ProHealth
Home Care

DEMO-100009

Physical Therapy Plan of Care Order

Patient: WRIGHT, MAE A - MR#70002 Caregiver: Florence Robinson (RN) Date: 11/17/2026

Patient Name: **Last: WRIGHT First: MAE**	MR Number: **70002**	DOB: **12/07/1958**
Location Name: **ProHealth Home Health Stockton**	Location Number: **03**	
Location Address: 4388 Palm Ave Suite: City: Stockton State: CA Zip: 95207	Location Phone: (877) 852-4085 Location Fax: (877) 257-7840	
Physician Name: **ANDERSON, MEGHAN (MD) - 8290 Oak Ave, Detroit MI 48226**	Physician Address: 8290 Oak Ave City: Detroit State: MI Zip: 48226	
Physician Phone: **(313) 909-5748 Fax: (313) 779-6631**	Physician NPI: **1790935419**	
Order Date: **11/17/2026**	Effective Date: **11/17/2026**	Discipline: **PT**
Order Type: **Physical Therapy Orders**	Reason for Order: **Medication change**	

Diagnoses

Primary Diagnosis	Date	ICD-10 Code
a. Aftercare following joint replacement surgery	11/17/2026	Z47.1
Other Pertinent Diagnoses	**Date**	**ICD-10 Code**
b. History of falling	11/17/2026	Z91.81
c. Essential (primary) hypertension	11/17/2026	I10
d. Anemia, unspecified	11/17/2026	D64.9

Physician Orders

Frequency / Duration: 1W9
1. Evaluate and treat
2. Establish home exercise program (HEP)
3. Therapeutic exercise to BLE for strength and endurance
4. Transfer training (bed, chair, toilet)
5. Gait training with rolling walker on level surfaces and stairs

Goals

- Patient will improve Tinetti score from 14 to 20 within 6 weeks
- Patient will ambulate 150 ft with rolling walker and supervision within 4 weeks

I have reviewed the above orders and authorize the services described. These orders are an addendum to the current plan of care.

Physician's Signature & Date:	Physician NPI: **1790935419**

This form has been electronically signed by:
Florence Robinson (RN) 11/18/2026 05:40:24 PM PST
Anita Miller (DON) 11/19/2026 06:53:03 PM PST

Awaiting physician e-signature (Ordina)
Dr. Meghan Anderson, MD