

**Agency Information**  
 INTERIM HEALTHCARE dba MD HEALTH CARE LLC  
 5201 Constitution Ave NE  
 Albuquerque NM 87110  
 Phone: (505) 910-4725 | Fax: (505) 872-0451

**Order #: 65560405**  
**Physical Therapy Plan of Care with Full Evaluation**

Patient HI Claim No.	Start of Care Date	Episode Period	Medical Record No.	Order No.
2RQ5TF1PD73	12/27/2024	10/23/2025-12/21/2025	2023-1188	65560405

Patient Name, Address, and Phone Number	Attending Physician or Allowed Practitioner Name, Address, Fax, and Phone Number
Oguinn, Jack 01/30/1942 Male 9637 VILLA DEL REY NE ALBUQUERQUE, NM 87111 (505) 385-9596	Laboy-Espada , Ray, M.D. NPI: 1124066741 1501 San Pedro SE ALBUQUERQUE NM 87108 Phone: (505) 265-1711   Fax: (505) 222-3367

Advance Directives	DME and Supplies
No Advanced Directives (Had Advance Care Plan discussion, but unable to provide Advance Care Plan or name a surrogate decision maker)	Durable Medical Equipment: Walker, Oxygen, Elevated toilet seat, Grab Bars Durable Medical Equipment Provider: Name: VA

Therapy Diagnosis
Muscle weakness (generalized)

Medical History
I89.0 Lymphedema, not elsewhere classified
I11.0 Hypertensive heart disease with heart failure
I50.33 Acute on chronic diastolic (congestive) heart failure
I48.20 Chronic atrial fibrillation, unspecified
I25.10 Atherosclerotic heart disease of native coronary artery w/o ang pptrs
I27.20 Pulmonary hypertension, unspecified
E78.5 Hyperlipidemia, unspecified
F33.9 Major depressive disorder, recurrent, unspecified
N52.9 Male erectile dysfunction, unspecified
F43.23 Adjustment disorder with mixed anxiety and depressed mood
I87.8 Other specified disorders of veins
G47.33 Obstructive sleep apnea (adult) (pediatric)
G47.00 Insomnia, unspecified
L57.0 Actinic keratosis
R73.03 Prediabetes
Z85.828 Personal history of other malignant neoplasm of skin
Z79.01 Long term (current) use of anticoagulants

Discipline Orders and Treatment
Frequency: 1wk9 Physical therapy for HEP, mobility, balance, decreased fall risks, ambulation and safety education Effective Date: 12/22/2025
Physical Therapist assessed patient and developed plan of care with patient/caregiver involvement to be countersigned by physician. Physical Therapist to notify physician immediately of any potential problems that impeded completion of patient recovery and desired goals
Physical Therapy to assess gait and instruct patient on methods to improve gait stability and promote safety.
Physical Therapy to perform balance training to decrease the risk for injury.
Physical Therapy to perform therapeutic exercises and provide patient with home exercise program to restore functional strength and mobility.
Physical Therapy Evaluation Completed; Need for Further Visits
Patient with an identified need for process measures to prevent complications and optimize patient outcomes.
Patient identified to be at high risk for falls. PT to provide skilled assessment, identify and mitigate risk factors, provide instruction and reinforcement of teaching to prevent falls/injuries. PT to instruct patient/caregiver on fall prevention and assess the need for therapy services.

Wound Care Orders	
Therapist Signature	Signature Date and Time
Electronically Signed by: Jennifer Trejo PT	12/18/2025 06:56 PM
Physician or Allowed Practitioner Signature (Applies to total pages)	Signature Date

X

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**Goals**

Patient's personal healthcare goal(s): "increase my strength for showers, not fall and walk better."  
Patient will demonstrate safe gait stability with decreased risk for injury 4 weeks.  
Long Term - Patient will demonstrate an increase to Tinetti score of 22 or higher thereby decreasing fall risk by 9 weeks  
Patient will ambulate 200 with 4ww to allow patient to ambulate household distances as was prior level of functioning by 9 weeks  
Patient will be free of falls/injuries throughout the episode of care.  
Long Term - Patient will demonstrate compliance with home exercise program and improvement to facilitate functional mobility by 9 weeks

**Homebound Narrative**

Patient is exhibiting a considerable and taxing effort to leave home due to current disease process as evidenced by need for assist with equipment management, supervision for safety and fall risks and frequent rests due to fatigue

