

OT Evaluation : 05/20/2025 (1286929571)

Paiva, Maria N. (MA231116124702)

Date of Birth: 12/14/1947

✓ Patient identity confirmed

Time In: 10:07

Time Out: 10:45

Visit Date: 05/20/2025

Nightingale Visiting Nurses

125 County ST.

Taunton , MA 02780

Phone: (508) 967-0761

Fax: (508) 967-0767

Diagnosis / History

Medical Diagnosis:

OT Diagnosis: muscle weakness

Relevant Medical History:

Pt is a 76 year old Female, admitted to NHHC post in-office visit for difficulty with ADL tasks and mobility
PMH: HTN, Cognitive impairment, Hyperlipidemia, Breast cancer (Hx), Osteoarthritis bilateral knees

Prior Level of Functioning:

Mod I with functional mobility and transfers household distances. Mod I toileting. A with bathing, dressing and IADL tasks daily.

Patient's Goals:

Improve strength and functional activity tolerance

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:

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

Has daily PCA

Safety / Sanitation Hazards

✓ No hazards identified

☐ Steps / Stairs:

☐ 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 with significant other in high-rise apartment with elevator access

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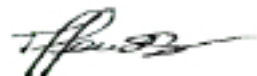
Vital Signs

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Physician: Dr. Mendes, Manuela M.

Clinician: Agency, Clinician

Signature:



Signature:

Date: 6/5/2025

Date: 5/30/2025

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Temperature:

97.5 Taken: Temporal

BP:Prior 152 / 80
Post /**Position**

Sitting

Side

Right

Heart Rate:Prior 60
Post**Respirations:**Prior 15
Post**O2 Sat:**Prior 98
Post**Room Air / Rate**

Room Air

Routevia
via

Comments:

Physical Assessment**Speech:**

WNL

Vision:

WNL

Glasses

Hearing:

WNL

Edema:**Oriented:**☒ Person ☒ Place ☐ Time**Muscle Tone:**

Fair

Coordination:

Fair

Sensation:

Fair

Endurance:

Fair

Posture:

Fair

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Evaluation of Cognitive and/or Emotional Functioning

Alert and oriented but forgetful

Pain Assessment

✓ No Pain Reported

Location Intensity (0-10) Location Intensity (0-10)
Primary Site:
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 | | | 3+ | 3 | Forearm | Pronation | | | 3+ | 3+ |
| | Extension | | | 3+ | 3 | | Supination | | | 3+ | 3+ |
| | Abduction | | | 3+ | 3 | Wrist | Flexion | | | 3+ | 3+ |
| | Adduction | | | 3+ | 3 | | Extension | | | 3+ | 3+ |
| | Int Rot | | | 3+ | 3 | | Radial Deviation | | | 3+ | 3+ |
| | Ext Rot | | | 3+ | 3 | Finger | Ulnar Deviation | | | 3+ | 3+ |
| Elbow | Flexion | | | 4 | 4 | | Grip | | | 3+ | 3+ |
| | Extension | | | 3+ | 3 | | Flexion | | | 3+ | 3+ |
| | Supination | | | 3+ | 3 | | Extension | | | 3+ | 3+ |

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

Set up

SBA

N/A

Min A

Min A

Min A

Min A

Min A

Indep

Indep

Deficits Due To / Comments:

Bed Mobility

Assist Level

Rolling

S

☐ L ☐ R

Assistive Device

Supine - Sit

S

Sit - Supine

S

Deficits Due To / Comments:

Transfer

Assist Level

Assistive Device

Sit - Stand

SBA

Stand - Sit

SBA

Bed - Chair

SBA

Chair - Bed

SBA

Toilet or BSC

SBA

Shower

Min S

Tub

Car / Van

Deficits Due To / Comments:

