Medical Update for Sue Braley DOB: 10/23/1962

Date Order Created: 08/04/2026

Order ID: 1195/480

Agency Assigned Id: 850

Certification Period: 07/23/2026 to 09/20/2026

Evergreen Home Health 239350
403 W Main Street Suite A1
Gaylord, MI 49735-1887
PHONE 989-214-1114 FAX

Orders:
08/04/2026 Problems : GG0170I1 - Walk 10 Feet
GG0170S1 - Wheel 150 feet
GG0170R1 - Wheel 50 ft w 2 Turns
GG0170P1 - Picking Up Object
GG0170O1 - 12 Steps
GG0170N1 - 4 Steps
GG0170M1 - 1 - Step (curb)
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170K1 - Walk 150 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0130B1 - Oral Hygiene
GG0170G1 - Car Transfer
GG0170E1 - Chair to Bed to Chair
GG0170D1 - Sit to Stand
GG0130C1 - Toileting Hygiene
GG0170F1 - Toilet Transfer
GG0130E1 - Shower/Bathe Self
GG0130H1 - Don/Doff Footwear
GG0130G1 - Lower Body Dressing
GG0130F1 - Upper Body Dressing

08/04/2026 patient_goal: Improve BLE strength to 3+/5 to improve weight bearing activities, Target Date: 09/20/2026, Pt to be independent with HEP and perform daily, Target Date: 09/20/2026, Able to stand 30 seconds with CGA in 8 weeks to improve ability to perform transfers, Target Date: 09/20/2026, add patient-stated goal, Target Date: 09/20/2026, Improve DF strength to 3/5 to decreased risk of falling when able to weight bear, Target Date: 09/20/2026, Ability to perform slide board transfers independently, Target Date: 09/20/2026,

08/04/2026 procedure: wheelchair training, Notes: , equipment training, Notes: , work simplification/energy conservation, Notes: , gait training/stair training, Notes: , transfers training, Notes: , home exercise program, Notes: quad isometric, hamstring isometric, hip flexion isometric, ankle pumps, hip abd isometric, hip adduction isometric,

08/04/2026 teach: how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain, teach relaxation skills and diversional activities, Target Date: 09/20/2026, therapeutic exercises, Target Date: 09/20/2026, therapeutic modalities, Target Date: 09/20/2026, wheelchair training, Target Date: 09/20/2026, balance training, Target Date: 09/20/2026, equipment training, Target Date: 09/20/2026, gait training, Target Date: 09/20/2026, work simplification/energy conservation, Target Date: 09/20/2026, transfer training, Target Date: 09/20/2026, related medication(s) purpose and schedule, Target Date: 09/20/2026, symptoms requiring physician notification, Target Date: 09/20/2026,

08/04/2026 goal: Sit to Stand - 05. Setup or clean-up assistance, Target Date: 09/20/2026, Chair to Bed to Chair - 05. Setup or clean-up assistance, Target Date: 09/20/2026, Toilet Transfer - 05. Setup

or clean-up assistance, Target Date: 09/20/2026, Walk 10 Feet - 04. Supervision or touching assistance, Target Date: 09/20/2026, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Target Date: 09/20/2026, Walk 150 Feet - 04. Supervision or touching assistance, Target Date: 09/20/2026, 1 - Step (curb) - 04. Supervision or touching assistance, Target Date: 09/20/2026, 4 Steps - 04. Supervision or touching assistance, Target Date: 09/20/2026, 12 Steps - 04. Supervision or touching assistance, Target Date: 09/20/2026, Picking Up Object - 04. Supervision or touching assistance, Target Date: 09/20/2026, Wheel 50 ft w 2 Turns - 06. Independent, Target Date: 09/20/2026, Wheel 150 feet - 06. Independent, Target Date: 09/20/2026, Car Transfer - 05. Setup or clean-up assistance, Target Date: 09/20/2026, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Target Date: 09/20/2026, Oral Hygiene - 06. Independent, Target Date: 09/20/2026, Toileting Hygiene - 05. Setup or clean-up assistance, Target Date: 09/20/2026, Shower/Bathe Self - 04. Supervision or touching assistance, Target Date: 09/20/2026, Lower Body Dressing - 06. Independent, Target Date: 09/20/2026, Don/Doff Footwear - 06. Independent, Target Date: 09/20/2026, Upper Body Dressing - 06. Independent, Target Date: 09/20/2026,

08/04/2026 discharge_plan: family/caregiver will be responsible for managing treatment, Target Date: 09/20/2026,

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DAVID HUNTER
1910 EAST MILLER ROAD

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Tele:(989) 848-5644 FAX: 19893184606

Physician Signature_____ Date _____

Staff Signature: Electronically Signed by SHELLENBARGER, TANNER Date 08/04/2026