**Living Arrangements**

Patient lives alone : Occasional/Short-term Assistance

**Rehabilitation Potential**

Rehabilitation Potential: Good potential for treatment plan implementation

**Discharge Plans**

Discharge To Care Of: Self

Discharge When: Discharge when goals are met, Patient demonstrates necessary skills to self-manage therapy goals

**Physical Assessment**

Neuro/Emotional/Behavioral: Forgetfulness  
Integumentary Status: Poor turgor, Wound care performed; Comments: dry skin. wounds managed by SN  
Cardiopulmonary: Dyspnea - Walking > 20 feet, Moderate exertion (i.e., bathing, dressing), Edema; Comments: lymphedema- has pneumatic compression devices but needs CG to don  
Musculoskeletal: High risk for falls, Joint pain, Joint stiffness; Limited ROM - BLE, Muscle weakness  
Nutrition: No problems identified  
Gastrointestinal: No problems identified  
Endocrine/Hematologic: No problems identified  
Genitourinary: No problems identified  
Sensory Status: No problems identified

**Pain Profile**

Pain: Has the patient had any pain this week? Yes:  
Primary Site: both legs  
Current Pain Intensity: 7 - Very Intense  
Past Week-Least Pain Intensity: 5 - Very Distressing  
Past Week-Most Pain Intensity: 10 - Worst Pain Possible  
Pain Description: Aching, Sharp, Shooting  
Pain interferes with activity: Yes- Daily, but not constantly  
Nonverbal Pain Cues: Guarding, Sitting position, Stiff  
Pain Relief Measures: Change in weight-bearing, Medication, Reposition, Rest  
Current Pain Management Effectiveness: Stabilization in Mood, Stabilization in Physical Function  
Potential Aberrant Behavior: N/A

**Prior Level of Functioning**

Bed Mobility: Required Assistance  
Transfers: Required Assistance  
Balance Sitting: Required Assistance  
Balance Standing: Required Assistance  
Ambulation: Required Assistance

**Functional Assessment Bed Mobility**

Level of Assistance: CGA - Contact guard assistance  
Rolling to Left: CGA - Contact guard assistance  
Rolling to Right: CGA - Contact guard assistance  
Supine to Sit: CGA - Contact guard assistance  
Sit to Supine: CGA - Contact guard assistance  
Scoot/Bridge: CGA - Contact guard assistance  
Comments: Patient sleeps in recliner, using lift to stand

**Wheelchair Mobility**

**Functional Assessment Transfers**

Level of Assistance: VC - Verbal cue  
Sit to Stand: VC - Verbal cue  
Stand to Sit: VC - Verbal cue  
Bed to Chair: VC - Verbal cue  
Chair to Bed: VC - Verbal cue  
Chair to W/C: VC - Verbal cue  
Tub/Shower: Min A - 25% assist  
Toilet/BSC: VC - Verbal cue

