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Phone:

Fax:

OCCUPATIONAL THERAPY EVALUATION

EPISODE: 10/14/14 - 12/12/14

10/14/14 10:00AM - 11:00AM 60 MIN

PHYSICIAN:

PHONE:

FAX:

PATIENT:

DOB:

Reason for Evaluation Initial

82 year old female who lives in a single story home with two staggered steps to enter the home with no railing; lives with her daughter, Cathy. Patient was referred to home health OT due to an exacerbation of Right UE shoulder pain 8/10. Pateint stated that recently her Left UE has been bothering her with a 4/10 pain level. Patient stated that recently she had Right UE numbness with her physician doing a work up and patient cancelling a planned trip fearing s/s CVA. Patient has a history of Right TSR (per patient) x5 years. Patient was born in Honduras. Patient stated that her Left Eye is blurry with regards to vision.

Homebound Status

- needs assistance for all activities
- needs assistance to ambulate
- leaves home with taxing effort
- leaves for med appointments only
- dependent on assistive device
- residual weakness
- severe pain

Rehabilitation Potential

- good

Visitation Frequency

2WK4

Pertinent Diagnoses

- Abnormality of Gait

Medical/Surgical/Falls History

Per Patient: Arthritis, Osteoporosis, DM, Thyroid Deficit, HTN; Surgeries: Right Shoulder Sx, Umbilical Hernia, Chole, Hx of Bilateral Eye Cataract Surgery.

DME: 4WW, SPC, Shower Chair

Prior Functional Status

ADLs: Independent

Transfers: Independent

Balance: Good

Precautions

Fall precautions, Clear pathways, Infection Control Measures, 4WW, SPC, Shower Chair

Vital Signs

BP

132/69 (Left arm sitting)

TEMP

PULSE (Radial)

71 (Reg)

PULSE (Apical)

RESP

19 (Reg)

Pain

Pain Interferes

Pain location

Right Shoulder Pain

Pain Intensity (0-10)

8

Frequency

All of the time

sharp

burning

dull

shooting

cramping

radiating

throbbing

aching

Aggravated by

Activity requiring Shoulder ROM

Relieved by

Resting

Patient Satisfied w/Pain Control: yes

Home Safety

- stairs

Has a small dog with OT emphasizing safety while walking inside her home

Support System

Lives with her daughter, granddaughter who are a good support system; has other children who also help her with her ADLs/IADLs.

Adaptive Equipment

- wheeled walker
- cane
- shower chair

Cognitive Status

- No problems (oriented x 4)

Muscle Tone

- Normal

Sensation

- Intact

Proprioception

- Intact

Perception

- Intact

Skin Integrity

- Intact

Edema

- None

Dyspnea

- SOB with minimum exertion

Fall Risk

high

Range of Motion and Strength

ROM			Motion	MMT	
Right	Left	Norm	Shoulder	Right	Left
WFL	WFL	140°	Flexion	3+/5	3+/5
WFL	WFL	50°	Extension	3+/5	3+/5
WFL	WFL	170°	Abduction	3+/5	3+/5
WFL	WFL	0°	Adduction	3+/5	3+/5
WFL	WFL	70°	Internal rotation	3+/5	3+/5
WFL	WFL	90°	External rotation	3+/5	3+/5
Right	Left	Norm	Elbow	Right	Left
WFL	WFL	145°	Flexion	3+/5	3+/5
WFL	WFL	0°	Extension	3+/5	3+/5
WFL	WFL	80°	Pronation	3+/5	3+/5
WFL	WFL	80°	Supination	3+/5	3+/5
Right	Left	Norm	Wrist	Right	Left
WFL	WFL	80°	Flexion	3+/5	3+/5
WFL	WFL	70°	Extension	3+/5	3+/5
WFL	WFL	20°	Radial deviation	3+/5	3+/5
WFL	WFL	30°	Ulnar deviation	3+/5	3+/5
Right	Left	Norm	Finger	Right	Left
WFL	WFL	85°	Flexion	3+/5	3+/5
WFL	WFL	0°	Extension	3+/5	3+/5

