

Name: Andrea Michele Armstrong | DOB: 10/27/1963 | MRN: 200154376 | PCP: MELONIE PARRISH | Legal Name: Andrea Michele Armstrong

## OT Evaluation

ANNMARIE HUBER at 12/12/23 1225

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SKY LAKES OUTPATIENT REHAB  
2200 BRYANT WILLIAMS DR SUITE 3  
KLAMATH FALLS OR 97601  
Dept Phone: 541-274-6406  
Dept Fax: 541-274-6711

### Outpatient Occupational Therapy Evaluation Lymphedema Evaluation

SKY LAKES MEDICAL  
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2200 BRYANT WILLIAMS DR SUITE 3  
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### Occupational Therapy Plan of Care

Patient name: Andrea Michele Armstrong	Referring Provider: Sara Jeanne Marchessault PCP: MELONIE PARRISH
Date of birth: 10/27/1963 MRN: 200154376 Gender: female	Onset Date: 11/15/23 Referral Date: 11/15/23 Primary/Referral Dx: Localized swelling, mass and lump, lower limb, bilateral; localized swelling, mass and lump, upper limb, bilateral
Insurance: Regence BCBS PPO	
Visits from SOC: 1	

Chief Complaint: Find solution to masses and pain

### **ASSESSMENT:**

Patient is not presenting with signs of lymphedema.  
Patient does present with some signs of grade 1 lipedema.

However, there is great concern for the masses that are present. Also by patient's report, they are multiplying.

There is no history of biopsy in attempt to identify the cell composition of these masses to great potential diagnosis and treatment.

### **History Review/Occupational Profile:**

History review: Expanded based on subjective interview and review of multiple documents in EMR

Occupational Profile:

*Physical* - (per performance deficits)

*Cognitive* - Patient is alert and oriented to person, place and time. Patient can follow multiple level commands.

*Psychosocial* -patient's desires to sustain her independence with minimal to no pain.

**Occupational/Performance Deficits:**

Tests: clinical assessment

Performance deficits:

Impaired maintaining a body position d415

Impaired walking d469

Impaired dressing d540

Body structure:

Structure of areas of skin s810

Body function:

Impaired sleeping function b134

Impaired sensory functions b260

Sensation of pain b280

Impaired other functions of the skin b810

**Clinical Decision Making:**

Co-morbidities: None

Evaluation modification/assistance: None

Treatment options: None

**Determination of level of evaluation complexity is:** low/high

Profile and history - low

Occupational/Performance Deficits - moderate

Clinical Decision Making

Co-morbidities - low

Evaluation modification/assistance - low

Treatment options - low

**PLAN:**

**OT Treatment Goals**

Short Term Goals	STG Outcomes
STG 1: Recommend PCP refer patient to dermatologist willing to complete biopsies for further diagnostic study and potential treatment	Outcome 1: Met
STG 2: .	Outcome 2: N/A
STG 3: .	Outcome 3: N/A
STG 4: .	Outcome 4: N/A
STG 5: .	Outcome 5: N/A
STG 6: .	Outcome 6: N/A
Long Term Goals	LTG Outcomes
LTG 1: .	Outcome 1: N/A
LTG 2: .	Outcome 2: N/A
LTG 3: .	Outcome 3: N/A
LTG 4: .	Outcome 4: N/A
LTG 5: .	Outcome 5: N/A
Goals Reporting Period	NA - New goals established

**Justification for Care:** Pt. will require skilled therapy intervention to achieve the goals listed above.

**Frequency:**

# visits per week: 1

**Duration:**

# calendar days: 70, or sooner if discharge criteria are met.

**Certification Period:**

From: 12/12/23

Certified to (Recert or Discharge due): 01/16/24

**SUBJECTIVE:**

Patient reports that she has been suffering from progressive development of masses that began on her back and now continue on her arms and legs and chest. Patient notes she has been to see dermatologist– did not examine the masses but felt she was overweight and that was self her problem.

Patient notes these masses are painful–both when at rest and particularly with touch. Patient notes the masses in her upper arms–near (medial) elbows no generate a sense of numbness to hands when pressure is applied.

Patient notes that the collection the masses are increasing the girth of her legs as well. This particular to for the upper legs. Patient notes she is beginning to have difficulty walking due to this.

Patient is the shape and size of these masses does vary. Some more oblong and somewhat more rounded.

Patient is very anxious. As this is progressing and has not been diagnosed. She is concerned that it is going to lead to dysfunction–where she will not be able to perform tasks.

Patient does not note any significant variation in growth of extremities.

Patient notes she has completed extensive research–and attempting to determine her problem. She notes that Dercum's disease comes closest–but does not fully describe her condition.

**PMHX:** Allergies, medications, medical/surgical history reviewed with patient. Significant findings include: HTN, heart palpitations

**Chief Complaint:** Chief Complaint: Find solution to masses and pain

**Precautions:** None given/none indicated

**Pain Level:**

	12/12/23 1500
<b>Pain Level</b>	
Current Status	Severe (pain significantly limits participation in therapy)

**Basic ADLs**

Washing oneself (d510): Independent

Caring for body parts (d520): Independent

Toileting (d530): Independent

Dressing (d540): Patient notes she is progressively having to buy larger pants and loose clothing to accommodate her changing size. Patient notes she has compression stockings–but they do not make a difference. They do tend to bite at knee level which creates more pain

Eating (d550): Independent

Drinking (d560): Independent

Sleeping (b134): Patient notes that she cannot lie on her right side due to the weight of her left leg. She can only lay on her back and left side. These positions also create other discomfort for her body.

**IADLs** -patient notes that individual activities are not difficult. It is the prolonged positions of sitting or standing that began create pain and at times a sense of numbness. Patient notes that she is accomplishing these by performing the task for a period and then resting to allow her limbs to recover.

Writing (d170): Independent

Driving (d475): Independent

Acquisition of goods and services (d620): Independent

Preparing meals (d630): Independent

Doing housework (d640): Independent

Caring for household objects and others (d650): Patient resides with husband and service dog.

**Remunerative Employment (d850):** Patient notes she is employed as a research lab technician at Jeld Wen. Patient notes that her physical demands include sitting for prolonged periods of time and having to ascend and descend stairs. Patient notes that navigating the stairs is becoming more difficult and reluctantly is using the elevator for safety.

**Recreation and Leisure (d920):** Patient notes that she works on walking 5 to 6 miles a day, on days she cannot do this she completes her elliptical exercise machine at home.

**OBJECTIVE:**

**Chart Review:** None available related to this diagnosis

**Integument:**

**Pitting edema:** None noted for any 4 extremity

**Color:** Normal—no erythema

**Temperature:** Normal—no increased temperature

**Texture:** Skin is properly hydrated

**Fibrotic Tissue:** Patient has numerable, palpable, subdermal masses. These range in size from approximately 1 cm in diameter up to 10 cm x 6 cm x 3 cm. They do not demonstrate well-defined borders as would be anticipated for consistent encapsulation. They are palpable for all 4 extremities and along abdomen. Patient has a larger mass on right lateral back—extending from about the level of ribs 6 down to rib 11. This mass is large in coverage—adherent to deeper structures—elevated by approximately 1-1.5 centimeters above anticipated skin level.

**Nails:** Clean—no sign of infection

**Skin folds:** No additional folds

**Stemmer Sign:** Negative bilaterally

**Papillomas/cysts:** None present

**Wounds:** None present

**Addendum:** Patient does present with fat distribution pattern of lipedema—with concentration for the lateral thighs and posterior buttocks, upper arms.

**Clinical Findings / Problems List**

#	12/12/2023
1.	Numerous subdermal masses 4 extremities and torso—with pain and now began to cause transient numbness

**Thank you for this referral.**

ANNMARIE HUBER, OTR/L, CHT, CLT  
12/12/2023

**Recommendation:**

Patient be referred to dermatologist that are capable of completing biopsy for diagnostic and potential treatment.

This therapist has explored several options that could be within patient's driving distance. These agencies indicate that they do perform biopsies.

Clinic for dermatology and wellness—Medford

Medford dermatology—Medford

OHSU—General dermatology department— (earliest appointments are August to October of 2024)

Please sign below if you agree with the provided plan and return to the fax number listed above. Modifications/precautions are appreciated.

I certify the need for these services furnished under this plan of treatment and while under my care.

\_\_\_\_\_  
(Provider signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Time)

(Patient Name: Andrea Michele Armstrong)

(TOTAL minutes: 60 minutes)