

BioTAB Healthcare
SPECIALISTS IN COMPRESSION THERAPY

Referral for Pneumatic Compression

Patient Name: Lena Horne

PLEASE INCLUDE WITH THE ORDER

- ☐ Facesheet with Patient Demographics and Insurance
- ☐ Initial Evaluation Including Measurements
- ☐ Applicable Notes Which Meet Requirements

LOCATION OF EDEMA

- ☐ Upper Extremity
- ☐ Lower Extremity

**PLEASE COMPLETE IF MEASUREMENTS ARE NOT INCLUDED IN RECORDS*

	Left	Right
Hand / Foot	cm	cm
Forearm / Calf	cm	cm
Elbow / Knee	cm	cm
Shoulder / Thigh	cm	cm
Chest / Abdomen	cm	cm

INITIAL MEASUREMENT DATE: 07/24/2024

OPTIONAL REQUEST: (i.e. Pressure Settings, Bio Pants, Bio Vest, etc.)

COMPLETED BY: Valerie Gumberry PTCLT

FAX ORDERS TO: 888-655-1560

Kenny Stryker

410-816-6400 (C)

kenny.stryker@biotabhealthcare.com


MedStar Franklin Square
Medical Center

HORNE, LENA B.

Name HORNE, LENA B.
Home Phone (443) 768-6056
Cell Phone (443) 768-6056
Address 1708 EAST 28TH STREET BALTIMORE, MD 21218
Email NON@YAHOO.COM
Diagnosis ICD10: I89.0: Lymphedema, not elsewhere classified
Date of Birth 01/17/1951
Referring D. NAIMAN, MD
Physician 5601 LOCH RAVEN BLVD 3RD FLOOR BALTIMORE, MD 21239
Therapist Valerie Queensberry (VQ)
Date of Original 07/24/2024
Eval

Insurance

Primary Medicare
Insurance Address No Street Address No City, MD 21044
Insurance Phone (877) 772-6505
Insurance Fax (301) 999-9999
MBI: 1X55WN0KF78
Group:
Visits Allowed:
Policy Dates: 2024-01-01 to 2024-12-31

Secondary BCBS
Insurance Address No Street Address No City, MD 21044
Insurance Phone (877) 772-6505
Insurance Fax (301) 999-9999
Subscriber ID: MYY810820423
Group:
Visits Allowed:
Policy Dates: 2024-01-01 to 2024-12-31

Signature: _____ **Date:** _____ **Time:** _____ am / pm

MedStar Health
"Centered On You"
FRANKLIN SQUARE HOSPITAL CENTER
OUTPATIENT REHABILITATION SERVICES
9105 Franklin Square Drive, Suite 106
Baltimore, MD 21237

LYMPHEDEMA COMPRESSION GARMENT PRESCRIPTION AND LETTER OF MEDICAL NECESSITY

Patient Name: Lena Horne DOB: 01/17/1951

Diagnosis: Lymphedema NEL ICD-10 code: I89.0

Daytime Garment: ☐ R/L UE ☐ R/L LE ☐ Custom ☐ Off the Shelf

Compression Class: ☐ Class I ☐ Class II ☐ Class III

☐ other (please specify)

Style: ☐ Sleeve ☐ Gauntlet ☐ Glove ☐ Open/Closed finger

☐ Knee high ☐ Thigh high ☐ Waist high brief one leg

☐ Waist high panty one leg ☐ Waist high panty two legs

☐ Open/closed toe ☐ other ☐ (please specify)

Manufacturer/Brand: _____

Night Time Garment: _____

*Additional Instructions: ② LE compression pump

Length of need: 99 (99 = lifetime)


Therapist's Signature: David Naiman, MD Date: 10/9/2024

I certify that I am the physician identified below. I certify that the information in this certificate of medical necessity signed and dated by me, is true to the best of my knowledge. I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Physician's Signature: David Naiman, MD NPI: 1649288400

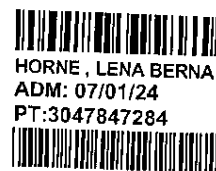
Printed Name: David Naiman, MD Date: 10/11/24

Scanned
10/11/24

 MedStar Health

**CIRCUMFERENTIAL MEASUREMENT
PROGRESS RECORD** ☐ PT ☐ OT

 Patient Name:
DOB:
MR #:


 HORNE, LENA BERNA
 ADM: 07/01/24
 PT: 3047847284

 MR#: 801582540
 DOB: 01/17/1951
 EE#: 013441822
 A/S: 73/F

Initial Weight: _____ Date: _____ Discharge Weight: _____ Date: _____

Unaffected Side: Right / Left		Affected Side: Right / Left (circle)										
Unaffected Limb: Arm / Leg		Affected Limb: Arm / Leg (circle)										
UE SITE	Date:	UE SITE	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
First IP Digits 2-5		First IP Digits 2-5										
MCP		MCP										
Wrist Ulna Styloid		Wrist Ulna Styloid										
4 cm above Styloid		4 cm above Styloid										
8 cm above Styloid		8 cm above Styloid										
12 cm above Styloid		12 cm above Styloid										
16 cm above Styloid		16 cm above Styloid										
20 cm above Styloid		20 cm above Styloid										
24 cm above Styloid		24 cm above Styloid										
28 cm above Styloid		28 cm above Styloid										
32 cm above Styloid		32 cm above Styloid										
36 cm above Styloid		36 cm above Styloid										
40 cm above Styloid		40 cm above Styloid										
LE SITE	Date:	LE SITE	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
1st First Digit		1st First Digit										
MTP		MTP										
Mid Foot		Mid Foot										
Y Measurement		Y Measurement										
10 cm		10 cm										
20 cm		20 cm										
30 cm		30 cm										
40 cm		40 cm										
50 cm		50 cm										
60 cm		60 cm										
70 cm		70 cm										

Therapist Signature / License #

Therapist Signature / License #

**MedStar Health Physical Therapy at medStar
Franklin Square Medical Center**
9105 Franklin Square Dr Ste 106
Baltimore, MD 21237-5335
Phone: (443)777-7750
Fax: (443)777-8184

**Physical Therapy
Initial
Examination**


**MedStar Franklin Square
Medical Center**

Patient Name: HORNE, LENA B.

