

OT Evaluation : 05/21/2025 (1286297673)

Santos, Eduardo P. (MA220506075202)

Date of Birth: 07/26/1952

✓ Patient identity confirmed

Time In: 12:55

Time Out: 13:29

Visit Date: 05/21/2025

Diagnosis / History

Medical Diagnosis: Lumbosacral Disc Disease

Exacerbation 05/21/2025

OT Diagnosis: muscle weakness

Exacerbation 05/21/2025

Relevant Medical History:

Patient is a pleasant 72 year old male, legally blind, forgetfulness at baseline, referred to OT evaluation via physician referral secondary to GAIT INSTABILITY, CHRONIC BACK PAIN, FALLS. PMHx includes LUMBOSACRAL DISC DISEASE, CHRONIC PAIN, PAROXYSMAL AFIB, COPD WITH SEVERE PERSISTENT ASTHMA, DM-II, HTN, CAD, (Continued)

Prior Level of Functioning:

patient lives with his wife in a basement apartment great support from his family, patient was independent for ADLs uses a vision cane for mobility patient now has a walk in shower with seat and hand held shower head standard toilet.

Patient's Goals:

to be independent

Precautions: Legally Blind

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:

☐ Narrow or obstructed walkway

☐ Cluttered / soiled living area

Other:

Pets

☐ 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

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Vital Signs

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Physician: Dr. Singla, Raju

Clinician: Agency, Clinician

Signature:



Signature:

Date: 6/1/2025

Date: 5/30/2025

Electronically signed by Dr. Singla, Raju on 6/1/2025

Temperature:

98.6 Taken: Temporal

BP:Prior 128 / 78
Post /**Position**

Sitting

Side

Right

Heart Rate:Prior 70
Post**Respirations:**Prior 18
Post**O2 Sat:**Prior 98
Post**Room Air / Rate**

Room Air

via Routevia
via

Comments:

Physical Assessment**Speech:**

WNL

Vision:

Impaired

legally blind

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

Primary Site: *back* *Intensity (0-10)* 2 *Location* *Intensity (0-10)*
Increased by: *standing* *Location* *Intensity (0-10)*

Relieved by: *medication*

Interferes with: ADLS (per patient he has no pain on this date however this morning he had pain)

ROM / Strength

Part	Action	ROM		Strength		Part	Action	ROM		Strength	
		Right	Left	Right	Left			Right	Left	Right	Left
Shoulder	Flexion			4	4	Forearm	Pronation			4	4
	Extension			4	4		Supination			4	4
	Abduction			4	4	Wrist	Flexion			4	4
	Adduction			4	4		Extension			4	4
	Int Rot			4	4		Radial Deviation			4	4
	Ext Rot			4	4	Finger	Ulnar Deviation			4	4
Elbow	Flexion			4	4		Grip			4	4
	Extension			4	4		Flexion			4	4
	Supination			4	4		Extension			4	4

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**

SBA

Toileting / Hygiene

SBA

Oral Hygiene

min assist

Grooming

min assist

Shaving

mod assist

Bathing

Dressing:

Upper Body

min assist

Lower Body

min assist

Manipulation of Fasteners

min assist

Socks & Shoes

min assist

Feeding

S

Swallowing

S

Deficits Due To / Comments:

visual impairment, reduce balance and strength

Bed Mobility

Assist Level

Rolling

S

✓ L ✓ R

Assistive Device

Supine - Sit

S

Sit - Supine

S

Deficits Due To / Comments:

visual impairment, reduce balance and strength

Transfer

Assist Level

Assistive Device

Sit - Stand

min assist

Stand - Sit

min assist

Bed - Chair

min assist

Chair - Bed

min assist

Toilet or BSC

min assist

Shower

min assist

Tub

Car / Van

Deficits Due To / Comments:

visual impairment, reduce balance and strength

Instrumental ADLs

Assist Level **Assistive Device**

Light Housekeep

dependent

Light Meal Prep

dependent

Clothing Care

dependent

Use of Telephone

S

Manage Money

dependent

Manage Medication

dependent

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

☒ Right handed ☐ Left handed

Deficits Due To

Fine Motor
Gross Motor

WNL
WNL

Comments:

