Medical Update for Antonette Marando DOB: 09/10/1965

Date Order Created: 12/11/2025

Order ID: 1184/328

Agency Assigned Id: 1211

Certification Period: 11/28/2025 to 01/26/2026

Devotion Home Health Care, LLC 037804
11201 N Tatum Blvd, Suite 300
Phoenix, AZ 85028-6039
PHONE 480-415-4423 FAX

Orders:

Authorization changes of ST skill Total Visits: 8 and Visit Freq: 1W8

Clinical Summary: All patient's meals are prepared by Assisted Living staff. Patient is able to swallow all consistencies and thin liquids without s/s of aspiration. Patient's cognitive skills are intact and appropriate. Patient is able to read in her head, just not out loud due to her expressive aphasia. Patient is able to write her initials but does not write more than that. Patient has a difficult time producing some sounds and is highly unintelligible when the context is unknown. Patient is able to read short familiar phrases out loud and can complete sentences with familiar words approximately 60% of the time. Patient is able to comprehend spoken language appropriately.

12/06/2025 Problems : Letter/numbers
Words
Simple sentences
Complex sentences
Paragraph
Articulation
Prosody
Voice/Respiration
Speech Intelligibility
Augmentative methods
Naming
Complex sentences
Conversation

Authorization changes of PT skill Total Visits 8 and Visit Frequency: 1W8

Clinical Summary:

Berg Score

Tinetti Score

Tug Test

42

UPPER BODY RANGE OF MOTION

Elbow

Strength

4-/5

Flexion/Extension - Right

50%

Flexion/Extension - Left

WFL

Forearm

Supination/Pronation - Right

0%

Supination/Pronation - Left

WFL

Wrist

Strength

4-/5

Flexion/Extension - Right

50%

Flexion/Extension - Left

WFL

Hand - Grip

Strength

4-/5

Flexion/Extension - Right

50%

Flexion/Extension - Left

WFL

Shoulder

Flexion/Extension - Right

50%

Flexion/Extension - Left

WFL

Abduction/Adduction - Right

50%

Abduction/Adduction - Left

WFL

Internal/External Rotation - Right

50%

Internal/External Rotation - Left

WFL

Neck

Flexion/Extension/Rotation

WFL

LOWER BODYRANGE OF MOTION

Hip

Strength

(R) 3+/5 (L) 4-/5

Flexion/Extension - Right

50%

Flexion/Extension - Left

WFL

Abduction/Adduction - Right

50%

Abduction/Adduction - Left

WFL

Internal/External Rotation - Right

50%

Internal/External Rotation - Left

WFL

Trunk

Flexion/Extension/Rotation

WFL

Knee

Strength

(R) 3+/5 (L) 4-/5

Flexion/Extension - Right

50%

Flexion/Extension - Left

WFL

Ankle

Strength

(R) 3+/5 (L) 4-/5

Plantar/Dorsal - Right

50%

Plantar/Dorsal - Left

WFL

Range of Motion Foot

Inversion/Eversion - Right

50%

Inversion/Eversion - Left

WFL

PATIENT-STATED GOAL: Increase steadiness of walking; Improve speech; Better mobility

GOALS
patient/caregiver recalls
* exercises to recover speech function
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to manage complications of immobility including
* skin care
* strength, balance
* dexterity and range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing and prevent constipation

patient/caregiver recalls

* pain control
* therapeutic exercises for muscle strengthening and flexibility
* diet and fluids to optimize and prevent constipation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to prevent infection including hygiene
* proper hand washing
* food-safety techniques
* travel precautions
* vaccinations
* animal-control
* cough etiquette
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* proper feeding techniques to prevent choking and aspiration
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to promote optimized mobility with strength
* balance
* dexterity
* range-of-motion therapeutic exercises
* promotion of peripheral circulation
* fluid and diet intake to promote healing
* prevent constipation
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to optimize range of motion with active and passive therapeutic exercises
* manage pain/discomfort
* fluid and diet intake to promote healing
* prevent constipation
* recalls related medication(s) purpose, schedule

JOEL COHEN
7010 E ACOMA DR SUITE 102

7010 E ACOMA DR SUITE 102, AZ 85254-3553
Tele:480-575-0576 FAX: 14805750512

PHYSICIAN SIGNATURE VALID - Digitally Signed by Signed

Staff Signature: Electronically Signed by DELGADO, MELISSA Date 12/11/2025