Date of Birth: 01/17/1951

Injury/Onset/Change of Status Date: 04/01/2024

Diagnosis: ICD10: I89.0: Lymphedema, not elsewhere classified

Treatment Diagnosis: ICD10: I89.0: Lymphedema, not elsewhere classified

Visits from SOC: 1

Date of Initial Examination: 07/24/2024

Patient #: 013441828 801582540 9

Referring Physician(s): NAIMAN, DAVID MD

Visit No.: 1

SOC Date: 07/24/2024

Insurance Name: Medicare

Subjective

History of Present Condition/Mechanism of Injury: Pt states she has had lymphedema in her legs for about 40+ years. Pt states this started in her 30s and pt has taken fluid pills for this throughout the years. Pt states she has not taken these for greater than 20 years ago due to med reaction.

Pt states she has had therapy for her B LEs in the past at MGS in 2021. Pt states she used bandages, compression panty hose, Velcro strap garments, and participated in aquatic therapy. Pt states the Velcro garments would not stay up on her legs. Pt states her B LE swelling increased in the spring, around April, especially in her calves. Reports hx of "tibial tendonitis."

Primary Concern/Chief Complaint: Pt with complaint of B LE swelling with pain and tightness. Tightness especially around her calves and feet. Pt states her swelling decreases overnight then returns quickly in the morning. Pt states her legs feel heavy.

Before the injury/onset/change of status date, the patient was able to perform the following activities:

Other: Pt states she cares for self without difficulty, has ambulated with SPC "for a while" due to R>L knee OA

Current Functional Limitations:

Other: Pt states she is able to care for self, does activities slowly when her LE pain is increased. Ambulation is limited more by her B knee pain than her lymphedema.

Pain Location: B calves

Pain Scale: Worst: 10 **Best:** 1 **Current:** 6

General Health: Fair

Occupation/Social History:

Social History:

Status of Occupation: Retired

Duty Level: Sedentary

Durable Medical Equipment: Straight Cane

Home Health Care: No

History of Falls: No

Falls Documented: Yes; See Health History eDoc form

Medical History: Diabetes Mellitus Type 2, High Blood Pressure, Obesity, Osteoarthritis, Per chart review Dr. Naiman PCP note 06/20/2024:

Bilateral knee pain

COPD without exacerbation

Cholecystitis

Chronic cholecystitis

Chronic kidney disease, stage 3

Common migraine, not intractable

DJD (degenerative joint disease) of knee

Diabetes mellitus with nephropathy

Former smoker

GERD

HTN (hypertension)

Hyperlipidemia

Leg swelling

Lymphedema

Mood swings

Nausea and vomiting

Obesity

Occasional tremors

Unilateral primary osteoarthritis, unspecified knee

Complicating/Personal Factors: Lifestyle (sedentary), Multiple Treatment Areas, Patient age (73), Previous Therapy, Rehab Potential (fair due to chronic nature of lymphedema)

Medical History Review: The patient has a history of present problem with a history of 3 or more factors and/or comorbidities that impact the plan of care.

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**Physical Therapy
Initial
Examination**

Patient Name: HORNE, LENA B.
Patient #: 013441828 801582540 9
Date of Birth: 01/17/1951
Document Date: 07/24/2024

Mental Status/Cognitive Function Appears Impaired? No

Current Medications: Prescription

Per chart review Dr. Naiman PCP note 06/20/2024:

- 1.COMPRESSION STOCKINGS Rx (COMPRESSION STOCKINGS - AMB)thigh high.
- 2.RESPIRATORY THERAPY SUPPLIES Rx (NEBULIZER - AMB)tubing and supplies. Use 3 times a day
- 3.albuterol (ProAir HFA 90 mcg/inh inhalation aerosol)2 Puff(s) Inhalation every 6 hours. Refills: 1.
- 4.albuterol (albuterol 2.5 mg/3 mL (0.083%) inhalation solution)3 Milliliter Inhalation every 6 hours as needed SOB and/or wheezing.
- 5.ascorbic acid (Vitamin C)100 Milligram By Mouth every day.
- 6.aspirin (aspirin 81 mg oral tablet)By Mouth every day. 1 tab by mouth once a day.
- 7.budesonide-formoterol (Symbicort 160 mcg-4.5 mcg/inh inhalation aerosol)2 inhalations twice a day.
- 8.diclofenac topical (Voltaren Topical 1% topical gel)1 Application Topical 4 Times a Day as needed as needed for pain.
- 9.divalproex sodium (divalproex sodium 500 mg oral tablet, extended release)1 Tablet(s) By Mouth once a day (at bedtime).
- 10.dulaglutide (Trulicity Pen 0.75 mg/0.5 mL subcutaneous solution)as directed.
- 11.ergocalciferol (Vitamin D2 2000 intl units oral capsule)By Mouth every day.
- 12.hydroXYzine (hydrOXYzine hydrochloride 25 mg oral tablet)1 TO 2 TABLETS By Mouth once a day (at bedtime).
- 13.losartan (losartan 50 mg oral tablet)1 Tablet(s) By Mouth once a day (in the morning). Refills: 3.
- 14.metFORMIN (metFORMIN 500 mg oral tablet)1 Tablet(s) By Mouth daily with breakfast.
- 15.metoprolol (Metoprolol Succinate ER 100 mg oral tablet, extended release)TAKE 1 TABLET BY MOUTH EVERY DAY.
- 16.oxyBUTYnin (oxyBUTYnin 10 mg/24 hr oral tablet, extended release)1 Tablet(s) By Mouth every day. dosed by urology.
- 17.pantoprazole (pantoprazole 40 mg oral delayed release tablet)TAKE 1 TABLET BY MOUTH EVERY DAY.
- 18.rosuvastatin (rosuvastatin 20 mg oral tablet)1 Tablet(s) By Mouth every day. for high cholesterol.
- 19.tiotropium (Spiriva Respimat)2 Puff(s) Inhalation every day.
- 20.traMADol (traMADol 50 mg oral tablet)1 Tablet(s) By Mouth 2 times a day as needed as needed for pain.
- 21.triamcinolone topical (triamcinolone 0.1% topical ointment)apply to affected areas over the body twice a day as needed.

