

PT Re-Evaluation : 05/07/2025 (1273806998)

Raposa, William (MA241202095203)

Date of Birth: 09/11/1952

✓ Patient identity confirmed

Time In: 13:42

Time Out: 14:12

Visit Date: 05/07/2025

Diagnosis / History

Medical Diagnosis: E11.43

PT Diagnosis: R26.2

Relevant Medical History:

PARKINSONS DISEASE, DIFFICULTY IN WALKING, PMR, COLITIS, DM, PARKINSON'S DISEASE, SUPRAVENTRICULAR TACHYCARDIA, HTN, HLD, REFLUX, OA, ASTHMA, PLANTAR FASCITIS LEFT FOOT, CAD, NECK PAIN, CHRONIC PAIN SYNDROME, ALZHEIMER'S DISEASE, CHRONIC FATIGUE SYNDROME, AUTONOMIC NEUROPATHY DUE TO DM. HIATAL HERNIA, RAYNAUD'S, PAGET (Continued)

Prior Level of Functioning:

(I) throughout home and community without AD.

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, 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

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PRAJEEN ^

Clinician: Clinician, Agency

Signature:

Signature:

Date: 6/3/2025

Date: 5/30/2025

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PT Re-evaluation w/Supervisory Visit : 05/07/2025

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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: 12☐ 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 FOS to access.

Vital Signs**Temperature:**

97.6 Taken: Temporal

BP:Prior 114 / 72
Post /

Position

Sitting

Side

Left

Heart Rate:Prior 80
Post**Respirations:**Prior 16
Post**O2 Sat:**Prior 99
Post

Room Air / Rate

Room Air

Route

via
via

Comments:

Subjective Information

Pt reports satisfaction with current PT PO, requesting to continue as prescribed.

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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:	Other LBP	4	Secondary Site:	Knee	
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	WFL	WFL	4+	4+
	Extension						Extension	WFL	WFL	4+	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					
	Assist Level				Assist Level			Distance/ Amount (Ft)	Assistive Device	
Rolling	(S)		<input type="checkbox"/> L <input type="checkbox"/> R		Level	(S)		X 150	None	
Supine - Sit	(S)		Assistive Device		Unlevel	SB (A)		X 50	None	
Sit - Supine	(S)				Steps /	SB (A)		X 12	Rail	
Distribution of Functional Impairment										

Impairments re: pain, strength, balance, and functional activity tolerance, resulting in pt's functional decline and increased risk for falls.

Impairments re: pain, strength, balance, and functional activity tolerance, resulting in pt's functional decline and increased risk for falls.

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Transfer

	Assist Level	Assistive Device
Sit - Stand	(S)	None
Stand - Sit	(S)	None
Bed - Wheelchair		
Wheelchair - Bed		
Toilet or BSC	(S)	None
Tub or Shower		
Car / Van		

Factors Contributing to Functional Impairment:
Impairments re: pain, 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 72 YR. OLD MALE who presents today for PT Reassessment in new certification following hospitalization secondary to LUMBOSACRAL SPONDYLOSIS WITH RADICULOPATHY S/P LEFT L4-5 MI TLIF. Pt with previous SN/MD referral secondary to concerns re: PARKINSONS DISEASE, DIFFICULTY IN WALKING. Pt's PMH includes: PMR, COLITIS, DM, PARKINSON'S DISEASE, SUPRAVENTRICULAR TACHYCARDIA, HTN, HLD, REFLUX, OA, ASTHMA, PLANTAR FASCITIS LEFT FOOT, CAD, NECK PAIN, CHRONIC PAIN SYNDROME, ALZHEIMER'S (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: Clinical Manager.

Name(s): Jordan Lopes, 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

05/07/2025

Physician Name
PRAJEENA MAINALI D.O.**Physician Phone:** (508) 672-1838
Physician FAX: (508) 672-5189**Physician Signature****Date**Physician: Dr. MAINALI,
PRAJEEN ^

Clinician: Clinician, Agency

Signature:

Date: 6/3/2025

Signature:

Date: 5/30/2025

Electronically signed by Dr. MAINALI, PRAJEENA on 6/3/2025

Relevant Medical History

DISEASE, COPD WITH ASTHMA, BARRETT'S ESOPHAGUS, POLYNEUROPATHY, ANEMIA. PSH: CARDIAC ABLATION, COLONOSCOPY WITH BIOPSY, EGD, HERNIA REPAIR, ARTHROSCOPIC MENISECTOMY LEFT.

Clinical Statement of Assessment Findings and Recommendations

DISEASE, CHRONIC FATIGUE SYNDROME, AUTONOMIC NEUROPATHY DUE TO DM. HIATAL HERNIA, RAYNAUD'S, PAGET DISEASE, COPD WITH ASTHMA, BARRETT'S ESOPHAGUS, POLYNEUROPATHY, ANEMIA. PSH: CARDIAC ABLATION, COLONOSCOPY WITH BIOPSY, EGD, HERNIA REPAIR, ARTHROSCOPIC MENISECTOMY LEFT. Pt's PLOF includes being (I) throughout his home and community without AD. However, pt currently requires (S)/SB(A) to maintain safety. Pt has made functional gains since initial Eval, yet requires further progressions to attain LTGs/PLOF. Pt continues to demonstrate Impairments re: pain, 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 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, increased weakness, immobility, increased risk for falls/injury, and hospitalization.

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Physician: Dr. MAINALI,
PRAJEEN^Δ

Signature:

Date: 6/3/2025

A handwritten signature in black ink, appearing to read 'Prajeena Mainali', written over the date '6/3/2025'.

Clinician: Clinician, Agency

Signature:

Date: 5/30/2025

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Supervisory Visit : 05/07/2025 (1273806998)
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Nightingale Visiting Nurses
125 County ST.
Taunton , MA 02780
Phone: (508) 967-0761
Fax: (508) 967-0767

Visit Assessment

Supervision Date: 05/07/2025 Start: End:
Supervisor Name: DANIELJ FAUVELL, PT
Clinician Name: LOPES, JORDANM
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 ascend/descend 1 FOS (I) to safely access home/community. **Goal Term:** long **Target Date:** 06/03/25

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:** 06/03/25

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:** 06/03/25

Patient will Improve gait capacity as evidenced by the ability to ambulate with LRAD for 200' (I) to allow patient to safely access community within 60 days. **Goal Term:** long **Target Date:** 06/03/25

Patient will Improve mobility as evidenced by a TUG Score of 13.5 seconds using LRAD for in-home mobility without fall risk **Goal Term:** long **Target Date:** 06/03/25

Pt will adequately manage pain symptoms in 60 days. **Goal Term:** long **Target Date:** 06/03/25

Pt will not fall during this episode of care. **Goal Term:** long **Target Date:** 06/03/25

Pt will remain out of hospital throughout this episode of care. **Goal Term:** long **Target Date:** 06/03/25

Goal Progress Summary For This Visit

Goals Addressed (8)

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

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

Progress:Improving

Progress Note:

Interventions Performed (1)

Physical Therapy to develop and manage a balance program (Continued)

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Goals and Interventions

focused on static/dynamic balance activities to address pt's risk for falls.

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

Note:

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

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 safely negotiate stairs.

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

Note:

(5 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:

(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 LRAD 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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Supervisory Visit Addendum Page : 05/07/2025

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Goals and Interventions

(8 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:

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