

OT Evaluation : 05/15/2025 (1285071699)

Almas, Maria (MA210907113203)

Date of Birth: 11/15/1932

☐ Patient identity confirmed

Time In: 10:40

Time Out: 11:19

Visit Date: 05/15/2025

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:**

Patient is a 91- yr old female who presents today for OT Eval following hospitalization and STR-stay secondary to Pneumonia, COVID, Parkinsonism. Pneumonia, COVID, Parkinsonism, Chronic metabolic acidosis, Chronic metabolic acidosis, fall, hx of COVID-19, old MI, HTN, HLD, IDA, RA, OA, osteoporosis, other malaise, pan-lobular (Continued)

Prior Level of Functioning:

Patient Mod I with functional mobility and xfers using cane, Mod I with BADL And light meal prep. A with all other IADL Tasks from her son.

Patient's Goals:

I want to be stronger and decrease pain to my hands

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: Around the clock

Current Types of Assistance Received**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**

patient lives in a single family home with her son

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Vital Signs

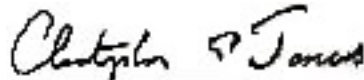
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Clinician: Clinician, Agency

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Temperature:

Taken:

BP:Prior 124 / 72
Post /*Position**Side***Heart Rate:**Prior 74
Post**Respirations:**Prior
Post**O2 Sat:**Prior 94
Post*Room Air / Rate*via
via*Route*

Comments:

Physical Assessment**Speech:**

WNL

Vision:

WNL

Hearing:

WNL

Edema:**Oriented:**

✓ Person ✓ Place ✓ Time

Muscle Tone:

Good

Coordination:

Good

Sensation:

Good

Endurance:

Fair

Posture:

Good

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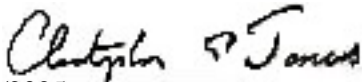
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Evaluation of Cognitive and/or Emotional Functioning

Pain Assessment

☐ No Pain Reported

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

Toileting / Hygiene

min a

Oral Hygiene

min a

Grooming

min a

Shaving

Bathing

mod a

Dressing:

Upper Body

min a

Lower Body

mod a

Manipulation of Fasteners

MOD I

Socks & Shoes

max a

Feeding

Swallowing

Deficits Due To / Comments:

Patient presents with decreased strength, standing balance, activity (Continued)

Instrumental ADLs

Assist Level **Assistive Device**

Light Housekeep

MOD A

Light Meal Prep

Clothing Care

MOD I

Use of Telephone

Manage Money

Manage Medication

Home Safety Awareness

Deficits Due To / Comments:

FAMILY ASSISTS PT WITH IADLs

Bed Mobility

Assist Level

MOD I

☒ L ☒ R
Assistive Device

Rolling

Supine - Sit

MOD I

Sit - Supine

MOD I

Deficits Due To / Comments:

Transfer

Assist Level

Assistive Device

Sit - Stand

min a

Stand - Sit

min a

Bed - Chair

min a

Chair - Bed

min a

Toilet or BSC

min a

Shower

mod a

Tub

Car / Van

Deficits Due To / Comments:

Patient presents with decreased strength, standing balance, activity (Continued)

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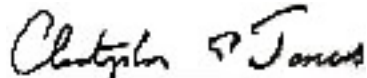
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Functional Assessment (Continued)

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

WNL

Gross Motor

WNL

Comments:

Cognitive Status / Perception

Memory: Short Term

WNL

Memory: Long Term

WNL

Safety Awareness

Impaired

Judgment

WNL

Visual Comprehension

WNL

Auditory Comprehension

WNL

Stereognosis

WNL

Spatial Awareness

WNL

Ability to Express Needs

WNL

Attention Span

WNL

Comments:

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 91- yr old female who presents today for OT Eval following hospitalization and STR-stay secondary due to Pneumonia, COVID, Parkinsonism. Pneumonia, COVID, Parkinsonism, Chronic metabolic acidosis, Chronic metabolic acidosis, fall, hx of COVID-19, old MI, HTN, HLD, IDA, RA, OA, osteoporosis, other malaise, pan-lobular emphysema, Other specified anxiety disorders, GERD, CVA, Asthma, chronic HFpEF, severe PCM, gout, hx pna, vit B12 def anemia, Meniere's disease. Patient A+O x 3, (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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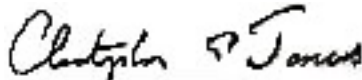
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Treatment Goals and Plan

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): Helena Ferreira

Regarding: ot poc and goals

☒ 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 due to pt motivated to return to ploff

