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PHYSICIAN VERBAL ORDER (487)

DATE ORDER CREATED: 11/12/2026	**PATIENT INFORMATION**
ORDER ID: 1150/23184	**PATIENT NAME:** Thomas Szymanski / **DOB:** 07/09/1954
AGENCY ASSIGNED ID: 27731	**ADDRESS:** 1415 Emily Ct West, ABINGDON, MD 21009-
CERTIFICATION PERIOD: 11/06/2026 to 01/04/2027	**PHONE:** 443-876-6114
PHYSICIAN FACE-TO-FACE DATE: 07/02/2026	

ORDERS

CLINICAL CONDITION REQUIRING HOME CARE PER CERTIFYING PHYSICIAN:
The patient is a 72-year-old male admitted to home health services following two recent hospitalizations for multiple falls, including six falls over a two-week period, with the most recent resulting in a left-sided rib fracture. The patient reported that each fall was preceded by dizziness followed by loss of consciousness. His past medical history is significant for arthritis of the right acromioclavicular joint, impingement syndrome of the right shoulder, complete rotator cuff tear/rupture of the right shoulder, gastroesophageal reflux disease (GERD), diabetes mellitus controlled with diet alone, peptic ulcer disease, history of gastric bypass, and chronic tobacco use of approximately one-half pack per day. Due to his frequent falls and safety concerns, the patient has temporarily relocated to his daughter's home, where a first-floor living arrangement is available with two steps to enter and no handrail. Prior to hospitalization, the patient lived independently in a single-family home without an assistive device, was independent with activities of daily living (ADLs), functional mobility, and community ambulation, and plans to return to his home in Dundalk when medically appropriate. The patient was alert and oriented 4, denied shortness of breath, and reported generalized pain rated at 7/10. Medication reconciliation was completed, and the patient demonstrated understanding of proper nebulizer use. Assessment revealed multiple traumatic wounds to both upper extremities and the right knee in various stages of healing secondary to repeated falls, as well as a chronic burn wound to the left hand sustained in 2019 that intermittently reopens. The patient was evaluated at the wound clinic, where his daughter, the primary caregiver, received instruction on wound care techniques and was provided with the necessary supplies. Wound care orders include cleansing the chronic left-hand burn wound with

supplies. Wound care orders include cleansing the chronic left hand burn wound with Clorpactin, applying silver gel and Aquacel alginate, covering with dry gauze, and securing with Kerlix. Bilateral upper extremity wounds are cleansed with normal saline, treated with oil emulsion dressings, covered with dry dressings, and secured with Kerlix. Wound care is to be performed every other day. The patient ambulates with a rollator walker and reports locking the brakes and sitting on the seat whenever dizziness occurs to reduce fall risk. Physical therapy evaluation identified significant impairments in balance, gait, lower extremity strength, transfers, stair negotiation, and endurance, placing the patient at high risk for recurrent falls. Objective testing demonstrated a Tinetti Performance-Oriented Mobility Assessment score of 15/28 and a Timed Up and Go (TUG) score of 28.9 seconds, consistent with impaired balance and mobility. Lower extremity weakness was noted, greater on the right than the left, contributing to difficulty with ambulation, transfers, and negotiating steps. Despite these deficits, the patient demonstrated good motivation and rehabilitation potential and is considered an appropriate candidate for continued skilled physical therapy to improve lower extremity strength, balance, gait mechanics, endurance, transfer ability, stair negotiation, and overall functional mobility while reducing fall risk. Occupational therapy evaluation found that the patient is currently functioning at his baseline level with independence in basic self-care activities, functional transfers, and household functional ambulation despite his recent hospitalization. As no significant deficits requiring ongoing occupational therapy intervention were identified, the patient would benefit primarily from continued skilled physical therapy services to address bilateral lower extremity weakness, impaired balance, decreased endurance, mobility limitations, and fall prevention. Skilled nursing will continue to monitor the patient's medical status, wound healing, medication management, safety, and caregiver competency with wound care while reinforcing fall prevention strategies, proper assistive device use, diabetes management, smoking cessation education, and the importance of adhering to the prescribed therapy program to maximize recovery and support a safe return to independent living. Date of Order 11/04/2026 Orders Physician Face-to-Face Date: 07/02/2026 Clinical Condition Requiring Home Care per Certifying Physician: SN-disease management PT-eval & treat OT-eval & treat due to Laceration without foreign body of left elbow, subsequent encounter Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home 4 - Recertification Notes: The patient is recertified due to dizziness and nausea, with episodes of near syncope during sitting-to-standing blood pressure assessment, requiring nursing intervention and provider notification. The patient also has hypokalemia of 3.1 with a few other low lab levels, impaired balance, lower extremity weakness, difficulty walking, high fall risk, impaired transfers, difficulty negotiating steps, and low endurance, requiring continued skilled nursing and physical therapy services. Physician Win, Khaing

HOMEBOUND STATUS PER CERTIFYING PHYSICIAN: Due to diagnosis of Laceration without foreign body of left elbow, subsequent encounter, the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device.

