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FAX

To:	Olivia Cronin
Fax:	+1 (317) 821-0497
Subject:	Physician Signature Required
From:	Worthington Place Assisted Living
Fax:	+1 (888) 546-7360
Date:	10/01/2024
Time:	06:45:38 PM EST
Pages:	7 (including cover page)

Once signed, please return the attached document to the From Fax number provided above.

Physician: Dr. Cronin, Olivia

Signature: Olivia Cronin, M.D.

Date: 10/4/2024

Clinician: Signature, Digital

Signature:

Date: 10/3/2024

Electronically signed by Dr. Cronin, Olivia on 10/4/2024

Physical Therapy
PT Evaluation & Plan of Treatment

Provider: Worthington Place Assisted Living
NPI: 1417360025

Certification Period: 9/30/2024 - 10/29/2024
Physical Therapy

Identification Information

Patient: Johnson, Wanda DOB: 5/24/1935 Start of Care: 9/30/2024
Payer: Medicare Part B
MRN: 2278559 HICN: 2HG3KQ5YW81

Diagnoses

Type	Code	Description	Onset
Med	F02.C0	Dementia in other diseases classified elsewhere, severe, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety	9/23/2024
Tx	R26.81	Unsteadiness on feet	9/24/2024

Plan of Treatment

Treatment Approaches May Include

- Physical therapy evaluation: moderate complexity (97162)
- Therapeutic activities (97530)
- Gait training therapy (97116)
- Therapeutic exercises (97110)
- Neuromuscular reeducation (97112)

Frequency: 2 time(s)/week
Duration: 8 week(s)
Intensity: Daily
Cert. Period: 9/30/2024 - 10/29/2024

Objective Progress / Short-Term Goals

STG #1.0 - New Goal

Patient will improve ability to safely transfer from sitting on side of bed to lying flat on the bed with Supervision or Touching Assistance in order to Participate in self care activities and Prepare for transfers. (Target: 10/15/2024)

	PLOF (prior to onset)	Baseline (9/30/2024)
Sit to lying	SU | CU	Partial/moderate assistance

STG #2.0 - New Goal

Patient will improve ability to safely transfer from lying on the back to sitting on the side of the bed and with no back support Supervision or Touching Assistance in order to Participate in edge of bed activities and Prepare for transfers. (Target: 10/15/2024)

	PLOF (prior to onset)	Baseline (9/30/2024)
Lying to sitting on side of bed	SU | CU	Partial/moderate assistance

STG #3.0 - New Goal

Patient will improve ability to safely transfer to a standing position from sitting in a chair, wheelchair or on the side of the bed with Partial/Moderate Assistance without medical complications and without physical exertion. (Target: 10/15/2024)

	PLOF (prior to onset)	Baseline (9/30/2024)
Sit to stand	P | Mod	Substantial/maximal assistance

Objective Progress / Long-Term Goals

LTG #1.0 - New Goal

Patient will improve ability to safely transfer from sitting on side of bed to lying flat on the bed with Setup or Clean-up Assistance in order to Participate in self care activities and Prepare for transfers. (Target: 10/29/2024)

	PLOF (prior to onset)	Baseline (9/30/2024)
Sit to lying	SU | CU	Partial/moderate assistance

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Objective Progress / Long-Term Goals

LTG #2.0 - New Goal

Patient will improve ability to safely and efficiently transfer to and from a bed to a chair (or wheelchair) with Partial/Moderate Assistance without medical complications and without physical exertion. (Target: 10/29/2024)

	PLOF (prior to onset)	Baseline (9/30/2024)
Chair/bed-to-chair transfer	P | Mod	Substantial/maximal assistance

Pt & Caregiver Goals: improve transfers to decrease burden to caregiver

Potential for Achieving Rehab Goals: good with consistent participation

Participation = Patient/Caregiver participated in establishing POT

I accept responsibility for the content I documented in this patient's record and attest, to the best of my knowledge, that it accurately reflects the current performance, condition and medically necessary, skilled services provided per this patient's current treatment plan.

Original Signature: Electronically signed by Lynsey Hubbard, PT 10/1/2024 09:33:47 AM EDT
Date

I certify the need for these medically necessary services furnished under this plan of treatment while under my care from 9/30/2024 through 10/29/2024.

