

PT Evaluation : 05/12/2025 (1284561177)

Rego, William (MA230619115702)

Date of Birth: 11/18/1957

✓ Patient identity confirmed

Time In: 09:40

Time Out: 10:10

Visit Date: 05/12/2025

Nightingale Visiting Nurses

125 County ST.

Taunton , MA 02780

Phone: (508) 967-0761

Fax: (508) 967-0767

Diagnosis / History

Medical Diagnosis: CHF

PT Diagnosis: Difficulty with walking

Relevant Medical History:

Pt is a 66 y/o male referred to PT for strengthening and conditioning post hospitalization. PMhX: SLEEP APNEA, STROKE, HLD, DDD, CERVICAL, DM, INSOMNIA, HTN, ANXIETY, GERD, CAD, HTN, PHEOCHROMOCYTOMA, BELLS PALSY, CHF, GAD, LUMBOSACRAL DISC DISEASE, POLYSUBSTANCE ABUSE, COCAINE ABUSE, HYPONADISM IN MALE, LT GROIN ABSCESS, DENTAL (Continued)

Prior Level of Functioning:

Pt lives with wife in 2nd floor apt with at least 14 indoor stairs and at least 7 outdoor steps to manage. Pt states indep with adls, wife assist with iadls, or states uses spc for outdoors.

Patient's Goals:

to resolve pain, avoid falls

Precautions: Fall risk

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:

Patient is homebound due to decreased balance, increased falls risk, dyspnea with minimal exertion, pain, decreased safety, decreased endurance, and requires assist of one person and rolling walker to (Continued)

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Physician: Dr. Singla, Raju

Clinician: Agency, Clinician

Signature:



Signature:

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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

Pt's wife works part time, she provides assistance as needed

Safety / Sanitation Hazards

- ☐ No hazards identified
☒ Steps / Stairs: 20
☐ 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

Has at least 20 steps to manage, wife is primary caregiver

Vital Signs

Temperature:

97.6 Taken: Temporal

BP:		Position	Side	Heart Rate:	Respirations:	O2 Sat:	Room Air / Rate	Route
Prior	128 / 80	Sitting	Left	Prior 82	Prior 17	Prior 93	Room Air	via
Post	/			Post	Post	Post		via

Comments:
using O2 as needed


Subjective Information

Patient requesting to continue with therapy services due to fear of functional decline and falls

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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.	States neuropathy on B feet
Endurance:	Impairment present.	Sob at rest, requires frequent rest
Posture:	Impairment present but not impacting functional ability.	

Edema

☐ Absent ☐ Dependent
☒ Present ☐ Pitting

Location:

Circumferential Measurements:

Pain Assessment

☐ No Pain Reported

	<i>Location</i>	<i>Intensity (0-10)</i>		<i>Location</i>	<i>Intensity (0-10)</i>
Primary Site:	Other Hip	5 Medium	Secondary Site:	Other r foot	3
Increased by:	Standing and walking				
Relieved by:	Rest				
Interferes with:	Overall mobility				

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Physical Assessment

ROM / Strength

Part	Action	ROM		Strength		Part	Action	ROM		Strength	
		Right	Left	Right	Left			Right	Left	Right	Left
Shoulder	Flexion					Hip	Flexion	Wf1	Wf1	4-	4-
	Extension						Extension	Wf1	Wf1	4-	4-
	Abduction						Abduction	Wf1	Wf1	4-	4-
	Adduction						Adduction	Wf1	Wf1	4-	4-
	Int Rot						Int Rot	Wf1	Wf1	4-	4-
	Ext Rot						Ext Rot	Wf1	Wf1	4-	4-
Elbow	Flexion					Knee	Flexion	Wf1	Wf1	4-	4-
	Extension						Extension	Wf1	Wf1	4-	4-
Forearm	Pronation					Ankle	Plantar Flexion	Wf1	Lom	3	3+
	Supination						Dorsiflexion	Lom	Lom	3	3+
Finger	Flexion						Inversion				
	Extension					Neck	Eversion				
Wrist	Flexion						Flexion				
	Extension						Extension				
Trunk	Extension						Lat Flexion				
	Rotation						Rotation				
	Flexion										

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									
Rolling									
Supine - Sit									
Sit - Supine									
Factors Contributing to Functional Impairment:									
pain, weakness									
Factors Contributing to Functional Impairment:									
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	Supervision	cane
Stand - Sit	Supervision	
Bed - Wheelchair		
Wheelchair - Bed		
Toilet or BSC	Supervision	SPC
Tub or Shower	Mod A	
Car / Van		
Factors Contributing to Functional Impairment: 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: N/A		

Weight Bearing Status

FWB

Balance

☒ Able to assume midline orientation
☐ Able to maintain midline orientation
Sitting: Movement into/out of position
Standing: Movement/mobility within position

DME

Available

☐ Wheelchair ☐ Walker ☐ Hospital Bed ☐ Bedside Commode ☐ Raised Toilet Seat ☐ Tub / Shower Bench

Other:

Spc, oxygen, crutches

Needs

Clinical Statement of Assessment Findings and Recommendations

Pt is a 66 y/o Male referred to homecare physical therapy to address deconditioning secondary to concerns CHF and COPD. Patient recently suffered R foot fracture from a fall on stairs and now wearing offloading boot when weightbearing but inconsistent with boot use. Patient has not followed up with ortho MD. PMH includes: SLEEP APNEA, STROKE, HLD, DDD, CERVICAL, DM, INSOMNIA, HTN, ANXIETY, GERD, CAD, HTN, PHEOCHROMOCYTOMA, BELLS PALSY, CHF, GAD, LUMBOSACRAL DISC DISEASE, POLYSUBSTANCE ABUSE, COCAINE (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): Jordan Lopes, PTA.