**Therapist Signature**

Electronically Signed by: Jennifer Trejo PT

**Signature Date and Time**

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<p><b>Level of Assistance</b>          Level:          Maneuver:          Uneven:          ADL:</p>		<p>Car/Van: Min A - 25% assist          Comments: Patient using chair lift to stand due to weakness and mechanical deficits. Patient with weakness and balance deficits and increased fall risk.</p> <p><b>Gait Analysis</b>          Level of Assistance          Level: CGA - Contact guard assistance (feet)50          Unlevel:          (feet)          Stairs/Steps: Min A - 25% assist          # of Steps: 1          Handrail Assist: Bilateral          Comments: Patient demos decreased step length and foot clearance B with forward trunk flexion onto FWW. Patient with pain and edema in legs affecting mechanics with asymmetric steps and substitution patterns</p>																																																										
<p><b>Gait Quality Deviation</b>          Forward lean, Decreased trunk rotation, Inadequate hip flexion, Inadequate knee flexion, Decreased step length</p>		<p><b>Assistive Devices</b>          Walker, four wheeled</p>																																																										
<p><b>Balance</b>          Standing: static (F = Able to sit/stand unsupported without balance loss of UE support); dynamic (P+ = Maintain dynamic sitting/standing balance through min excursions of active trunk movement with min assist)  <b>Balance Comments:</b>          Pt dependent on UE assist for dynamic balance</p>		<p><b>Weight Bearing</b>          Comments:</p>																																																										
<p><b>Posture</b>          Abnormal          Comments: Forward head/ rounded shoulders</p>		<p><b>Activity Tolerance</b>          Comments: patient with fatigue and weakness and limited ability to tolerate longer duration activity. patient with fear and anxiety of falling with limited upright activity</p>																																																										
<p><b>Functional Assessment Comments</b>          Patient has functional weakness balance deficits with increased fall risks. Requires 4ww for all mobility. Patient with endurance deficits and weakness with sedentary lifestyle and at risk for increased decline</p>																																																												
<p><b>Manual Muscle Testing Strength</b></p> <table border="1"> <thead> <tr> <th rowspan="2">Part</th> <th rowspan="2">Action</th> <th colspan="2">Strength</th> <th colspan="2">ROM</th> </tr> <tr> <th>Left</th> <th>Right</th> <th>Left</th> <th>Right</th> </tr> </thead> <tbody> <tr> <td rowspan="6"><b>Shoulder</b></td> <td>Flexion</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Extension</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Abduction</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Adduction</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Internal Rotation</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>External Rotation</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2"><b>Elbow</b></td> <td>Flexion</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Extension</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Forearm</b></td> <td>Pronation</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Part	Action	Strength		ROM		Left	Right	Left	Right	<b>Shoulder</b>	Flexion					Extension					Abduction					Adduction					Internal Rotation					External Rotation					<b>Elbow</b>	Flexion					Extension					<b>Forearm</b>	Pronation				
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	Supination		
<b>Wrist</b>	Flexion		
	Extension		
<b>Finger</b>	Flexion		
	Extension		
<b>Hip</b>	Flexion	3+	3+
	Extension	3+	3+
	Abduction	3+	3+
	Adduction	3+	3+
	Internal Rotation		
	External Rotation		
<b>Knee</b>	Flexion	3+	3+
	Extension	3+	3+
<b>Ankle</b>	Plantarflexion	3+	3+
	Dorsiflexion	3+	3+
<b>Foot</b>	Inversion		
	Eversion		
<b>Trunk</b>	Flexion		
	Rotation		
	Extension		

#### **Manual Muscle Test Comments**

Patient with MMT weakness, functional weakness and endurance deficits.

#### **Standardized Test**

Tinetti Test: Total Balance Score-8, Total Gait Score-4, Combined Total Score-12 High Risk

#### **Skilled Care Provided**

PT evaluation and assessment for current functional ability. Patient education on grab bars near shower and toilet for stability with recommendation of using current bar in hallway and moving it to bathroom. Bar to be installed by VA 12/22/25. Instructed on elevation of B LEs for edema control. Education on safety with gait and fall risks with pain and fatigue and pre-planning instructed to use 4ww at all times. Instructed in standing ther ex using countertop for support including heel/toe raises, marching, hip abd, hs curls, mini squats B x 12, side stepping along countertop x 5 passes- provided written handout to improve HEP compliance. Education on energy conservation strategies to facilitate/improve ADLs and HEP compliance. Patient education on POC and treatments and reassessment at 30 days

#### **Need for Continued Care**

Patient is an 83 year old male receiving home care for Lymphedema and weakness. Patient has had recent falls in the last few months with decreased strength and endurance balance deficits and functional deficits with unsteady gait, transfer instability, and decreased ability to participate with ADLs, self-care, and functional activity. He scores 12 on Tinetti balance test placing him at high risk of falls. Pt will benefit from skilled physical therapy to address functional mobility deficits and progress with strengthening, balance, and functional endurance to decrease fall risks and improve mobility. Patient with difficulty safely performing ADLs and is sedentary placing him at risk for increased decline with immobility. Patient is further limited with pain in legs and edema with bilateral lower extremity wounds that require wound care which is managed by SN. PT established plan of care and will re-evaluate in 30 days.

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**Analysis Of Plan of Care**

Factors influencing the patient's progress or lack of progress:

Patient is participating well with physical therapy and is progressing steadily. Patient is beginning to ambulate further distances with 4ww and is building strength and endurance to tolerate ADLs and self care with more independence. Patient requires continued skilled physical therapy to address deficits to continue to progress towards goals. Patient will continue in new certification to progress strength, balance, gait, endurance, transfers, ADLS, self care, and functional activity.

Expectation of progress towards established goals:

Patient progressing slowly but steadily- increase in CG hours may improve compliance with HEP. Pt will benefit from continued PT to progress and meet goals

Recommended modifications to the existing interventions and goals:

Current goals extended

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