Treatment / Skilled Intervention This Visit

ot eval

Discharge Plan

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

Therapist Signature (MELLO , JESSICA) & Date of Verbal Order for Start of OT Treatment

Digitally signed by: JESSICA MELLO , OT

Date

05/15/2025

Physician Name
 CHRISTOPHER JONCAS MD

Physician Phone: (508) 235-5445
Physician FAX: (508) 235-5594

Physician Signature

Date

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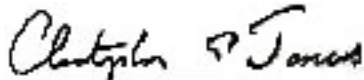
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Treatment Goals and Plan Audits

Goal Summary

Unmet Goals (4)

(FT) patient will increase B UE shoulder ext, ir and add to 4/5 to push up to stand with ease within 8 weeks **Goal Term:** long **Target Date:** 06/17/25

(FT) Patient will perform self feeding tasks with mod I and <2/10 pain to b hands within 8 weeks **Goal Term:** long **Target Date:** 06/17/25

(FT) Patient will ambulate to bathroom from recliner with cga, good - dynamic standing balance and slight breathlessness, 2/10 borg breathlessness, to decrease risk of falls within 8 weeks **Goal Term:** long **Target Date:** 06/17/25

(FT) Patient will perform toileting tasks and CM with MOD I and good safety tech within 8 weeks **Goal Term:** long **Target Date:** 06/17/25

Goals and Interventions Updated This Visit

Goals Added (4)

(FT) Patient will perform toileting tasks and CM with MOD I and good safety tech within 8 weeks **Target Date:** 06/17/25 **Goal Term:** long

(FT) Patient will perform self feeding tasks with mod I and <2/10 pain to b hands within 8 weeks **Target Date:** 06/17/25 **Goal Term:** long

(FT) patient will increase B UE shoulder ext, ir and add to 4/5 to push up to stand with ease within 8 weeks **Target Date:** 06/17/25 **Goal Term:** long

(FT) Patient will ambulate to bathroom from recliner with cga, good - dynamic standing balance and slight breathlessness, 2/10 borg breathlessness, to decrease risk of falls within 8 weeks **Target Date:** 06/17/25 **Goal Term:** long

Interventions Added (4)

(FT) occupational therapy to provide ADL retraining focused on safety cues, environmental modifications, compensatory strategies to address decreased independence with self care tasks

(FT) Occupational therapy to provide education on most beneficial pain management techniques including use of modalities as well as provide therapeutic massage and apply topical pain agent to effected areas to reduce overall pain

(FT) Occupational therapist to provide manual therapy techniques including PROM, stretching, joint mobilization and therapeutic massage to improve joint ROM required for I with ADL and IADL tasks

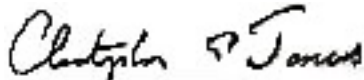
(FT) Occupational therapy to provide education on energy conservation techniques to improve functional activity tolerance during functional tasks

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OT Evaluation Addendum Page : 05/15/2025
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Relevant Medical History

emphysema, Other specified anxiety disorders, GERD, CVA, Asthma, chronic HFpEF, severe PCM, gout, hx pna, vit B12 def anemia, Meniere's disease.

Transfer - Deficits Due To / Comments

tolerance and safety impacting pts ability to perform fxnl transfers and self care tasks.

Self Care Skills - Deficits Due To / Comments

tolerance and safety impacting pts ability to perform fxnl transfers and self care tasks.

Evaluation Assessment Summary

pleasant and cooperative, all vitals WNL, reporting chronic pain in B knees and B hands. Patient demo functional mobility and xfers house hold distances with mod i without AD with poor+ dynamic standing balance, shuffling gait and freezing episodes, increasing risk of falls\ safety in the home. Patient demo B shoulder/elbow AROM WNL with shoulder strength 3/5 and elbow strength 3/5. B hand/digit contracture from severe RA. Patient conts to presents with Right 5th digit and 4th digit PIP flexed position, no AROM, passively can extend to -10 degrees. Patient is Mod A with ADL tasks needing cues for safety, fall reduction and tech to increase ease with ADL Patient presents with severe breathlessness , 5/10 borg breathlessness scale during fxnl tasks and self care tasks. Patient requires skilled OT interventions to improve strength, ROM, coordination, balance, functional activity tolerance and safety to maximize I with ADL Tasks. Patient receptive and agreeable to OT POC. Patient would benefit from skilled OT services to increase independence and safety in the home through Therex, theract, neuro re-ed, ADL retraining. Patient in agreement to ot services 2x/wk to address above impairments and to return to ptof.

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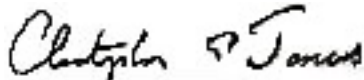
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