Physician Signature:

Olivia Cronin, NPI: 1881820249 Date:

Initial Assessment / Current Level of Function & Underlying Impairments

Clinical Programs

Clinical Programs	Clinical Programs = Falls Prevention; Falls Prevention = Fall Prevention

Patient Referral and History

Current Referral	Reason for Referral / Current Illness: Patient is a 89 y/o with recent significant decline in functional mobility, standing ability, and overall transfer ability. Patient present with significant B LE weakness and ROM loss warranting PT evaluation and treatment. Patient would benefit from skilled PT services to address these areas in order to improve safety and function.
Oxygen	Is Oxygen needed? = No
Weight Bearing	LE Weight Bearing Status = Weight Bearing as Tolerated
Medical Hx	Prior Medical History: CKD II, AV block, HTN, CVA, GERD, PACEMAKER, CAD, hypercholesterolemia, decreasaed peripheral vision, depression, dementia.
Medical Factors	Precautions: PACEMAKER, high fall risk, low vision
	Contraindications = Contraindications are as follows:
	Contraindication Details: pacemaker-no modalities
	Patient aware of contraindications = Yes
Medications	Medications Impacting Condition/Treatment: Per chart review, patient is currently on prescribed medications for GERD, dry eyes, nausea, pain, hypotension, hyperlipidemia, depression, allergy. with possible side effects including gi distress, nausea and restlessness which may affect patient's functional energy to participation with activities for sustained periods of time.
Labs	Abnormal lab values that may impact Treatment? = No
Vision	Vision = Patient wears glasses 24 hr.

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Initial Assessment / Current Level of Function & Underlying Impairments

Patient Referral and History

Hearing	Hearing = Functional with increased volume,Functional with hearing aid(s).
Hand Dominance	Hand Dominance = Patient is right-handed.
Prior Therapy	Did Patient Receive Therapy Previously? = Yes
	Location = Other (this ALF)
	Date(s) of Service: 1/23-7/23/23
	Prior Treatment Outcome: good
Prior Living	Prior Living Environment = Patient resided in an ALF.
	Prior Living Description: Patient lives in one story apt with apt ~75' away from dining room. Patient has assist with dressing, toileting, grooming, showering, laundry, meal prep, mobility to and from meals. Patient takes w/c to meals, occasionally goes on outings, and has dtr visit regularly. Patient can propel herself to and from dining room with increased time.
	Current Assistance / Support = Community Assistance
Prior Equipment	Equipment Prior to Onset: Patient has rollator, w/c, raised toilet seat, and grab bars in shower and near toilet.
Prior Assistance	Prior Cognitive Assistance = Mod Const SUP (alone 1-2 hrs at a time)
Transition/DC	Transition/Discharge Plan = Patient to return to ALF.
Prior Level(s) of Function	Prior Device Use = Manual Wheelchair
	Indoor Mobility (Ambulation) = Not Applicable
	Stairs = Not Applicable
	Functional Cognition = Needed Some Help
	PLOF: Roll left and right = Setup or clean-up assistance; Sit to lying = Setup or clean-up assistance; Lying to sitting on side of bed = Setup or clean-up assistance; Sit to stand = Partial/moderate assistance; Chair/bed-to-chair transfer = Partial/moderate assistance; Toilet transfer = Partial/moderate assistance; Car transfer = Not applicable; Walk 10 feet = Partial/moderate assistance; 1 step (curb) = Not applicable; Wheel 50 feet with two turns = Partial/moderate assistance; Wheel 150 feet = Partial/moderate assistance; Picking up object = Substantial/maximal assistance

Patient Factors

Preferences	Patient Behaviors: Patient pleasant and coopertive. : Hobbies: Patient enjoys watching tv in her room and visiting with dtr. ; Routine/Activities: Prior to hosp, patient typically sleeps in til 10:00 and eats lunch and dinner in dining room. Patient will occasionally attend lunch outings with facility activities and sit outside with dtr. Patient gets her hair done weekly and gets up early for that.