ORDER DETAILS	
#	**ORDER / INSTRUCTIONS**
1	11/12/2026 patient_goal: to increase his core and upper extremity strength and complete bed to bathroom transfers using assistive devices with assist from one person., Target Date: 01/04/2027,
2	11/12/2026 procedure: cough/deep breathing exercises, Notes: , incentive spirometer, Notes: , equipment training, Notes: , work simplification/energy conservation, Notes: , Clinician to determine if the patient/caregiver is able to identify the correct dose, route and frequency of each medication , Notes: Medication management, Clinician to assess patient ability to provide effective personal care., Notes: Person Hygiene, Clinician to educate and instruct patient on Bilateral Upper Extremity therapeutic exercises using 1-2 weights or theraband in each hand to increased strength from +3/5 to +4/5 with in the occupational therapy frequency., Notes: bilateral upper extremity therapeutic exercises, home exercise program, Notes: bilateral upper extremity therapeutic exercises including: stretching and resistive with therabanc and or hand weights.,
3	11/12/2026 teach: lifestyle modifications to manage cardio-respiratory condition including diet changes and regular exercise; strategies to control shortness of breath and home remedies to keep lungs healthy, Target Date: 01/04/2027, 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: 01/04/2027, therapeutic exercises, Target Date: 01/04/2027, therapeutic modalities, Target Date: 01/04/2027, equipment training, Target Date: 01/04/2027, work simplification/energy conservation, Target Date: 01/04/2027, related medication(s) purpose and schedule, Target Date: 01/04/2027, symptoms requiring physician notification, Target Date: 01/04/2027,
4	11/12/2026 goal: patient/caregiver recalls
5	* lifestyle modifications to manage respiratory condition including
6	* diet changes and regular exercise
7	* strategies to control shortness of breath
8	* home remedies to keep lungs healthy

9	* recalls related medication(s) purpose, schedule, Target Date: 01/04/2027, patient/caregiver recalls
10	* 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
11	* teach relaxation skills and diversional activities
12	* recalls related medication(s) purpose, schedule, Target Date: 01/04/2027, Oral Hygiene - 06. Independent, Target Date: 01/04/2027, Toileting Hygiene - 05. Setup or clean-up assistance, Target Date: 01/04/2027, Toileting Hygiene - 06. Independent, Target Date: 01/04/2027, Shower/Bathe Self - 05. Setup or clean-up assistance, Target Date: 01/04/2027, Upper Body Dressing - 05. Setup or clean-up assistance, Target Date: 01/04/2027, Lower Body Dressing - 05. Setup or clean-up assistance, Target Date: 01/04/2027, Lower Body Dressing - 06. Independent, Target Date: 01/04/2027, Don/Doff Footwear - 05. Setup or clean-up assistance, Target Date: 01/04/2027, Don/Doff Footwear - 06. Independent, Target Date: 01/04/2027, Eating - 06. Independent, Target Date: 01/04/2027, Upper Body Dressing - 06. Independent, Target Date: 01/04/2027, Patient and caregiver will recall Bilateral Upper Extremity therapeutic exercises using 1-2 weights or theraband in each hand to increased strength from +3/5 to +4/5 with in the occupational therapy frequency., Target Date: 01/04/2027, Sit to Stand - 05. Setup or clean-up assistance, Target Date: 01/04/2027, Toilet Transfer - 05. Setup or clean-up assistance, Target Date: 01/04/2027, 1 - Step (curb) - 04. Supervision or touching assistance, Target Date: 01/04/2027: DISCONTINUED,
13	11/12/2026 discharge_plan: another facility/provider will be responsible for managing treatment, Target Date: 01/04/2027,

PHYSICIAN INFORMATION	
PHYSICIAN NAME: Khaing Win, MD	
ADDRESS: 3401 Box Hill Corporate Center Dr Ste 100, 21009, MD 21009	
PHONE: 4438437000	**FAX:** 14436431880

VERBAL ORDER AUTHORIZATION
By signing below, I acknowledge the verbal order(s) above and agree to follow this plan of care.

PHYSICIAN SIGNATURE	STAFF SIGNATURE (RECEIVED BY)
Signature: _____	Signature: *Electronically Signed by Messick, RN, Charles*
Date: _____	Date: *11/12/2026*

IMPORTANT: This verbal order must be authenticated by the physician and maintained in the patient's medical record.