

OT Re-Evaluation : 05/20/2025 (1278024978)
Duff, Lawrence (MA220308084603)

Date of Birth: 08/11/1946

✓ Patient identity confirmed

Time In: 10:00

Time Out: 10:43

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:

patient is a 78 year old male who was referred to skilled ot services to assess pts safety and independence in the home after recent hospitalization. Patient was d/c from FRHC 4/15 after having a fall in January w/ L hip fx requiring surgery, ORIF LEFT FIP INTERTROCHANTERIC FRACTURE. PMH: PARAPLEGIA SECONDARY TO SCI, (Continued)

Prior Level of Functioning:

mod i for self care tasks and adls

Patient's Goals:

to be independent

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

Duff, Lawrence (MA220308084603)

Vital Signs

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Physician: Dr. Singla, Raju

Clinician: Agency, Clinician

Signature:



Signature:

Date: 6/1/2025

Date: 5/30/2025

Electronically signed by Dr. Singla, Raju on 6/1/2025

Temperature:

Taken:

BP:Prior 128 / 77
Post /*Position**Side***Heart Rate:**Prior 78
Post**Respirations:**Prior
Post**O2 Sat:**Prior 98
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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Evaluation of Cognitive and/or Emotional Functioning

Patient is A + O x 4 pleasant and cooperative

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 | WFL | WFL | 4- | 4- | Forearm | Pronation | WFL | WFL | 4- | 4- |
| | Extension | WFL | WFL | 4- | 4- | | Supination | WFL | WFL | 4- | 4- |
| | Abduction | WFL | WFL | 4- | 4- | Wrist | Flexion | WFL | WFL | 4- | 4- |
| | Adduction | WFL | WFL | 4- | 4- | | Extension | WFL | WFL | 4- | 4- |
| | Int Rot | WFL | WFL | 4- | 4- | | Radial Deviation | WFL | WFL | 4- | 4- |
| | Ext Rot | WFL | WFL | 4- | 4- | Finger | Ulnar Deviation | WFL | WFL | 4- | 4- |
| Elbow | Flexion | WFL | WFL | 4- | 4- | | Grip | WFL | WFL | 4- | 4- |
| | Extension | WFL | WFL | 4- | 4- | | Flexion | WFL | WFL | 4- | 4- |
| | Supination | WFL | WFL | 4- | 4- | | Extension | WFL | WFL | 4- | 4- |

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

mod a

Toileting / Hygiene

mod a

Oral Hygiene

mod a

Grooming

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

Rolling MOD I

✓ L ✓ R
Assistive Device

Supine - Sit MOD I

Sit - Supine MOD I

Deficits Due To / Comments:

Transfer

Assist Level

Assistive Device

Sit - Stand mod a

Stand - Sit mod a

Bed - Chair mod a

Chair - Bed mod a

Toilet or BSC mod a

Shower n/a

Tub

Car / Van

Deficits Due To / Comments:

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

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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

WNL
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: sit to stand machine

Needs

Evaluation Assessment

Evaluation Assessment Summary

patient is a 78 year old male who was referred to skilled ot services to assess pts safety and independence in the home after recent hospitalization. Patient was d/c from FRHC 4/15 after having a fall in January w/ L hip fx requiring surgery, ORIF LEFT FIP INTERTROCHANTERIC FRACTURE. PMH: PARAPLEGIA SECONDARY TO SCI, BARRETT'S ESOPHAGUS, ESOPHAGEAL STRICTURE, NEUROGENIC BLADDER CURRENTLY WITH CHRONIC FOLEY CATHETER, LEFT HIP INTERTROCHANTERIC FRACTURE WITH ORIF IN JAN 2025, BEDBOUND, K (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.

