

VISITING NURSE HOME AND HOSPICE  
438 EAST MAIN ROAD SUITE 100  
MIDDLETOWN, RI 02842-7273  
Phone: (401) 682-2100  
Fax: (401) 293-0739

## PHYSICIAN:

CHARLES CUMMINGS, MD  
821 MAIN ROAD  
TIVERTON, RI 02878

Phone: (401)625-1001

Fax: (401)625-1584

2nd Physician: CUMMINGS, CHARLES

Send to Physician: Y

Verbal Order: Y

Verbal Date: 4/14/2025 Time: 3:00 PM

## CLIENT:

MUZACA, LOUISE  
140 NORTH COURT  
TIVERTON, RI 02878-

SSN: XXX-XX-

DOB: 7/31/1935 MR#: HH100005311201

CERT: 4/10/2025 to 6/8/2025

Order Read Back to Physician/Agent of Physician?: Y

ABN Delivered to Patient?: NA

| Hospital MR No | Inpatient Facility                    | Admit Date | Discharge Date | Reason For Admission |
|----------------|---------------------------------------|------------|----------------|----------------------|
|                | DAWN HILL HOME FOR REHAB & HEALTHCARE | 3/9/2025   | 4/9/2025       | SYNCOPE, HEART BLOCK |

Order Date: 4/14/2025 2:26 PM Order Type: ADD ON DISCIPLINE

## Order Description:

PHYSICAL THERAPIST TO OBSERVE AND ASSESS PATIENT WITH GENERALIZED DEPRESSION. ASSESS NEED FOR MEDICATION, MEDICATION CHANGES AND POTENTIAL NEED FOR REFERRAL TO PROVIDE COUNSELING AND ASSISTANCE WITH MANAGING DEPRESSION.

PHYSICAL THERAPIST TO EVALUATE/ASSESS AND DEVELOP PHYSICAL THERAPY PLAN OF CARE TO BE SIGNED BY THE PHYSICIAN.

PHYSICAL THERAPY TO ESTABLISH/UPGRADE HOME EXERCISE PROGRAM AND PROVIDE THERAPEUTIC EXERCISES AND SOFT TISSUE/JOINT MOBILIZATION DESIGNED TO RESTORE FUNCTIONAL STRENGTH AND ROM.

PHYSICAL THERAPY TO PROVIDE TECHNIQUES DESIGNED TO IMPROVE BED MOBILITY.

PHYSICAL THERAPY TO INSTRUCT IN SAFE TRANSFERS WITH APPROPRIATE BODY MECHANICS AND EQUIPMENT.

PHYSICAL THERAPIST TO EDUCATE PATIENT IN FALL PREVENTION AND PROVIDE BALANCE TRAINING INTERVENTIONS TO REDUCE FALL RISK AND ENHANCE FUNCTIONAL MOBILITY.

PHYSICAL THERAPY TO EVALUATE GAIT AND PROVIDE GAIT TRAINING USING APPROPRIATE ASSISTIVE DEVICE TO ENSURE PATIENT SAFETY.

PHYSICAL THERAPY TO PROVIDE TRAINING ON SAFE NEGOTIATION OF STAIRS.

PHYSICAL THERAPY TO PROVIDE INSTRUCTION IN ENERGY CONSERVATION TECHNIQUES DESIGNED TO MAXIMIZE PATIENT'S PRODUCTIVITY WITH FUNCTIONAL ACTIVITIES.

THE LICENSED PROFESSIONAL WHOSE SIGNATURE APPEARS BELOW ATTESTS THAT THESE ORDERS WERE RECEIVED ON 4/13/25

## Goals:

PATIENT / CAREGIVER WILL VERBALIZE UNDERSTANDING OF MEDICATION COMPLIANCE AND MEASURES TO MANAGE DEPRESSION. GOAL TO BE ACHIEVED BY 6 WEEKS

A PHYSICAL THERAPY PLAN OF CARE WILL BE ORDERED BY PHYSICIAN AND PROVIDED BY PHYSICAL THERAPY.

ALL GOALS TO BE MET BY END OF CURRENTLY APPROVED PLAN OF CARE.

PATIENT WILL DEMONSTRATE IMPROVED FUNCTION IN RESPONSE TO SPECIFIC EXERCISE(S) AND/OR MANUAL THERAPY TECHNIQUE(S), AS EVIDENCED BY INCREASED INDEPENDENCE IN ACTIVITIES OF DAILY LIVING. GOAL TO BE ACHIEVED BY 6 WEEKS

|  |                             |       |            |
|--|-----------------------------|-------|------------|
| ENTERED / TAKEN BY (ELECTRONICALLY SIGNED):      | KAREN ALEXANDER, PT RI01949 | DATE: | 04/14/2025 |
| APPROVED / PROCESSED BY (ELECTRONICALLY SIGNED): | GAYLE KATZMAN, RI-PT01067   | DATE: | 04/15/2025 |
| PHYSICIAN SIGNATURE:                             |                             | DATE: |            |

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PHYSICIAN: CHARLES CUMMINGS, MD

CLIENT: MUZACA, LOUISE

**Goals:**

PATIENT WILL DEMONSTRATE IMPROVED BED MOBILITY.