Fall Risk Assessment

History of Falls	Has Patient fallen in past year? = Yes; How many times? = 3; Was patient injured from fall? = No
Steadiness	Does Patient feel unsteady when standing? = Yes; Does Patient feel unsteady when walking? = Yes
Fear of Falling	Does Patient worry about falling? = Yes

Functional Mobility Assessment

Bed Mobility	Roll left and right = Partial/moderate assistance
	Sit to lying = Partial/moderate assistance
	Lying to sitting on side of bed = Partial/moderate assistance
Transfers	Sit to stand = Substantial/maximal assistance
	Chair/bed-to-chair transfer = Substantial/maximal assistance
	Toilet transfer = Substantial/maximal assistance
	Car transfer = Not applicable
Ambulation	Walk 10 feet = Not applicable
	Patient amulated less than 10 feet prior to current illness? = No
Curbs/Stairs	1 step (curb) = Not applicable

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Functional Mobility Assessment

W/C Mobility	Resident uses a wheelchair and/or scooter? = Yes
	Wheel 50 feet with two turns = Partial/moderate assistance
	Type of wheelchair or scooter used? = Manual
	Wheel 150 feet = Partial/moderate assistance
	Type of wheelchair or scooter used? = Manual
Other	Picking up object = Dependent
Mobility Score	Mobility Function Score (ranges from 0 - 12; 12 being the highest function) = 3
	Mobility Performance Raw Score = 19

Musculoskeletal System Assessment

LE ROM	RLE ROM = WFL; LLE ROM = WFL
RLE Strength	RLE Strength = Impaired
LLE Strength	LLE Strength = Impaired
RLE Strength	Hip = Impaired; Knee = Impaired; Ankle = WFL
(R) Hip Strength	Flexion = 2/5; Extension = 2/5
(R) Knee Strength	Flexion = 2/5; Extension = 2/5
LLE Strength	Hip = Impaired; Knee = Impaired; Ankle = WFL
(L) Hip Strength	Flexion = 2/5; Extension = 2/5
(L) Knee Strength	Flexion = 2/5; Extension = 2/5
Contracture	Functional Limitations Present due to Contracture = No

Other System/Condition Assessment

Balance	Patient sits unsupported x 30 seconds with feet flat on floor and no back support? = Yes; Patient stands without UE support w/AD as needed x 10 seconds? = No
Cardiovascular	CardioPulmonary System = Functional for age and condition
Pain	Patient has pain that interferes/limits functional activity? = Yes; Patient has pain that interferes with sleep? = No; Pain Assessment Method = Patient verbalized pain level.; Is skilled therapy needed to address pain? = Nursing to address

Objective Tests and Measures

Test/Stand Bal	Berg Balance Assessment = 30/56 (moderate risk for falls)
ADLs	Modified Barthel Index = 31
Continence	Sandvik Severity = 8

Assessment Summary

Communication	Ability to Express Ideas and Wants = Understood; Ability to Understand Others = Understands; Follows 1-Step Directions = Usually, with prompts/cues
Cognition	Decision Making Ability for Routine Activities = Moderately Impaired
Assessment Summary	The diagnosis(es) and prognosis have been discussed with: Patient, Patient Representative/POA/Family Member. = Patient Representative/POA/Family Member: The extent to which the patient is aware of their own prognosis and diagnosis(es): = Good
Reason for Therapy	Clinical Impressions/Reason for Skilled Services: Patient presents with decreased B LE strength and ROM, decreased sitting balance, decreased I and safety with transfers, and decreased functional mobility. patient would benefit from skilled PT services to address these areas in order to improve safety and function.
Complexities	Patient Characteristics that may Impact Treatment = Multiple medical conditions/history
Intervention Modes	Can interventions be provided using treatment modes other than individual? = No
Plan of Treatment	Focus of Plan of Treatment = Restoration

Exercise Prescription

Purpose	Purpose of Exercise = Strength

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Exercise Prescription

Method	Method to Prescribe = Patient's Perceived Resistance
Resistance	Resistance for Strength at Somewhat Hard to Hard Level = 2 pounds
Strength	Muscle Groups@ 1 set, 15 - 20 reps, for Strength: hip flexion, knee extension

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