

**PT Evaluation** : 05/20/2025 (1285988473)

Desimas, Guilhermina ( MA240403063801 )

Date of Birth: 06/04/1938

✓ Patient identity confirmed

Time In: 14:34

Time Out: 14:54

Visit Date: 05/20/2025

**Diagnosis / History**

**Medical Diagnosis:** M17.0

**PT Diagnosis:** R26.2

**Relevant Medical History:**

HTN, OA, aortic valve disease, weight gain, repeated falls, short term memory loss.

**Prior Level of Functioning:**

(I) throughout home and community with RW.

**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: 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

Phone: (508) 967-0761

Fax: (508) 967-0767

Physician: Dr. Mistikawy, Hany A.

Clinician: Agency, Clinician

Signature:



Signature:

Date: 6/3/2025

Date: 5/30/2025

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**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**

Daughter attempts (A) with household tasks at night.

**Safety / Sanitation Hazards**

- ☒ No hazards identified  
☐ Steps / Stairs: ☐ No running water, plumbing ☐ Insect / rodent infestation ☐ Pets  
☐ Narrow or obstructed walkway ☐ Lack of fire safety devices ☐ No gas / electric appliance ☐ Unsecured floor coverings  
☐ Cluttered / soiled living area ☐ Inadequate lighting, heating and/or cooling  
Other:

**Evaluation of Living Situation, Supports, and Hazards**

Pt lives in basement-level of private home.

**Vital Signs**

**Temperature:**

96.8 Taken: Temporal

BP:		Position	Side	Heart Rate:	Respirations:	O2 Sat:	Room Air / Rate	Route
Prior	148 / 80	Sitting	Left	Prior 70	Prior 17	Prior 93	Room Air	via
Prior	/			Post	Post	Post		via

Comments:

**Subjective Information**

Pt agrees to recommended PT POC. Pt/caregiver request abbreviated visit secondary to scheduling conflict.

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**Physical Assessment**

	Level	Functional Impact
<b>Orientation:</b>	Impairment present but not impacting functional ability.	
<b>Speech:</b>	Impairment present but not impacting functional ability.	
<b>Vision:</b>	Impairment present but not impacting functional ability.	
<b>Hearing:</b>	Impairment present but not impacting functional ability.	
<b>Skin:</b>	Impairment present but not impacting functional ability.	
<b>Muscle Tone:</b>	Impairment present but not impacting functional ability.	
<b>Coordination:</b>	Impairment present but not impacting functional ability.	
<b>Sensation:</b>	Impairment present but not impacting functional ability.	
<b>Endurance:</b>	Impairment present.	
<b>Posture:</b>	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:	Knee	8	Secondary Site:		
Increased by:					
Relieved by:					
Interferes with:					

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**Physical Assessment**

**ROM / Strength**

<b>Part</b>	<b>Action</b>	<b>ROM</b>		<b>Strength</b>		<b>Part</b>	<b>Action</b>	<b>ROM</b>		<b>Strength</b>	
		<b>Right</b>	<b>Left</b>	<b>Right</b>	<b>Left</b>			<b>Right</b>	<b>Left</b>	<b>Right</b>	<b>Left</b>
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						Inversion				
	Extension					Neck	Eversion				
Wrist	Flexion						Flexion				
	Extension						Extension				
Trunk	Rotation						Lat Flexion				
	Flexion						Rotation				

Description of Functional Impact:

**Functional Assessment**

Independence Scale Key		Dep	Max Assist	Mod Assist	Min Assist	CGA	SBA	Supervision	Ind with Equip	Indep
Bed Mobility					Gait					
	Assist Level	<input type="checkbox"/> L <input type="checkbox"/> R				Assist Level		Distance/ Amount (Ft)	Assistive Device	
Rolling	CG (A)	Assistive Device			Level	CG (A)		X 50	RW	
Supine - Sit	CG (A)				Unlevel			X		
Sit - Supine	CG (A)				Steps / Stairs			X		
Factors Contributing to Functional Impairment: Impairments re: strength, balance, and functional activity tolerance, resulting in pt's functional decline and increased risk for falls.					Factors Contributing to Functional Impairment: Impairments re: strength, balance, and functional activity tolerance, resulting in pt's functional decline and increased risk for falls.					

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**Transfer**

	<b>Assist Level</b>	<b>Assistive Device</b>
Sit - Stand	CG (A)	RW
Stand - Sit	CG (A)	RW
Bed - Wheelchair		
Wheelchair - Bed		
Toilet or BSC	CG (A)	RW
Tub or Shower		
Car / Van		

Factors Contributing to Functional Impairment:  
Impairments re: strength, balance, and functional activity tolerance, resulting in pt's functional decline and increased risk for falls.