Patient Goals: Pt wants to decrease some of the swelling in her legs.

Objective

Inspection

Inspection

VITAL SIGNS: HR = 68 bpm SpO2 = 97% BP = 152/89 mmHg

Body habitus: narrow shoulder and waist with heavy thighs and buttocks, lobular lymphedema B medial thighs, knees, and proximal calves, bulbous lymphedema B ankles with minimal involvement of B feet suggesting lipodema body habitus.

Pt uses hands to place B LEs onto treatment table.

Comments

-lobules present B medial knees and medial 1/2 of calves, heavy thighs and buttocks
- Valgus Deformity: R = 24 deg, L = 10 deg

B LE CIRCUMFERENTIAL MEASUREMENTS: R = 454.5 CM, L = 448.1 CM
See Circumferential Measurement Progress Record form for specifics.

Outcome Measurement Tools

Lymphedema

Lymphedema Life Impact Scale (v2) 42

Observation

Activity Tolerance

Functional Mobility:

Bed Mobility

Sit to Supine

Modified Independent

Supine to Sit

Modified Independent

Transfers

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Physical Therapy Initial Examination

Patient Name: HORNE, LENA B.
Patient #: 013441828 801582540 9
Date of Birth: 01/17/1951
Document Date: 07/24/2024

Sit to Stand

Modified Independent

Ambulation and Gait

Device

Single Point Cane

Comments

Pt ambulates with SPC, B knees adducted, decreased hip and knee flexion on toe off.

Edema

Pitting

Pitting Description

1+ (mild with slight indentation)

Joint Effusion

No

Range of Motion

Hip AROM

Flexion

Right

90 °

Left

90 °

Knee AROM

Flexion

Right

105 °

Left

106°

Extension

0 °

0 °

Ankle AROM

Dorsiflexion at 0 Knee Flexion

Right

7°

Left

5 °

Strength

Gross Muscle Tests Lower

Hip

Hip Flexion

Right

3+/5

Left

3+/5

Knee

Knee Flexion

Right

4/5 manually

Left

4/5 manually

Knee Extension

4/5

4/5

Ankle

Ankle Dorsiflexion

Right

4/5

Left

4/5

Palpation

Comments

Pt with complaint of general discomfort to palpation of B calves.

Assessment

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Physical Therapy Initial Examination

Patient Name: HORNE, LENA B.
Patient #: 013441828 801582540 9
Date of Birth: 01/17/1951
Document Date: 07/24/2024

Assessment/Diagnosis: Pt is a 73-year-old female seen for initial evaluation for a diagnosis of B LE lymphedema. Pt's body habitus suggests lipodema with subsequent lymphedema. Pt presents with complaints of B LE pain, B LE weakness and complaint of heaviness impacting bed mobility and ambulation, and B LE lymphedema. Pt will benefit from skilled PT intervention to address her complaints and deficits, to educate her regarding her lymphedema diagnosis with progression to daytime and nighttime compression garments for self-management of her B LE lymphedema. Clinical decision making is of high complexity due to significant deficits, comorbidities, and changing patient presentation.

In order for treatment to progress, pt will need to obtain B full leg (foot to thigh) CircAid reduction kit garments to provide the needed compression for reduction of her B LE lymphedema.

In order to be discharged from treatment, pt will require custom daytime and nighttime compression garments. Custom garments will be needed due to the presence of lobules and lack of normal bony architecture. Specific type of garment will be determined upon re-evaluation and as pt achieves B LE lymphedema reduction.

Patient Clinical Presentation: The clinical presentation is unstable with unpredictable characteristics.

Patient requires skilled therapy to restore prior level of function utilizing the treatment and modalities described in this plan of care.

Patient Education: TJC --Language Preference: ENGLISH --- Learning Considerations (including consideration of cultural/spiritual preferences): No barrier --- Learning Preferences: Verbal, Written, Demonstration ---Learning Readiness: Interested, Motivated ---Education Needs: Condition/Disease Information, Pain/Symptom Management, Safety/Prevention, Home Program, Community Resources.

Following the evaluation and extensive patient education regarding diagnosis, prognosis, and treatment goals, the patient (parent/guardian, power of attorney holder) actively participated in the creation of the current goals and agrees to the current treatment plan.

Rehab Potential: Fair (due to chronic nature of pt's B lymphedema and lipodema body habitus.)

Contraindications to Therapy: None

Patient Problems:

- Pt lacks HEP appropriate for diagnosis.
- Limited knowledge of lymphedema process and risk reduction strategies
- Pt requires education in self-management of B LE lymphedema.
- B LE total circumference: R = 454.5 cm, L = 448.1 cm
- B LE weakness
- Pt needs daytime and nighttime B LE compression garments.

Short Term Goals:

- 1: (10 weeks) | Pt will be independent in HEP to promote lymphatic muscle pumping to assist in reduction of B LE lymphedema and to improve B LE strength
- 2: (10 visits) | Pt will be independent in knowledge of lymphedema diagnosis and risk reduction practices
- 3: (10 visits) | Pt will demonstrate an initial decrease in B LE circumferential measurements by ≥ 10.0 cm
- 4: (10 visits) | Pt will demonstrate initial increase in B LE strength by 1/2 grade to increase decrease complaint of LE heaviness

Long Term Goals:

- 1: (20 visits) | Lymph - Pt will demonstrate independence in all aspects of self management of B LE lymphedema to ensure skin integrity and decrease risk of cellulitis development.
- 2: (20 visit) | Pt will demonstrate further decrease in her B LE circumferential measurements by ≥ 20.0 cm to allow pt to be progressed to appropriate daytime and nighttime compression garments for self-management of her B LE lymphedema
- 3: (20 visits) | Pt will demonstrate further increase in B LE strength by 1 grade to allow pt to lift her B LEs into bed without use of hands
- 4: (20 visits) | Pt will obtain and demonstrate independence in donning and doffing her daytime and nighttime compression garment for self-management of her B LE lymphedema.