☐ **No Change to Plan of Care:** physician signature is not required if no change to Plan of Care for therapy reassessment visit
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 ploc

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

05/20/2025

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 (4)

(FT) patient will increase barthel index score to 80/100 indicating increased independence with self care tasks within 8 weeks **Goal Term:** long **Target Date:** 06/15/25

(FT) patient will increase BUE shoulder strength to 4/5 to perform fxnl transfers with ease within 8 weeks **Goal Term:** long **Target Date:** 06/15/25

(FT) Patient will perform shower level tasks with mod i and good dynamic standing balance within 8 weeks **Goal Term:** long **Target Date:** 06/15/25

(FT) patient will perform shower transfers with mod i and good safety tech within 8 weeks **Goal Term:** long **Target Date:** 06/15/25

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Clinician: Agency, Clinician

Signature: 

Signature:

Date: 6/1/2025

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Relevant Medical History

BARRETT'S ESOPHAGUS, ESOPHAGEAL STRICTURE, NEUROGENIC BLADDER CURRENTLY WITH CHRONIC FOLEY CATHETER, LEFT HIP INTERTROCHANTERIC FRACTURE WITH ORIF IN JAN 2025, BEDBOUND, K OXYTOCA BACTEREMIA, LARGE HIATAL HERNIA, CHOLELITHIASIS, FATTY LIVER, ATROPHIC PANCREAS, ANKLE FRACTURE, DYSPHAGIA, PRESBYOPIA, VIT B12 DEF, VIT D DEF, LUMBAGO WITH SCIATICA RIGHT SIDE, HLD, GLAUCOMA BOTH EYES, GERD, CHRONIC ANGLE CLOSURE GLAUCOMA BILATERAL STAGE UNSPECIFIED, ADJUSTMENT DO WITH DEPRESSED MOOD, MUSCLE WASTING AD ATROPHY MULTIPLE SITES PSH: REMOVAL OF TESTICLE, CATARACT SURGERY, COLONOSCOPY, EGD, ORIF LEFT FIP INTERTROCHANTERIC FRACTURE

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

OXYTOCA BACTEREMIA, LARGE HIATAL HERNIA, CHOLELITHIASIS, FATTY LIVER, ATROPHIC PANCREAS, ANKLE FRACTURE, DYSPHAGIA, PRESBYOPIA, VIT B12 DEF, VIT D DEF, LUMBAGO WITH SCIATICA RIGHT SIDE, HLD, GLAUCOMA BOTH EYES, GERD, CHRONIC ANGLE CLOSURE GLAUCOMA BILATERAL STAGE UNSPECIFIED, ADJUSTMENT DO WITH DEPRESSED MOOD, MUSCLE WASTING AD ATROPHY MULTIPLE SITES PSH: REMOVAL OF TESTICLE, CATARACT SURGERY, COLONOSCOPY, EGD, ORIF LEFT FIP INTERTROCHANTERIC FRACTURE
Patient lives in a single family home, one level, with his wife who is his primarily caregiver. Patient is A + O x 4 pleasant and cooperative.
Pt was seen this day for ot reassessment. Patient has made good progress with skilled ot services since soc. Patient presents with increased strength, standing balance and activity
tolerance increasing pts ability to perform fxnl transfers and self care tasks. Although pt has made good progress cont services warranted to cont to increase independence and safety in the home.
CLOF: B UE shoulder AROM wfl 4-/5 impacting pts ability to perform fxnl transfers and self care tasks. Patient ambulates with use of RW with fair from fair - dynamic standing balance, increasing risk of falls. Patient requires multiple rests during fxnl tasks due to decreased activity tolerance. Patient requires seated rest after 5 minutes from 3 minutes of standing. MIN A to perform LB self care tasks and light meal prep tasks . Patient requires cues for safety and tech during self care tasks and IADLs. Barthel index score 70/100 indicating decreased independence with self care tasks. Recommending skilled OT services to address above impairments and to return to plof.

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WOUND CARE

Wounds Not Addressed This Visit

Wound 1: Location - L buttock, **Type:** Pressure Injury - Stage 1, **Date of Onset:** 04/22/2025

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Signature: 

Signature:

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Date: 5/30/2025

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