

**OT Re-Evaluation** : 05/22/2025 (1280357248)

Arruda, Lucia ( MA250418115301 )

Date of Birth: 11/20/1953

✓ Patient identity confirmed

Time In: 12:30

Time Out: 13:15

Visit Date: 05/22/2025

**Diagnosis / History**

**Medical Diagnosis:** malignant neoplasm of ovary s/p ex-lap

**OT Diagnosis:** Muscle Weakness

**Relevant Medical History:**

PATIENT IS A 71 YR. OLD FEMALE ADMITTED TO HOSPITAL WITH MALIGNANT NEOPLASM OF OVARY S/P EX-LAP.. A&P: MALIGNANT NEOPLASM OF RIGHT OVARY S/P DIAGNOSTIC LAPAROSCOPY, TOTAL OMENTECTOMY, MOBILIZATION OF SPLENIC AND HEPATIC HEPATIC FLEXURES, SPLNECTOMY, APPENDECTOMY, RIGHT SALPINGO-OOPHORECTOMY, REMOVAL OF MULTIPLE TUMOR (Continued)

**Prior Level of Functioning:**

P was mod I with ADLs and IADL s

**Patient's Goals:**

To increase self care skills

**Precautions:** abdominal incision

**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: Occasional / short-term assistance

**Current Types of Assistance Received**

**Safety / Sanitation Hazards**

☐ No hazards identified

✓ Steps / Stairs: 3

☐ 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**

Lives in basement of daughters house with husband. Husband is able to complete all IADLs, daughter assists with ADLs. No formal assistance in the home.

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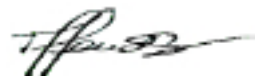
**Vital Signs**

Page 1 of 5  
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Physician: Dr. Mendes, Manuela M.

Clinician: Agency, Clinician

Signature:



Signature:

Date: 6/5/2025

Date: 5/30/2025

Electronically signed by Dr. Mendes, Manuela M. on 6/5/2025

**Temperature:**

97.8 Taken:

**BP:**Prior /  
Post 124 / 72*Position**Side*

Sitting

Right

**Heart Rate:**Prior  
Post 71**Respirations:**Prior  
Post 16**O2 Sat:**Prior  
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:**

Fair

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Evaluation of Cognitive and/or Emotional Functioning

Pain Assessment

☐ No Pain Reported

Location Intensity (0-10) Location Intensity (0-10)  
Primary Site: abdomen  
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	4-/5	4-/5	Forearm	Pronation	WFL	WFL	4-/5	4-/5
	Extension	WFL	WFL	4-/5	4-/5		Supination	WFL	WFL	4-/5	4-/5
	Abduction	WFL	WFL	4-/5	4-/5	Wrist	Flexion	WFL	WFL	4-/5	4-/5
	Adduction	WFL	WFL	4-/5	4-/5		Extension	WFL	WFL	4-/5	4-/5
	Int Rot	WFL	WFL	4-/5	4-/5		Radial Deviation	WFL	WFL	4-/5	4-/5
	Ext Rot	WFL	WFL	4-/5	4-/5	Finger	Ulnar Deviation	WFL	WFL	4-/5	4-/5
Elbow	Flexion	WFL	WFL	4-/5	4-/5		Grip	WFL	WFL	4-/5	4-/5
	Extension	WFL	WFL	4-/5	4-/5		Flexion	WFL	WFL	4-/5	4-/5
	Supination	WFL	WFL	4-/5	4-/5		Extension	WFL	WFL	4-/5	4-/5

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
Toileting / Hygiene	S	
Oral Hygiene	S	
Grooming	S	
Shaving	S	
Bathing	S	
Dressing:		
Upper Body	S	
Lower Body	S	
Manipulation of Fasteners	S	
Socks & Shoes	S	
Feeding	SET UP	
Swallowing	MOD I	

Deficits Due To / Comments:

Bed Mobility

Rolling Assist Level S  
□ L □ R  
Assistive Device

Supine - Sit S  
Sit - Supine S

Deficits Due To / Comments:

Transfer

Assist Level Assistive Device

Sit - Stand S  
Stand - Sit S  
Bed - Chair S  
Chair - Bed S  
Toilet or BSC S  
Shower S  
Tub S  
Car / Van CGA

Deficits Due To / Comments:

Instrumental ADLs

	Assist Level	Assistive Device
Light Housekeep	MOD A	
Light Meal Prep	MOD A	
Clothing Care	MOD A	
Use of Telephone	I	
Manage Money	I	
Manage Medication	I	
Home Safety Awareness	S	

Deficits Due To / Comments:

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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

WFL

☒ Right handed   ☐ Left handed

**Deficits Due To**

Fine Motor

WNL

Gross Motor

WNL

Comments:

**Cognitive Status / Perception**

Memory: Short Term

WNL

Memory: Long Term

WNL

Safety Awareness

WNL

Judgment

Impaired

Visual Comprehension

WNL

Auditory Comprehension

WNL

Stereognosis

WNL

Spatial Awareness

WNL

Ability to Express Needs

WNL

Attention Span

WNL

Comments:

**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 A 71 YR. OLD FEMALE ADMITTED TO HOSPITAL WITH MALIGNANT NEOPLASM OF OVARY S/P EX-LAP.. A&P: MALIGNANT NEOPLASM OF RIGHT OVARY S/P DIAGNOSTIC LAPAROSCOPY, TOTAL OMENTECTOMY, MOBILIZATION OF SPLENIC AND HEPATIC HEPATIC FLEXURES, SPLNECTOMY, APPENDECTOMY, RIGHT SALPINGO-OOPHORECTOMY, REMOVAL OF MULTIPLE TUMOR IMPLANTS, RESECTION OF ABDOMINAL WALL NODULES ON 04.15. PMH: STRESS INCONTINENCE, OTHER OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE, OAB, OA, MODERATE PERSISTENT ASTHMA, (Continued)