PATIENT / CAREGIVER WILL DEMONSTRATE SAFE TRANSFERS USING APPROPRIATE BODY MECHANICS AND EQUIPMENT.

PATIENT TO DEMONSTRATE REDUCED FALL RISK AND IMPROVED FUNCTIONAL MOBILITY/SAFETY IN THE HOME. GOAL TO BE ACHIEVED BY 6 WEEKS

PATIENT WILL DEMONSTRATE SAFE GAIT TECHNIQUE WITH ASSISTIVE DEVICES AS NEEDED TO MINIMIZE RISK OF INJURY.

PATIENT WILL DEMONSTRATE SAFE NEGOTIATION OF STAIRS.

PATIENT / CAREGIVER TO DEMONSTRATE UNDERSTANDING OF AND COMPLIANCE WITH ENERGY CONSERVATION MEASURES, AS EVIDENCED BY INCREASED PRODUCTIVITY WITH FUNCTIONAL ACTIVITIES. GOAL TO BE ACHIEVED BY 6 WEEKS

**Therapy Short Term/Long Term Goals:****Discipline: PT****BED MOBILITY (PT)**

SUPINE TO SIT

STG: CONTACT GUARD ASSIST

TARGET DATE: 5/5/2025

LTG: MODIFIED INDEPENDENT

TARGET DATE: 5/26/2025

**TRANSFERS (PT)**

TUB/SHOWER

STG: MINIMAL ASSIST

TARGET DATE: 5/5/2025

LTG: STANDBY ASSIST

TARGET DATE: 5/26/2025

CAR

STG: CONTACT GUARD ASSIST

TARGET DATE: 5/5/2025

LTG: STANDBY ASSIST

TARGET DATE: 5/26/2025

**BALANCE (PT)**

TINETTI

STG: 17

TARGET DATE: 5/5/2025

LTG: 19

TARGET DATE: 5/26/2025

**GAIT (DEVIATIONS)**

POOR / INCONSISTENT FOOT CLEARANCE

STG: MINIMAL DYSFUNCTION

TARGET DATE: 5/5/2025

LTG: WNL

TARGET DATE: 5/26/2025

**GAIT (DISTANCE/ASSISTANCE)**

LEVEL SURFACE DISTANCE (IN FEET)

STG: 150

TARGET DATE: 5/5/2025

LTG: 250

TARGET DATE: 5/26/2025

LEVEL SURFACE ASSISTANCE

STG: STANDBY ASSIST

LTG: MODIFIED INDEPENDENT

ENTERED / TAKEN BY (ELECTRONICALLY SIGNED):

KAREN ALEXANDER, PT R01949

DATE: 04/14/2025

APPROVED / PROCESSED BY (ELECTRONICALLY SIGNED):

GAYLE KATZMAN, RI-PT01067

DATE: 04/15/2025

PHYSICIAN SIGNATURE:

DATE:

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PHYSICIAN: CHARLES CUMMINGS, MD

CLIENT: MUZACA, LOUISE

Therapy Short Term/Long Term Goals:

## Discipline: PT

## GAIT (DISTANCE/ASSISTANCE)

## LEVEL SURFACE ASSISTANCE

TARGET DATE: 5/5/2025

TARGET DATE: 5/26/2025

## UNLEVEL SURFACE ASSISTANCE

STG: CONTACT GUARD ASSIST

LTG: STANDBY ASSIST

TARGET DATE: 5/5/2025

TARGET DATE: 5/26/2025

## STAIRS ASCEND/DESCEND ASSISTANCE

STG: MINIMAL ASSIST

LTG: STANDBY ASSIST

TARGET DATE: 5/5/2025

TARGET DATE: 5/26/2025

## STRENGTH (PT)

## RIGHT LOWER EXTREMITY

STG: 3+/FAIR+

LTG: 4-/GOOD-

TARGET DATE: 5/5/2025

TARGET DATE: 5/26/2025

## LEFT LOWER EXTREMITY

STG: 3/FAIR

LTG: 3+/FAIR+

TARGET DATE: 5/5/2025

TARGET DATE: 5/26/2025

## PATIENT/CAREGIVER EDUCATION (PT)

## PATIENT/CAREGIVER INDEPENDENT WITH HEP

STG: CONTACT GUARD ASSIST

LTG: MODIFIED INDEPENDENT

TARGET DATE: 5/5/2025

TARGET DATE: 5/26/2025

## Diagnoses:

| Order | Code   | Description                   | Onset or Exacerbation | O/E Date   | Type |
|-------|--------|-------------------------------|-----------------------|------------|------|
| 1     | M62.81 | MUSCLE WEAKNESS (GENERALIZED) | ONSET                 | 12/12/2024 | D    |

## Service Changes:

## Calendar Frequency:

PT EFFECTIVE 04/13/2025 1WK7

ENTERED / TAKEN BY (ELECTRONICALLY SIGNED):

KAREN ALEXANDER, PT RI01949

DATE: 04/14/2025

APPROVED / PROCESSED BY (ELECTRONICALLY SIGNED):

GAYLE KATZMAN, RI-PT01067

DATE: 04/15/2025

PHYSICIAN SIGNATURE:

DATE: