ProHealth
Home Care

DEMO-100003

# Physical Therapy Plan of Care Order

Patient: THOMPSON, MARIA - MR#70003 Caregiver: Richard Hill (RN) Date: 11/14/2026

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|---|---|---|
| Patient Name: **Last: THOMPSON First: MARIA** | MR Number: **70003** | DOB: **05/17/1934** |
| Location Name: **ProHealth Home Health Stockton** | Location Number: **03** | |
| Location Address: 4388 Palm Ave Suite:<br>City: Stockton State: CA Zip: 95207 | Location Phone: (877) 852-4085<br>Location Fax: (877) 257-7840 | |
| Physician Name: **ANDERSON, MEGHAN (MD) - 8290 Oak Ave, Detroit MI 48226** | Physician Address: 8290 Oak Ave<br>City: Detroit State: MI Zip: 48226 | |
| Physician Phone: **(313) 909-5748 Fax: (313) 779-6631** | Physician NPI: **1790935419** | |
| Order Date: **11/14/2026** | Effective Date: **11/14/2026** | Discipline: **PT** |
| Order Type: **Physical Therapy Orders** | Reason for Order: **Change in condition** | |

## Diagnoses

| Primary Diagnosis | Date | ICD-10 Code |
|---|---|---|
| a. Parkinson's disease without dyskinesia | 11/14/2026 | G20.A1 |
| **Other Pertinent Diagnoses** | **Date** | **ICD-10 Code** |
| b. Hypothyroidism, unspecified | 11/14/2026 | E03.9 |
| c. Muscle weakness (generalized) | 11/14/2026 | M62.81 |

## Physician Orders

Frequency / Duration: 2W8
1. Evaluate and treat
2. Therapeutic exercise to BLE for strength and endurance
3. Balance training and fall-risk reduction
4. Gait training with rolling walker on level surfaces and stairs
5. Establish home exercise program (HEP)

## Goals

- Patient will improve Tinetti score from 14 to 20 within 6 weeks
- Patient will perform sit-to-stand transfers independently within 3 weeks

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

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

This form has been electronically signed by:
Richard Hill (RN) 11/14/2026 08:40:28 AM PST
Manuel Kowalski (Clinical Manager) 11/15/2026 01:02:15 PM PST

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


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