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**Physical Therapy
Initial
Examination**

Patient Name: HORNE, LENA B.
Patient #: 013441828 801582540 9
Date of Birth: 01/17/1951
Document Date: 07/24/2024

Plan

Frequency: 2 times a week

Duration: 20 visits

Medicare Certification

From: 07/24/2024

To: 10/22/2024

Plan: Begin Plan as Outlined

Treatment to be provided:

Procedures

Therapeutic Exercises (ROM, Strength), Therapeutic Activity, Gait Training, Neuromuscular Rehabilitation, Manual Therapy, Lymphedema, Patient Education (Home Exercise Program, Postural Training), Self Care

Certification of Medical Necessity: It will be understood that the treatment plan mentioned above is certified medically necessary by the documenting therapist and referring physician mentioned in this report. Unless the physician indicates otherwise through written correspondence with our office, all further referrals will act as certification of medical necessity on the treatment plan indicated above.

Thank you for this referral. If you have questions regarding this plan of care, please contact me at (443)777-7750. Please sign and return: Fax#: (443)777-8184

I certify the need for these services furnished under this plan of treatment and while under my care.

Physician/Non-Physician Practitioner (NPP) Signature:

Valerie Queensberry PT, License #15851

Valerie Queensberry, PT
License #15851

Electronically Signed by Valerie Queensberry, PT on July 25, 2024 at 12:31 pm

D. NAIMAN, MD

Date: _____ Time: _____

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Physical Therapy Recertification Note


**MedStar Franklin Square
Medical Center**

Patient Name: HORNE, LENA B.

Date of Birth: 01/17/1951

Injury/Onset/Change of Status Date: 04/01/2024

Diagnosis: ICD10: I89.0: Lymphedema, not elsewhere
classified

Visit No.: 2

SOC Date: 07/24/2024

Insurance Name: Medicare

Date of Recertification: 09/23/2024

Patient #: 013441828 801582540 9

Referring Physician(s): NAIMAN, DAVID MD

Date of Original Eval: 07/24/2024

Treatment Diagnosis: ICD10: I89.0: Lymphedema, not
elsewhere classified

Visits from SOC: 2

Subjective

History of Present Condition/Mechanism of Injury: Pt states she has had lymphedema in her legs for about 40+ years. Pt states this started in her 30s and pt has taken fluid pills for this throughout the years. Pt states she has not taken these for years. Pt denies blood clots, CVI, CHF, kidney disease. Per chart review pt has CKD stage 3. Pt does report "renal shut down" greater than 20 years ago due to med reaction.

Pt states she has had therapy for her B LEs in the past at MGSH in 2021. Pt states she used bandages, compression panty hose, Velcro strap garments, and participated in aquatic therapy. Pt states the Velcro garments would not stay up on her legs. Pt states her B LE swelling increased in the spring, around April, especially in her calves. Reports hx of "tibial tendonitis."

Current Complaints / Gains: TJC - The patient reports NO changes in health history diagnosis, allergies, medications nor procedures. Pt. presents with report of her B LEs always being "down" overnight but as soon as she get OOB her swelling returns. Pt states when she wears tennis shoes her B feet swelling stays down. Pt denies pain complaints. Pt states right now her B LEs feel soft. Pt states she feels she is walking normally. Pt states she has 8 steps to get into her home, then 12 steps to go upstairs to her bedroom. Pt states she has difficulty going upstairs to her bedroom because of her B LE swelling and B knee pain.

Before the injury/onset/change of status date, the patient was able to perform the following activities:

Other: Pt states she cares for self without difficulty, has ambulated with SPC "for a while" due to R>L knee OA

Current Functional Limitations:

Other: Pt states she is able to care for self, does activities slowly when her LE pain is increased. Ambulation is limited more by her B knee pain than her lymphedema.

Functional Deficits / Gains: Pt with no significant changes in ability to ambulate on levels and stairs

Pain Location: B calves

Pain Scale: Worst: 10 Best: NT Current: 0 *Previous Findings as of 07/24/2024 - Worst:10 Best:1 Current:6

General Health: Fair

Occupation/Social History:

Social History:

Status of Occupation: Retired

Duty Level: Sedentary

Home Layout: 2-story; (3 steps to a landing, then 5 more steps to enter house, 12 steps to upstairs bedroom)

Durable Medical Equipment: Straight Cane

Home Health Care: No

History of Falls: No

Falls Documented: Yes; See Health History eDoc form

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Physical Therapy Recertification Note

Patient Name: HORNE, LENA B.
Patient #: 013441828 801582540 9
Date of Birth: 01/17/1951
Document Date: 09/23/2024

Medical History: Diabetes Mellitus Type 2, High Blood Pressure, Obesity, Osteoarthritis, Per chart review Dr. Naiman PCP note 06/20/2024:

Bilateral knee pain
COPD without exacerbation
Cholecystitis
Chronic cholecystitis
Chronic kidney disease, stage 3
Common migraine, not intractable
DJD (degenerative joint disease) of knee
Diabetes mellitus with nephropathy
Former smoker
GERD
HTN (hypertension)
Hyperlipidemia
Leg swelling
Lymphedema
Mood swings
Nausea and vomiting
Obesity
Occasional tremors
Unilateral primary osteoarthritis, unspecified knee

Complicating/Personal Factors: Lifestyle (sedentary), Multiple Treatment Areas, Patient age (73), Previous Therapy, Rehab Potential (fair due to chronic nature of lymphedema)

Medical History Review: The patient has a history of present problem with a history of 3 or more factors and/or comorbidities that impact the plan of care.