**Functional Limitations**

☒ Decreased ROM / Strength

☒ Impaired Balance / Gait

☐ Increased Pain

☒ Decreased Endurance

☒ Decreased Transfer Ability

☐ Decreased Bed Mobility

☒ Decreased Self-Care

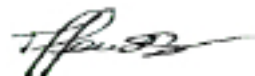
☒ Poor Safety Awareness

Comments:

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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):

Regarding:

☒ 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 rehab potential

**Treatment / Skilled Intervention This Visit**

covid screening negative evaluation completed

**Discharge Plan**

☒ To self care when goals met ☒ To self care when max potential achieved ☐ To outpatient therapy with MD approval  
☐ Other:

**Therapist Signature ( RODRIGUES , SARA ) & Date of Verbal Order for Start of OT Treatment**

Digitally signed by: SARA RODRIGUES , OT

**Date**

05/22/2025

**Physician Name**

MANUELA MENDES MD

**Physician Phone:** (508) 679-1033

**Physician FAX:** (508) 675-2008

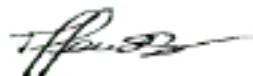
**Physician Signature**

**Date**

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**Treatment Goals and Plan Audits**

**Goal Summary**

**Unmet Goals (4)**

(FT) pt will demonstrate mod I level with kitchen tasks **Goal Term:** long **Target Date:** 06/19/25

(FT) Pt will demonstrate a barthel index score = 80/100 increasing self care skills **Goal Term:** long **Target Date:** 06/19/25

(FT) Pt will demonstrate HEP at mod I level **Goal Term:** long **Target Date:** 06/19/25

(FT) Pt will demonstrate standing tolerance > 10 min to complete light IADLs **Goal Term:** long **Target Date:** 06/19/25

**Met Goals (2)**

(FT) Pt will demonstrate tub transfer at mod I level with appropriate AE. **Goal Term:** long **Target Date:** 06/19/25

(FT) Pt will demonstrate LB dressing and bathing tasks at mod I level **Goal Term:** long **Target Date:** 06/19/25

**Goal Progress Summary For This Visit**

**Goals Addressed (4)**

(1 of 4) (FT) Pt will demonstrate a barthel index score = 80/100 increasing self care skills

**Progress:**Improving

**Progress Note:**

(2 of 4) (FT) Pt will demonstrate HEP at mod I level

**Progress:**Improving

**Progress Note:**

(3 of 4) (FT) Pt will demonstrate standing tolerance > 10 min to complete light IADLs

**Progress:**Improving

**Progress Note:**

(4 of 4) (FT) pt will demonstrate mod I level with kitchen tasks

**Progress:**Improving

**Progress Note:**

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**Relevant Medical History**

IMPLANTS, RESECTION OF ABDOMINAL WALL NODULES ON 04.15.PMH: STRESS INCONTINENCE, OTHER OSTEOPOROSIS WITHOUT CURRENT PATHOLOGICAL FRACTURE, OAB, OA, MODERATE PERSISTENT ASTHMA, MIGRAINE, HYPERCHOLSTEROLEMIA, GENERALIZED OA, GERD, GAD, ESSENTIAL HTN, DEPRESSION, CERVICAL RADICULOPATHY, CHRONIC DAILY HEADACHE, MALIGNANT NEOPLASM OF RIGHT OVARY, FIBROMYALGIA, HX OF COLON POLYP, OTHER SEASONAL ALLERGIC RHINITIS, THYROID NODULE. PSH: LEFT OOPHORECTOMY 2005, HYSTERECTOMY 2005, WOUNDS POA: MEDIAL ABDOMEN, PRIMARY REASON FOR HH CARE IS POST OP CARE FOOLOWING SURGERY FOR MALIGNANT NEOPLASM OF RIGHT OVARY

**Evaluation Assessment Summary**

MIGRAINE, HYPERCHOLSTEROLEMIA, GENERALIZED OA, GERD, GAD, ESSENTIAL HTN, DEPRESSION, CERVICAL RADICULOPATHY, CHRONIC DAILY HEADACHE, MALIGNANT NEOPLASM OF RIGHT OVARY, FIBROMYALGIA, HX OF COLON POLYP, OTHER SEASONAL ALLERGIC RHINITIS, THYROID NODULE. PSH: LEFT OOPHORECTOMY 2005, HYSTERECTOMY 2005, WOUNDS POA: MEDIAL ABDOMEN, PRIMARY REASON FOR HH CARE IS POST OP CARE FOOLOWING SURGERY FOR MALIGNANT NEOPLASM OF RIGHT OVARY. Lives in basement of daughter's house with husband. Husband is able to complete all IADLs, daughter assists with ADLs. No formal assistance in the home. P  
BUE ROM = WFL  
B UE MMT = no MMT due to precautions  
Fine motor skills = G  
Endurance = F  
completes toilet transfers = S  
completes tub/shower transfers = S  
completes LB dressing and bathing tasks = S  
BORG scale = 5/10  
Barthel index = 50/100  
Recommending skilled OT services to focus on strength, endurance, safety, transfers, ADL's. Emergency care plan reviewed, d/c ongoing, pt is homebound due to taxing effort to leave home.

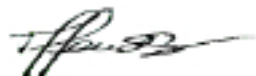
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