Fine Motor

Right	Intact
Left	Intact

Gross Motor

Right	Minimally impaired	Due to Shoulder Pain 8/10
Left	Minimally impaired	Due to Shoulder Pain 4/10

Balance Sitting

Static	Good
Dynamic	Fair+

Balance Standing

Static	Fair
Dynamic	Fair-

Transfers

Bed/Wheelchair	Minimal assist
Toilet/Commode	Minimal assist
Tub/Shower	Minimal assist

Self Care Skills

Oral hygiene	Independent
Dressing upper body	Minimal assist
Dressing lower body	Minimal assist
Manipulation of fasteners	Independent
Grooming	Stand-by-assist
Bathing	Minimal assist
Toileting	Minimal assist
Feeding	Independent

Instrumental ADLs

Meal preparation	Maximum assist
Housekeeping	Maximum assist
Telephone use	Independent
Medication management	Minimal assist

Occupational Therapy Care Plan: New Interventions

- 1 Establish emergency evacuation plan
- 2 Review compensatory strategies
- 3 Create emergency contact list
- 4 Self-advocacy plan
- 5 OT Evaluation
- 6 ADL Instruction
- 7 Muscle Re-Education
- 8 Adaptive Equipment Fabrication/Training
- 9 Establish Home Exercise Program
- 10 Energy Conservation Techniques, Joint Protection Principles, MFR Rx, Fall Prevention Strategies, Work Simplification Tech's
- 11 Massage: Bilateral UE Shoulder, C/S x5-10 Min's as needed for alleviating pain and promoting joint ROM to facilitate self-care tasks
- 12 Home Safety Evaluation

13 Medication Safety Education

14 Discharge Planning

Occupational Therapy Care Plan: New Goals

- 1 Patient's endurance will improve as evidenced by patient being able to sustain bathing from sitting for 10-15 minutes safely within 4 weeks.
- 2 Patient will improve UB/LB dressing to Supervision with/without assistive equipment within 4 weeks.
- 3 Patient will improve UB/LB bathing to Supervision with/without assistive equipment within 4 weeks.
- 4 Patient will be in safe physical environment as evidenced by no falls and no injuries within 4 weeks.
- 5 Patient will report decrease pain to 1-2/10 in Right UE Shoulder to improve functional performance in seated dressing and bathing within 4 weeks.
- 6 Patient/PCG will be able to verbalize and provide a good return demonstration of conservative pain management techniques: Resting, Positioning, Breathing, Diversion, Imagery, Massage, Relaxation Techniques to promote self care tasks within 4 weeks.
- 7 Patient/PCG will be competent/Independent with HEP to include: Upper Extremity Thera Ex with/without resistance, Trunk Control Exercises, Sitting/Standing Body Mechanics during self-care tasks within 4 weeks.
- 8 Patient will be competent with fall recovery principles and fall prevention principles to include staying hydrated, removing throw rugs, having adequate lighting in each room, taking her meds 1x/yr to her MD, vision checked 1x/yr within 4 weeks.

Discharge Plan

- when goals met
- when max rehab potential reached
- outpatient rehab program
- independent with HEP and MD follow-up

SIGNATURES:

CARE PLAN DISCUSSED WITH PATIENT/CAREGIVER AND AGREED UPON
EVALUATION DISCUSSED/VERBAL ORDER OBTAINED FROM MD
COMPLETED AND ELECTRONICALLY SIGNED BY _____, OT

PATIENT'S SIGNATURE:

PHYSICIAN'S SIGNATURE: _____ DATE: _____

[Name of HH Agency]
[Address]

OCCUPATIONAL THERAPY CARE PLAN

EPISODE: 10/14/14 - 12/12/14
10/14/14

Phone: Fax:

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COMPLETED AND ELECTRONICALLY SIGNED BY ' ', OT

PHYSICIAN'S SIGNATURE: _____ DATE: _____