Mental Status/Cognitive Function Appears Impaired? No

Current Medications: Prescription

Per chart review Dr. Naiman PCP note 06/20/2024:

- 1.COMPRESSION STOCKINGS Rx (COMPRESSION STOCKINGS - AMB)high high.
- 2.RESPIRATORY THERAPY SUPPLIES Rx (NEBULIZER - AMB)tubing and supplies. Use 3 times a day
- 3.albuterol (ProAir HFA 90 mcg/inh inhalation aerosol)2 Puff(s) inhalation every 6 hours. Refills: 1.
- 4.albuterol (albuterol 2.5 mg/3 mL (0.083%) inhalation solution)3 Milliliter Inhalation every 6 hours as needed SOB and/or wheezing.
- 5.ascorbic acid (Vitamin C)100 Milligram By Mouth every day.
- 6.aspirin (aspirin 81 mg oral tablet)By Mouth every day. 1 tab by mouth once a day.
- 7.budesonide-formoterol (Symbicort 160 mcg-4.5 mcg/inh inhalation aerosol)2 inhalations twice a day.
- 8.diclofenac topical (Voltaren Topical 1% topical gel)1 Application Topical 4 Times a Day as needed as needed for pain.
- 9.divalproex sodium (divalproex sodium 500 mg oral tablet, extended release)1 Tablet(s) By Mouth once a day (at bedtime).
- 10.dulaglutide (Trulicity Pen 0.75 mg/0.5 mL subcutaneous solution)as directed.
- 11.ergocalciferol (Vitamin D2 2000 intl units oral capsule)By Mouth every day.
- 12.hydroXYzine (hydroXYzine hydrochloride 25 mg oral tablet)1 TO 2 TABLETS By Mouth once a day (at bedtime).
- 13.losartan (losartan 50 mg oral tablet)1 Tablet(s) By Mouth once a day (in the morning). Refills: 3.
- 14.metFORMIN (metFORMIN 500 mg oral tablet)1 Tablet(s) By Mouth daily with breakfast.
- 15.metoprolol (Metoprolol Succinate ER 100 mg oral tablet, extended release)TAKE 1 TABLET BY MOUTH EVERY DAY.
- 16.oxyBUTYnin (oxyBUTYnin 10 mg/24 hr oral tablet, extended release)1 Tablet(s) By Mouth every day. dosed by urology.
- 17.pantoprazole (pantoprazole 40 mg oral delayed release tablet)TAKE 1 TABLET BY MOUTH EVERY DAY.
- 18.rosuvastatin (rosuvastatin 20 mg oral tablet)1 Tablet(s) By Mouth every day. for high cholesterol.
- 19.tiotropium (Spiriva Respimat)2 Puff(s) Inhalation every day.
- 20.traMADol (traMADol 50 mg oral tablet)1 Tablet(s) By Mouth 2 times a day as needed as needed for pain.
- 21.triamcinolone topical (triamcinolone 0.1% topical ointment)apply to affected areas over the body twice a day as needed.

Objective

Inspection

Inspection

VITAL SIGNS: HR = 68 bpm SpO2 = 97% BP = 152/89 mmHg

Body habitus: narrow shoulder and waist with heavy thighs and buttocks, lobular lymphedema B medial thighs, knees, and proximal calves, bulbous lymphedema B ankles with minimal involvement of B feet suggesting lipodema body habitus.

Pt uses hands to place B LEs onto treatment table.

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Physical Therapy Recertification Note

Patient Name: HORNE, LENA B.
Patient #: 013441828 801582540 9
Date of Birth: 01/17/1951
Document Date: 09/23/2024

Comments

-lobules present B medial knees and medial 1/2 of calves, heavy thighs and buttocks
- Valgus Deformity: R = 24 deg, L = 10 deg

B LE CIRCUMFERENTIAL MEASUREMENTS: R = 446.9 CM, decreased 7.6 cm; L = 443.5 CM
decreased 4.6 cm v, initial evaluation measurements

See Circumferential Measurement Progress Record form for specifics.

Outcome Measurement Tools

**Previous Findings as of 07/24/2024*

Lymphedema

Lymphedema Life
Impact Scale (v2)

42

42

Observation

**Previous Findings as of 07/24/2024*

Activity Tolerance

Functional Mobility:

Bed Mobility

Sit to Supine

Modified Independent

Modified Independent

Supine to Sit

Modified Independent

Modified Independent

Comments

Pt uses UEs to lift legs onto treatment table.

Transfers

Sit to Stand

Modified Independent

Modified Independent

Ambulation and Gait

Device

Single Point Cane

Comments

Pt ambulated into office without use of AD,
waddling gait, decreased hips and knee flexion,
decreased step length.

*Pt ambulates with SPC, B knees adducted, decreased hip and
knee flexion on toe off.*

Edema

Pitting

Pitting Description

1+ (mild with slight indentation)

1+ (mild with slight indentation)

Joint Effusion

No

No

Range of Motion

**Previous Findings as of 07/24/2024*

Hip AROM

Flexion

Right

90 °

Left

90 °

90 °

90 °

Knee AROM

Flexion

Right

115 °

Left

109°

105 °

106°

Extension

0 °

0 °

0 °

0 °

Ankle AROM

Dorsiflexion at 0 Knee
Flexion

Right

5 °

Left

4°

7°

5 °

Strength

**Previous Findings as of 07/24/2024*

Gross Muscle Tests

Lower

**MedStar Health Physical Therapy at medStar
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Physical Therapy Recertification Note

Patient Name: HORNE, LENA B.
Patient #: 013441828 801582540 9
Date of Birth: 01/17/1951
Document Date: 09/23/2024

Hip

	Right	Left		
Hip Flexion	3+/5	3+/5	3+/5	3+/5

Knee

	Right	Left		
Knee Flexion	4/5 manually	4/5 manually	4/5 manually	4/5 manually
Knee Extension	4+/5	4+/5	4/5	4/5

Ankle

	Right	Left		
Ankle Dorsiflexion	4/5	4/5	4/5	4/5

Palpation

Comments

Pt with complaint of general discomfort to palpation of B calves.

Assessment

Assessment/Diagnosis: Pt is a 73-year-old female seen for re-evaluation for a diagnosis of B LE lymphedema. Pt's body habitus suggests lipodema with subsequent lymphedema. Re-evaluation delayed due to pt treatment on hold until B LE CircAid reduction were obtained. These were delayed because of manufacturing issues causing back order of garments. Pt has only completed two visits to date. Pt's B LE circumferential measurements demonstrate no significant change in response to lack of treatment to date. Pt's current treatment goals remain appropriate. Clinical decision-making is of high complexity due to significant deficits, comorbidities, and changing patient presentation.

Patient Clinical Presentation: The clinical presentation is unstable with unpredictable characteristics. Patient requires skilled therapy to restore prior level of function utilizing the treatment and modalities described in this plan of care.

Rehab Potential: Fair (due to chronic nature of pt's B lymphedema and lipodema body habitus.)

