio"/> Yes <input type="radio"/> No	Demonstrates competency with assigned tasks? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Signature: 	Date: 05/21/2025	
Physician's Signature (optional per agency policy):	Date:	CHECK ONE: <input type="checkbox"/> G0151-PT <input type="checkbox"/> G0159-PT Maintenance



Physician: Dr. Mistikawy, Hany A.

Clinician: clinician, Agency

Signature:



Signature:

Date: 6/3/2025

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AlphaCare Home Health Agency, Inc.

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Patient: Grasso, Thomas A.-MR#000004196
DOB:10/5/1947

Patient's Signature

Signed on 05/21/2025 10:28:04 AM EDT

This form has been electronically signed by:

Meneses, Marie (PT) PT 05/25/2025 09:41:32 PM EDT

PHYSICIAN NAME: Mistikawy, Hany (MD (Dr. Alliance))

Physician: Dr. Mistikawy, Hany A.

Clinician: clinician, Agency

Signature:

Signature:

Date: 6/3/2025

Date: 5/25/2025

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