**Wheelchair Mobility**

<b>Assist Level</b>	<b>Assist Level</b>	<b>Assist Level</b>
Level	Unlevel	Maneuver
Factors Contributing to Functional Impairment:		

**Weight Bearing Status**

FWB

**Balance**

☒ Able to assume midline orientation  
☐ Able to maintain midline orientation  
Sitting: Maintain position  
Standing: Attain 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 an 86 year old female who presents today for PT Eval following MD/SN Referral secondary to concerns re: B Knee OA. Pt's PMH includes: HTN, OA, aortic valve disease, weight gain, repeated falls, short term memory loss. Pt's PLOF includes being (I) throughout her home and community with RW. However, pt currently requires CG(A) to maintain safety. Pt demonstrates Impairments re: strength, balance, and functional activity tolerance, resulting in pt's functional decline and increased (Continued)

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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: Clinical Manager.

Name(s): Brittany Almeida, PTA.

Regarding: PT Eval completed and Visit Schedule.

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

Other 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**

05/20/2025

**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 (7)**

Patient will Improve gait capacity as evidenced by the ability to ambulate with RW for 200' (I) to allow patient to safely access community within 60 days. **Goal Term:** long **Target Date:** 07/12/25

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:** 07/12/25

Patient will Improve mobility as evidenced by a TUG Score of 13.5 seconds using RW for in-home mobility without fall risk **Goal Term:** long **Target Date:** 07/12/25

Pt will adequately manage pain symptoms in 60 days. **Goal Term:** long **Target Date:** 07/12/25

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:** 07/12/25

Pt will not fall during this episode of care. **Goal Term:** long **Target Date:** 07/12/25

Pt will remain out of hospital throughout this episode of care. **Goal Term:** long **Target Date:** 07/12/25

**Goal Progress Summary For This Visit**

**Goals Addressed (7)**

(1 of 7) Pt will remain out of hospital throughout this episode of care.

**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, Caregiver

**Note:**

(2 of 7) Pt will not fall during this episode of care.

**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, Caregiver

**Note:**

(3 of 7) Pt will demonstrate ability to perform HEP to maintain/progress health and functional abilities, prevent the need for future intervention, within cert

**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, Caregiver

**Note:**

(4 of 7) Pt will adequately manage pain symptoms in 60 days.

**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 (Continued)

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**Clinical Statement of Assessment Findings and Recommendations**

risk for falls. Skilled PT is required to address impairments, 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.

**Goals and Interventions**

Reinforcement **Performed On:** Patient, Caregiver

**Note:**

(5 of 7) Patient will Improve mobility as evidenced by a TUG Score of 13.5 seconds using RW for in-home mobility without fall risk

**Interventions Performed (1)**

Physical Therapy to develop and manage a balance program focused on static/dynamic balance activities to address pt's risk for falls.

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

**Note:**

(6 of 7) 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.

**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, Caregiver

**Note:**

(7 of 7) Patient will Improve gait capacity as evidenced by the ability to ambulate with RW for 200' (I) to allow patient to safely access community within 60 days.

**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, Caregiver

**Note:**

**Goals and Interventions Updated This Visit**

**Goals Added (7)**

Pt will remain out of hospital throughout this episode of care. **Target Date:** 07/12/25 **Goal Term:** long

Pt will not fall during this episode of care. **Target Date:** 07/12/25 **Goal Term:** long

Pt will demonstrate ability to perform HEP to maintain/progress health and functional abilities, prevent the need for future intervention, within cert **Target Date:** 07/12/25 **Goal Term:** long

Pt will adequately manage pain symptoms in 60 days. **Target Date:** 07/12/25 **Goal Term:** long

Patient will Improve mobility as evidenced by a TUG Score of 13.5 seconds using RW for in-home mobility without fall risk **Target Date:** 07/12/25 **Goal Term:** long

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**Goals and Interventions**

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. **Target Date:** 07/12/25 **Goal Term:** long

Patient will Improve gait capacity as evidenced by the ability to ambulate with RW for 200' (I) to allow patient to safely access community within 60 days. **Target Date:** 07/12/25 **Goal Term:** long

**Interventions Added (7)**

PT to perform ther-ex, ther-act, gait training, and/or pt/caregiver ed. to improve pt's functional abilities and prevent hospitalization.

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.

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.

Physical Therapy to utilize ther-ex, ther-act, neuro. re-ed., manual therapy, and pt ed. to reduce pt's pain symptoms.

Physical Therapy to develop and manage a balance program focused on static/dynamic balance activities to address pt's risk for falls.

Physical Therapy to utilize ther-ex, ther-act, gait training, neuro. re-ed., and pt ed. to facilitate pt's (I) with all Transfers.

Physical Therapy to utilize ther-ex, ther-act, gait training, neuro. re-ed., and pt ed. to facilitate pt's PLOF.

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