Patient Problems:

- Pt lacks HEP appropriate for diagnosis.
- Limited knowledge of lymphedema process and risk reduction strategies
- Pt requires education in self-management of B LE lymphedema.
- B LE total circumference: R = 454.5 cm, L = 448.1 cm
- B LE weakness
- Pt needs daytime and nighttime B LE compression garments.

Short Term Goals:

- 1: (10 visits) | Pt will be independent in HEP to promote lymphatic muscle pumping to assist in reduction of B LE lymphedema. and to improve B LE strength |
- 2: (10 visits) | Pt will be independent in knowledge of lymphedema diagnosis and risk reduction practices |
- 3: (10 visits) | Pt will demonstrate an initial decrease in B LE circumferential measurements by ≥ 10.0 cm |
- 4: (10 visits) | Pt will demonstrate initial increase in B LE strength by 1/2 grade to increase decrease complaint of LE heaviness |

Long Term Goals:

- 1: (20 visits) | Lymph - Pt will demonstrate independence in all aspects of self management of B LE lymphedema to ensure skin integrity and decrease risk of cellulitis development. |
- 2: (20 visit) | Pt will demonstrate further decrease in her B LE circumferential measurements by ≥ 20.0 cm to allow pt to be progressed to appropriate daytime and nighttime compression garments for self-management of her B LE lymphedema |
- 3: (20 visits) | Pt will demonstrate further increase in B LE strength by 1 grade to allow pt to lift her B LEs into bed without use of hands |
- 4: (20 visits) | Pt will obtain and demonstrate independence in donning and doffing her daytime and nighttime compression garment for self-management of her B LE lymphedema. |

Plan

Frequency: 2 times a week

Duration: 20 visits, pt has completed 2 visits

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Physical Therapy Recertification Note

Patient Name: HORNE, LENA B.
Patient #: 013441828 801582540 9
Date of Birth: 01/17/1951
Document Date: 09/23/2024

Medicare Recertification

From: 09/23/2024

To: 12/15/2024

Treatment to be provided:

Procedures

Therapeutic Exercises (ROM, Strength), Therapeutic Activity, Gait Training, Neuromuscular Rehabilitation, Manual Therapy, Lymphedema, Patient Education (Home Exercise Program, Postural Training), Self Care

Certification of Medical Necessity: It will be understood that the treatment plan mentioned above is certified medically necessary by the documenting therapist and referring physician mentioned in this report. Unless the physician indicates otherwise through written correspondence with our office, all further referrals will act as certification of medical necessity on the treatment plan indicated above.

Thank you for this referral. If you have questions regarding this plan of care, please contact me at (443)777-7750. Please sign and return: Fax#: (443)777-8184

I certify the need for these services furnished under this plan of treatment and while under my care.

Physician/Non-Physician Practitioner (NPP) Signature:

Valerie Queensberry PT, License #15851

Valerie Queensberry, PT
License #15851

Electronically Signed by Valerie Queensberry, PT on September 23, 2024 at 11:37 am

D. NAIMAN, MD

Date: _____ Time: _____

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Physical Therapy Progress Note


**MedStar Franklin Square
Medical Center**

Patient Name: HORNE, LENA B.
Date of Birth: 01/17/1951
Injury/Onset/Change of Status Date: 04/01/2024
Diagnosis: ICD10: I89.0: Lymphedema, not elsewhere
classified
Visit No.: 11

Date of Progress Note: 10/23/2024
Patient #: 013441828 801582540 9
Referring Physician(s): NAIMAN, DAVID MD
Date of Original Eval: 07/24/2024

SOC Date: 07/24/2024
Insurance Name: Medicare

Treatment Diagnosis: ICD10: I89.0: Lymphedema, not
elsewhere classified
Visits from SOC: 11

Subjective

History of Present Condition/Mechanism of Injury: Pt states she has had lymphedema in her legs for about 40+ years. Pt states this started in her 30s and pt has taken fluid pills for this throughout the years. Pt states she has not taken these for years. Pt denies blood clots, CVI, CHF, kidney disease. Per chart review pt has CKD stage 3. Pt does report "renal shut down" greater than 20 years ago due to med reaction.

Pt states she has had therapy for her B LEs in the past at MGSB in 2021. Pt states she used bandages, compression panty hose, Velcro strap garments, and participated in aquatic therapy. Pt states the Velcro garments would not stay up on her legs. Pt states her B LE swelling increased in the spring, around April, especially in her calves. Reports hx of "tibial tendonitis."

Current Complaints / Gains: TJC - The patient reports NO changes in health history diagnosis, allergies, medications nor procedures. Pt. presents with report of having B knee pain due to OA with PPL = 7/10. Regarding her B LE lymphedema, pt states she feels her lymphedema is decreasing. Pt reports difficulty wearing the thigh components of her reduction kit garments while sleeping due complaint of knee and leg pain. Removing this makes sleeping more comfortable. Pt states some days her B ankles are more swollen than on other days. Elevating her B LEs does not help to decrease her B LE lymphedema. Pt states she feels her walking may be a little better due to her B LEs feeling lighter. Pt states she can ambulate a little faster and lift her R LE better when walking.

Before the injury/onset/change of status date, the patient was able to perform the following activities:

Other: Pt states she cares for self without difficulty, has ambulated with SPC "for a while" due to R>L knee OA

Current Functional Limitations:

Other: Pt states she is able to care for self, does activities slowly when her LE pain is increased. Ambulation is limited more by her B knee pain than her lymphedema.

Functional Deficits / Gains: Pt reports improvement in her ability to ambulate, R LE feels less heavy and is easier to lift.