Regarding: PT POC, vfo

☒ 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 (BERNARDO , ROCHELLE) & Date of Verbal Order for Start of PT Treatment

Digitally signed by: ROCHELLE BERNARDO , PT

Date

05/12/2025

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 (5)

Patient will Improve gait capacity as evidenced by the ability to ambulate with No device steadily for >200 feet including stairs to allow patient to Exit apt and access outdoor for md appointments within 8 weeks **Goal Term:** long **Target Date:** 07/04/25

Patient will demonstrate compliance with home exercise program and improvement to BLE strength and dynamic balance to return to PLOF. **Goal Term:** long **Target Date:** 07/04/25

Patient will Improve dynamic balance as evidenced by the Tinetti score from 18/28 to >22/28 to allow patient to Perform all functional mobility and ADLs safely with decrease risk of fall. **Goal Term:** long **Target Date:** 07/04/25

(FT) Patient will demonstrate compliance with energy conservation techniques to reduce SOB as evidenced by increased ability to complete functional mobility and ADLs/IADLs by discharge. **Goal Term:** long **Target Date:** 07/04/25

Patient will have no falls during the episode of care. **Goal Term:** long **Target Date:** 07/04/25

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Relevant Medical History

INFECTION, SEVERE OBESITY, ASTHMA, COPD, DIABETIC NEUROPATHY

leave the home.

Clinical Statement of Assessment Findings and Recommendations

ABUSE, HYPONADISM IN MALE, LT GROIN ABSCESS, DENTAL INFECTION, SEVERE OBESITY, ASTHMA, COPD, DIABETIC NEUROPATHY. Patient has (DME) equipment: walker, shower chair, grab bars, cane, crutches, oxygen. PLOF patient ambulates without device, independent with all functional transfers and adl. Patient is homebound due to decreased balance, increased falls risk, dyspnea with minimal exertion, pain, decreased safety, decreased endurance, and requires assist of one person and rolling walker to leave the home. Patient continues to present with decreased safety and endurance with outdoor ambulation, decreased strength on lower extremities, impaired dynamic balance and needs further training on pain management, precautions, pacing techniques, home exercise program, home safety issues and symptom management. Physical therapy will continue to provide thera ex program for strengthening, provide endurance and balance activities, gait training to improve overall functional mobility to reach good functional baseline. Patient goal is to avoid falls, get stronger and decrease burden of care. Without physical therapy, patient is at risk for more falls and rehospitalization due to weakness, unsteadiness on feet and poor functional endurance. Patient in agreement with POC and vfo for the new cert period.

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Test and Measures : 05/12/2025
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Standardized Tests and Measures

Tinetti - POMA

Balance Test

Sitting Balance

Arises

Attempts to Rise

Immediate Standing Balance (first 5 seconds)

Standing Balance

Nudged

Eyes Closed

Turning 360 Degrees I

Turning 360 Degrees II

Sitting Down

Gait Test

Initiation of Gait

Step Length and Height - Right Foot Swing

Step Length and Height - Right Foot Clearance

Step Length and Height - Left Foot Swing

Step Length and Height - Left Foot Clearance

Step Symmetry

Step Continuity

Path

Trunk

Walk Stance

Answers

(1) Steady, safe

(1) Able, but uses arms to help

(2) Able to rise with one attempt

(1) Steady, but uses walker or other support

(1) Steady, but wide stance (medial heels > 4 inches apart) and uses cane or other support

(1) Staggers, grabs, catches self

(0) Unsteady

(1) Continuous steps

(0) Unsteady (grabs, staggers)

(1) Uses arms or not a smooth motion

(1) No hesitancy

(1) Passes left stance foot

(1) Right foot completely clears floor

(1) Passes right stance foot

(1) Left foot completely clears floor

(1) Right and left step length appear equal

(1) Steps appear continuous

(1) Mild/moderate deviation or uses a walking aid

(1) No sway, but flexion of knees or back or spreads arms out while walking

(0) Heels apart

Total Score: 18/28

Interpretation: 0-19 = High fall risk | 20-24 = Medium fall risk | 25-28 = Low fall risk

Result Interpretation:

Reference:

1. Tinetti ME. Performance orientated assessment of mobility problems in elderly patients. JAGS 1986; 34: 119-126. (Scoring description: PT Bulletin Feb. 10, 1993).

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(OASIS-D/2019)
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