Ambulates with rollator with slow shuffled gait

Instrumental ADLs

Assist Level Assistive Device

Max A

Min A

Max A

Min A

Use of Telephone

N/T

Manage Money

Max A

Manage Medication

Indep

Home Safety Awareness

Indep

Deficits Due To / Comments:

Housekeeping

Laundry service

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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
Comments:

WNL
WNL

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
WNL
WNL
WNL
WNL
WNL
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

Pt is a 76 year old Female, admitted to NHHC post in-office visit for difficulty with ADL tasks and mobility
PMH: HTN, Cognitive impairment, Hyperlipidemia, Breast cancer (Hx), Osteoarthritis bilateral knees PLOF: Mod I
with functional mobility and transfers household distances. Mod I toileting and light snack and beverage prep. A
with bathing, dressing and IADL tasks daily. During OT evaluation patient pleasant and cooperative, A+0 to all
concepts and able to follow commands and make (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.

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

Treatment / Skilled Intervention This Visit

Comprehensive assessment 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 (FRANCO , ELIZABETH) & Date of Verbal Order for Start of OT Treatment

Digitally Signed by: ELIZABETH FRANCO , OT

Date

05/20/2025

Physician Name
MANUELA MENDES MD

Physician Phone: (508) 679-1033
Physician FAX: (508) 675-2008

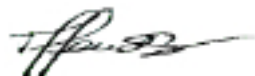
Physician Signature

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Treatment Goals and Plan Audits

Goal Summary

Unmet Goals (4)

(FT) Patient will improve dynamic standing balance to Fair + to reduce risk of falls by discharge **Goal Term:** long **Target Date:** 07/16/25

(FT) Patient will improve B UE strength to 4/5 to promote I with ADL and transfers by discharge **Goal Term:** long **Target Date:** 07/16/25

(FT) Patient will complete light snack/beverage prep with Mod I by discharge **Goal Term:** long **Target Date:** 07/16/25

(FT) Patient will be Mod I with toileting task within 4 weeks **Goal Term:** short **Target Date:** 06/21/25

Goals and Interventions Updated This Visit

Goals Added (4)

(FT) Patient will improve B UE strength to 4/5 to promote I with ADL and transfers by discharge **Target Date:** 07/16/25 **Goal Term:** long

(FT) Patient will improve dynamic standing balance to Fair + to reduce risk of falls by discharge **Target Date:** 07/16/25 **Goal Term:** long

(FT) Patient will be Mod I with toileting task within 4 weeks **Target Date:** 06/21/25 **Goal Term:** short

(FT) Patient will complete light snack/beverage prep with Mod I by discharge **Target Date:** 07/16/25 **Goal Term:** long

Interventions Added (4)

(FT) Occupational Therapy to perform therapeutic exercises and develop home exercise program to restore functional strength and range of mobilization of joints.

(FT) Occupational therapy to provide neuro reeducation and balance challenges to improve static and dynamic standing balance to restore independence and reduce risk of falls

(FT) Occupational Therapy to provide ADL training to increase client's level of independence with ADL tasks

(FT) Occupational Therapy to provide IADL training to increase client's level of independence with IADL tasks

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Evaluation Assessment Summary

needs known. Patient's vitals WNL with slightly elevated blood pressure. Patient demo B UE AROM WFL, R UE strength 3+/5 and L UE 3/5. Patient demo Fair static standing balance and Fair - dynamic standing balance. Patient demo S with functional mobility and transfers with rollator short distances. Patient fatigues with mobility due to LE weakness and knee pain. Patient requires SBA with toileting tasks and Min A with bathing, dressing and grooming tasks. Patient requires Max A with IADL tasks. Mn A with light snack and beverage prep. Patient requires skilled OT services 2x a week including self-care, therex, ther-act, neuro reeducation and pt/cg ed to improve noted deficits and maximize I with ADL and IADL tasks. Patient receptive and agreeable to OT POC.

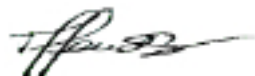
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