Pain Location: B calves

Pain Scale: Worst: NT Best: NT Current: 6 *Previous Findings as of 09/23/2024 - Worst:10 Best:NT Current:0

Pain Location: R knee

Pain Scale: Worst: Best: Current: 7

General Health: Fair

Occupation/Social History:

Social History:

Status of Occupation: Retired

Duty Level: Sedentary

Home Layout: 2-story; (3 steps to a landing, then 5 more steps to enter house, 12 steps to upstairs bedroom)

Durable Medical Equipment: Straight Cane

Home Health Care: No

History of Falls: No

Falls Documented: Yes; See Health History eDoc form

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Physical Therapy Progress Note

Patient Name: HORNE, LENA B.
Patient #: 013441828 801582540 9
Date of Birth: 01/17/1951
Document Date: 10/23/2024

Medical History: Diabetes Mellitus Type 2, High Blood Pressure, Obesity, Osteoarthritis, Per chart review Dr. Naiman PCP note 06/20/2024:

Bilateral knee pain
COPD without exacerbation
Cholecystitis
Chronic cholecystitis
Chronic kidney disease, stage 3
Common migraine, not intractable
DJD (degenerative joint disease) of knee
Diabetes mellitus with nephropathy
Former smoker
GERD
HTN (hypertension)
Hyperlipidemia
Leg swelling
Lymphedema
Mood swings
Nausea and vomiting
Obesity
Occasional tremors
Unilateral primary osteoarthritis, unspecified knee

Complicating/Personal Factors: Lifestyle (sedentary), Multiple Treatment Areas, Patient age (73), Previous Therapy, Rehab Potential (fair due to chronic nature of lymphedema)

Medical History Review: The patient has a history of present problem with a history of 3 or more factors and/or comorbidities that impact the plan of care.

Mental Status/Cognitive Function Appears Impaired? No

Current Medications: Prescription

Per chart review Dr. Naiman PCP note 06/20/2024:

- 1.COMPRESSION STOCKINGS Rx (COMPRESSION STOCKINGS - AMB)thigh high.
- 2.RESPIRATORY THERAPY SUPPLIES Rx (NEBULIZER - AMB)tubing and supplies. Use 3 times a day
- 3.albuterol (ProAir HFA 90 mcg/inh inhalation aerosol)2 Puff(s) Inhalation every 6 hours. Refills: 1.
- 4.albuterol (albuterol 2.5 mg/3 mL (0.083%) inhalation solution)3 Milliliter Inhalation every 6 hours as needed SOB and/or wheezing.
- 5.ascorbic acid (Vitamin C)100 Milligram By Mouth every day.
- 6.aspirin (aspirin 81 mg oral tablet)By Mouth every day. 1 tab by mouth once a day.
- 7.budesonide-formoterol (Symbicort 160 mcg-4.5 mcg/inh inhalation aerosol)2 inhalations twice a day.
- 8.diclofenac topical (Voltaren Topical 1% topical gel)1 Application Topical 4 Times a Day as needed as needed for pain.
- 9.divalproex sodium (divalproex sodium 500 mg oral tablet, extended release)1 Tablet(s) By Mouth once a day (at bedtime).
- 10.dulaglutide (Trulicity Pen 0.75 mg/0.5 mL subcutaneous solution)as directed.
- 11.ergocalciferol (Vitamin D2 2000 intl units oral capsule)By Mouth every day.
- 12.hydroXYZine (hydrOXYzine hydrochloride 25 mg oral tablet)1 TO 2 TABLETS By Mouth once a day (at bedtime).
- 13.losartan (losartan 50 mg oral tablet)1 Tablet(s) By Mouth once a day (in the morning). Refills: 3.
- 14.metFORMIN (metFORMIN 500 mg oral tablet)1 Tablet(s) By Mouth daily with breakfast.
- 15.metoprolol (Metoprolol Succinate ER 100 mg oral tablet, extended release)TAKE 1 TABLET BY MOUTH EVERY DAY.
- 16.oxyBUTYnin (oxyBUTYnin 10 mg/24 hr oral tablet, extended release)1 Tablet(s) By Mouth every day. dosed by urology.
- 17.pantoprazole (pantoprazole 40 mg oral delayed release tablet)TAKE 1 TABLET BY MOUTH EVERY DAY.
- 18.rosuvastatin (rosuvastatin 20 mg oral tablet)1 Tablet(s) By Mouth every day. for high cholesterol.
- 19.tiotropium (Spiriva Respimat)2 Puff(s) Inhalation every day.
- 20.tramADol (tramADol 50 mg oral tablet)1 Tablet(s) By Mouth 2 times a day as needed as needed for pain.
- 21.triamcinolone topical (triamcinolone 0.1% topical ointment)apply to affected areas over the body twice a day as needed.

Objective

Inspection

Inspection

VITAL SIGNS: HR = 68 bpm SpO2 = 97% BP = 152/89 mmHg

Body habitus: narrow shoulder and waist with heavy thighs and buttocks, lobular lymphedema B medial thighs, knees, and proximal calves, bulbous lymphedema B ankles with minimal involvement of B feet suggesting lipodema body habitus.

Pt uses hands to place R LE onto treatment table due to complaint of R knee pain

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Patient Name: HORNE, LENA B.
Patient #: 013441828 801582540 9
Date of Birth: 01/17/1951
Document Date: 10/23/2024

Physical Therapy Progress Note

Comments

-lobules present B medial knees and medial 1/2 of calves, heavy thighs and buttocks
- Valgus Deformity: R = 24 deg, L = 10 deg

B LE CIRCUMFERENTIAL MEASUREMENTS: R = 433.7 CM, decreased 20.8 cm; L = 440.8 CM
decreased 7.3 cm v. initial evaluation measurements

See Circumferential Measurement Progress Record form for specifics.

Outcome Measurement Tools

**Previous Findings as of 09/23/2024*

Lymphedema

Lymphedema Life
Impact Scale (v2)

38

42

Observation

**Previous Findings as of 09/23/2024*

Activity Tolerance

Sleep Tolerance

reports getting up to urinate about three time per night

Walking Tolerance

30 minutes

Functional Mobility:

Bed Mobility

Sit to Supine

Modified Independent

Modified Independent

Supine to Sit

Independent

Modified Independent

Comments

Pt uses UEs to lift R LE onto treatment table.

Pt uses UEs to lift legs onto treatment table.

Transfers

Sit to Stand

Independent

Modified Independent

Ambulation and Gait

Device

Single Point Cane

Comments

Pt ambulated into office with use of AD, waddling gait, decreased hips and knee flexion, good heel to toe gait pattern, decreased step length.

Pt ambulated into office without use of AD, waddling gait, decreased hips and knee flexion, decreased step length.