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:

Impaired
WNL
Impaired
Impaired
Impaired
WNL
WNL
Impaired
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 a pleasant 72 year old male, legally blind, forgetfulness at baseline, referred to OT evaluation via physician referral secondary to GAIT INSTABILITY, CHRONIC BACK PAIN, FALLS. PMHx includes LUMBOSACRAL DISC DISEASE, CHRONIC PAIN, PAROXYSMAL AFIB, COPD WITH SEVERE PERSISTENT ASTHMA, DM-II, HTN, CAD, IDA, MIGRAINE, LEGAL BLINDNESS, OCULAR HTN, MENIERE'S DISEASE, BPH, GERD, GAD, HLD, HX OF COLONIC POLYPS, HX OF ASP PNA, POLYPECTOMY, COLONOSCOPY. Patient seen today for OT (Continued)

Functional Limitations

☒ Decreased ROM / Strength
☒ Decreased Transfer Ability

☒ Impaired Balance / Gait
☒ Decreased Bed Mobility

☐ Increased Pain
☒ Decreased Self-Care

☒ Decreased Endurance
☒ Poor Safety Awareness

Comments:

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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):

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 potential

Treatment / Skilled Intervention This Visit

patient educated on ADL compensation technique, vision compensation technique and fall prevention education

Discharge Plan

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

Therapist Signature (Machado , Ashleylynn) & Date of Verbal Order for Start of OT Treatment

Digitally Signed by: Ashleylynn Machado , OT

Date

05/21/2025

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 (3)

(FT) Patient will demonstrate ability to follow home exercise program (HEP) FOR UB strengthening at SBA or higher within this episode. **Goal Term:** long **Target Date:** 07/05/25

(FT) PT will perform shower routine with DME SBA level within 8 weeks **Goal Term:** long **Target Date:** 07/05/25

(FT) patient will perform UB and LB dressing set up independently within 8 weeks **Goal Term:** long **Target Date:** 07/05/25

Goals and Interventions Updated This Visit

Goals Added (3)

(FT) Patient will demonstrate ability to follow home exercise program (HEP) FOR UB strengthening at SBA or higher within this episode. **Target Date:** 07/05/25 **Goal Term:** long

(FT) patient will perform UB and LB dressing set up independently within 8 weeks **Target Date:** 07/05/25 **Goal Term:** long

(FT) PT will perform shower routine with DME SBA level within 8 weeks **Target Date:** 07/05/25 **Goal Term:** long

Interventions Added (3)

(FT) OT to provide HEP. training to focus on UB strength to assist in ADL performance and transfers

(FT) OT to provide self care management to focus on ADL compensation technique and visual compensation techniques

(FT) OT to provide self car management to focus on ADL compensation technique and visual compensation techniques

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Relevant Medical History

IDA,
MIGRAINE, LEGAL BLINDNESS, OCULAR HTN, MENIERE'S DISEASE, BPH, GERD, GAD, HLD, HX OF COLONIC POLYPS, HX OF ASP
PNA,
POLYPECTOMY, COLONOSCOPY.

Evaluation Assessment Summary

evaluation patient is oriented times 3, patient is legally blind uses a vision cane for mobility. Patient demonstrates below his baseline due to reduced dynamic standing balance, visual impairment and reduced strength increasing his risk of falls during ADLs, patient states his last fall was in the bathroom during shower routine. Patient is currently using a standard shower unit on second floor with assistance while awaiting for his walk in shower in basement apartment. Patient demonstrates 3 out of 5 UB strength, functional gross motor coordination and fine motor coordination, fair standing balance ambulated in home with vision stick. Patient is able to perform dressing min assist, shower routine min/mod assist with cues, and SBA for toilet routine. Patient is able to ambulate in home with vision stick SBA level. Patient would benefit from skilled OT services to educate on ADL compensation technique to focus on UB and LB dressing, shower routine and educate on a HEP to address UB strength to assist in transfers. OTR went over OT plan of care with patient and wife verbalize consent


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