Edema

Pitting

Pitting Description

1+ (mild with slight indentation)

1+ (mild with slight indentation)

Joint Effusion

No

No

Range of Motion

**Previous Findings as of 09/23/2024*

Hip AROM

Flexion

Right

103°

Left

105 °

90 °

90 °

Knee AROM

Flexion

Right

110 with pain

Left

112°

115 °

109°

Extension

0 °

0 °

0 °

0 °

Ankle AROM

Dorsiflexion at 0 Knee
Flexion

Right

5 °

Left

8°

5 °

4°

Strength

**Previous Findings as of 09/23/2024*

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Physical Therapy Progress Note

Patient Name: HORNE, LENA B.
Patient #: 013441828 801582540 9
Date of Birth: 01/17/1951
Document Date: 10/23/2024

Gross Muscle Tests Lower

Hip				
	Right	Left		
Hip Flexion	4/5	4/5	3+/5	3+/5
Knee				
	Right	Left		
Knee Flexion	4/5 manually	4/5 manually	4/5 manually	4/5 manually
Knee Extension	5-/5 with pain	5-/5	4+/5	4+/5
Ankle				
	Right	Left		
Ankle Dorsiflexion	5/5	5/5	4/5	4/5

Palpation

Comments Pt with complaint of general discomfort to palpation of R>L calves.

Assessment

Assessment/Diagnosis: Pt is a 73-year-old female seen for re-evaluation for diagnosis of B LE lymphedema. Pt demonstrates decreased B LE circumferential measurements, indicating decreased B LE lymphedema. Pt's lymphedema reduction has occurred primarily in her B ankle and calves. Limited decrease was noted at the pt's knees to thighs, which is consistent with the presence of lipodema. Pt also demonstrates improvement in B LE strength. Pt's tolerance for walking is reported to be improved as the decrease in her B LE lymphedema has resulted in decreased complaints of heaviness when moving her legs. Pt reports no benefit from elevating her B LES to decrease her B LE lymphedema. Clinical decision making is of moderate complexity due to multiple deficits and changing patient presentation.

In order to be discharged, the pt needs to be measured and fitted for B LE compression garments. Pt will need custom garments due to the presence of lobular lymphedema at her B knees and ankles and skin folds at her B knees and thighs. The following garments are recommended:

- Daytime: Custom Mediven Cozy 450 CCL 2 panty hose with closed toes and non-adjustable waist band, QTY 3 per leg to be replaced every 6 months
- Nighttime: Solaris Tribute toe to groin chevron channels with non-slip foot pads, QTY 1 per leg to be replaced every year

Pt will also need a compression pump for home use with B full leg sleeves.

Pt requires these garments and home compression pump for self-management of her B LE lymphedema to maintain gains made in the reduction of her B LE lymphedema and to decrease risk of skin breakdown and cellulitis development.

Patient Clinical Presentation: The clinical presentation is unstable with unpredictable characteristics.

Patient requires skilled therapy to restore prior level of function utilizing the treatment and modalities described in this plan of care.

Rehab Potential: Fair (due to chronic nature of pt's B lymphedema and lipodema body habitus.)

Patient Problems:

- Pt lacks HEP appropriate for diagnosis.
- Limited knowledge of lymphedema process and risk reduction strategies
- Pt requires education in self-management of B LE lymphedema.
- B LE total circumference: R = 454.5 cm, L = 448.1 cm
- B LE weakness
- Pt needs daytime and nighttime B LE compression garments.

Short Term Goals:

- 1: (10 visits) | Goal Met | Pt will be independent in HEP to promote lymphatic muscle pumping to assist in reduction of B LE lymphedema. and to improve B LE strength |
- 2: (10 visits) | Goal Met | Pt will be independent in knowledge of lymphedema diagnosis and risk reduction practices |
- 3: (10 visits) | 75% | Pt will demonstrate an initial decrease in B LE circumferential measurements by ≥ 10.0 cm | goal not fully met for L LE
- 4: (10 visits) | Goal Met | Pt will demonstrate initial increase in B LE strength by 1/2 grade to increase decrease complaint of LE heaviness |

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Patient Name: HORNE, LENA B.
Patient #: 013441828 801582540 9
Date of Birth: 01/17/1951
Document Date: 10/23/2024

Physical Therapy Progress Note

Long Term Goals:

- 1: (20 visits) | 75% | Lymph - Pt will demonstrate independence in all aspects of self management of B LE lymphedema to ensure skin integrity and decrease risk of cellulitis development. |
- 2: (20 visit) | 50% | Pt will demonstrate further decrease in her B LE circumferential measurements by ≥ 20.0 cm to allow pt to be progressed to appropriate daytime and nighttime compression garments for self-management of her B LE lymphedema | goal met for R LE
- 3: (20 visits) | Pt will demonstrate further increase in B LE strength by 1 grade to allow pt to lift her B LEs into bed without use of hands | goal remains appropriate
- 4: (20 visits) | Pt will obtain and demonstrate independence in donning and doffing her daytime and nighttime compression garment for self-management of her B LE lymphedema. | goal remains appropriate

Plan

Frequency: 2 times a week

Duration: 20 visits total, pt has completed 11 visits

Medicare Recertification

From: 09/23/2024

To: 12/15/2024

Treatment to be provided:

Procedures

Therapeutic Exercises (ROM, Strength), Therapeutic Activity, Gait Training, Neuromuscular Rehabilitation, Manual Therapy, Lymphedema, Patient Education (Home Exercise Program, Postural Training), Self Care

Certification of Medical Necessity: It will be understood that the treatment plan mentioned above is certified medically necessary by the documenting therapist and referring physician mentioned in this report. Unless the physician indicates otherwise through written correspondence with our office, all further referrals will act as certification of medical necessity on the treatment plan indicated above.

Thank you for this referral. If you have questions regarding this plan of care, please contact me at (443)777-7750. Please sign and return: Fax#: (443)777-8184

I certify the need for these services furnished under this plan of treatment and while under my care.

Physician/Non-Physician Practitioner (NPP) Signature:

Valerie Queensberry PT, 15851

Valerie Queensberry, PT
License #15851

Electronically Signed by Valerie Queensberry, PT on October 23, 2024 at 2:55 pm

D. NAIMAN, MD

Date: _____ Time: _____