

ICE Case Study

ICE LEARNING CENTER Occupational Therapy Initial Evaluation				Patient Name: Ben Age: 20 Gender: Male Patient ID: 001
Date 4/24	Start Time 9:00 am	Location Bedside	Date of Onset 4/17	Rehab Diagnosis / Reason for Referral MVR, L MCA Aneurysm with RUE hemiplegia
Vital Signs 96/62 (supine)		Precautions Sternal (through 5/29) Standard <input checked="" type="checkbox"/> Cleared for OT	Relevant PMH HIV, Septic Shock, Intubated 4/17-4/22	
SUBJECTIVE				
Complaints "OW" with PROM or physical contact to RUE, and during transitions between static postures. Reports dizziness with standing. Expressive aphasia noted.			Pain (Current) 0 1 2 3 4 5 6 7 8 9 10 Diffuse, unable to specify level. Increases with R supination	
Prior Level of Function, Support at Home Lives with father, who works full-time. Was independent in ADLs and IADLs PTA. Unemployed, history of IV and meth drug abuse.	Home Situation <input checked="" type="checkbox"/> Private home (2 floors) <input type="checkbox"/> Apartment <input type="checkbox"/> Assisted living <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Stairs to enter <u>4, no handrail</u> <input checked="" type="checkbox"/> Stairs inside home <u>13, R ascending handrail</u>		DME <input type="checkbox"/> Standard walker <input type="checkbox"/> Rolling walker <input type="checkbox"/> 3-in-1 commode <input type="checkbox"/> Tub seat / tub bench <input type="checkbox"/> Splint / Sling <input type="checkbox"/> Adaptive equipment _____ <input type="checkbox"/> Other _____	
Patient Goals Patient unable to describe (expressive aphasia). Slight confusion noted when asked complex questions. Father would like him to return home and resume independence in ADLs.				
OBJECTIVE				
Orientation / Cognition Follows one-step direction, impulsivity	Sensory Status <input checked="" type="checkbox"/> Intact <input type="checkbox"/> Impaired <input type="checkbox"/> Absent		Visual Perception Needs some re-direction to right side but neglect not evident. Will continue to assess.	
Hand Dominance <input checked="" type="checkbox"/> Right <input type="checkbox"/> Left Affected Side <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Left <input type="checkbox"/> Bilateral	Posture / Balance HOB raised in hospital bed Independent Sitting / standing balance TBA		Gross / Fine Coordination LUE WFL RUE Flaccid	
AROM LUE, WNL RUE flaccid PROM LUE WNL. RUE WFL (minimal limitations at shoulder)	MMT LUE, WNL RUE 1/5 scapular elevation, 0/5 distal motions		Tone / Motor Control RUE Flaccid, reports pain with movement, no significant response to facilitation (tapping, quick stretch)	

<p>RLE active movement noted at all joints; see PT eval for details.</p>	<p>RLE at least 3-/5; see PT eval for details.</p>	
<p>Affected UE Function</p> <p><input checked="" type="checkbox"/> Nonfunctional</p> <p><input type="checkbox"/> Dependent Stabilizer</p> <p><input type="checkbox"/> Independent Stabilizer</p> <p><input type="checkbox"/> Gross Assist</p> <p><input type="checkbox"/> Semifunctional Assist</p> <p><input type="checkbox"/> Functional Assist</p> <p><input type="checkbox"/> Functional</p>	<p>Bed Mobility</p> <p>Rolling min assist</p> <p>Sit to Stand</p> <p>TBA. Limited by fatigue</p> <p>Activity Tolerance / Endurance</p> <p>Tolerates approx. 14 minutes of activity</p>	<p>Transfers:</p> <p><input type="checkbox"/> Bed ↔ to wheelchair _____</p> <p><input type="checkbox"/> Wheelchair ↔ Mat _____</p> <p><input type="checkbox"/> Toilet (standard) _____</p> <p><input type="checkbox"/> 3-in-1 commode _____</p> <p><input type="checkbox"/> Tub _____</p> <p><input type="checkbox"/> Other _____</p> <p>To be assessed</p>
<p>ADLs</p> <p>Grooming / Hygiene <input type="checkbox"/>Independent <input type="checkbox"/>Supervision <input type="checkbox"/>Cueing <input type="checkbox"/>Contact Guard <input type="checkbox"/>Min A <input type="checkbox"/>Mod A <input type="checkbox"/>Max A <input checked="" type="checkbox"/>Dependent</p> <p>UB Dressing <input type="checkbox"/>Independent <input type="checkbox"/>Supervision <input type="checkbox"/>Cueing <input type="checkbox"/>Contact Guard <input type="checkbox"/>Min A <input type="checkbox"/>Mod A <input type="checkbox"/>Max A <input checked="" type="checkbox"/>Dependent</p> <p>UB Bathing <input type="checkbox"/>Independent <input type="checkbox"/>Supervision <input type="checkbox"/>Cueing <input type="checkbox"/>Contact Guard <input type="checkbox"/>Min A <input type="checkbox"/>Mod A <input type="checkbox"/>Max A <input checked="" type="checkbox"/>Dependent</p> <p>LB Dressing <input type="checkbox"/>Independent <input type="checkbox"/>Supervision <input type="checkbox"/>Cueing <input type="checkbox"/>Contact Guard <input type="checkbox"/>Min A <input type="checkbox"/>Mod A <input type="checkbox"/>Max A <input checked="" type="checkbox"/>Dependent</p> <p>LB Bathing <input type="checkbox"/>Independent <input type="checkbox"/>Supervision <input type="checkbox"/>Cueing <input type="checkbox"/>Contact Guard <input type="checkbox"/>Min A <input type="checkbox"/>Mod A <input type="checkbox"/>Max A <input checked="" type="checkbox"/>Dependent</p>		
<p>IADLs</p> <p><input type="checkbox"/> Safety awareness</p> <p><input type="checkbox"/> Simple cooking task</p> <p><input type="checkbox"/> Light meal prep</p> <p><input type="checkbox"/> Complex meal prep</p> <p><input type="checkbox"/> Homemaking</p> <p><input type="checkbox"/> Gardening</p> <p><input type="checkbox"/> Driving / Community mobility</p> <p><input type="checkbox"/> Work / education skills</p> <p><input checked="" type="checkbox"/> Other: IADL performance currently limited by flaccid (non-functional) RUE, limited endurance and potential cognitive deficits. Full assessment deferred.</p>		
<p>ASSESSMENT</p>		
<p>Patient is a 20 year old male referred to OT following MVR and L MCA Aneurysm. PMH of drug abuse influences prognosis, however young age improves potential for neuroplasticity and recovery of occupational function.</p>		
<p>Strengths</p> <p>Functional LUE, movement and strength in RLE, sensation appears intact, family support (father), participates with encouragement, prior I in ADLs and IADLs</p>	<p>Deficits</p> <p>RUE flaccid (non-functional), poor endurance, decreased executive function and some impulsivity, D in ADLs and IADLs, further assessment of mobility needed</p>	<p>OT Indication</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> Trial</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Justification:</p>
<p>Rehab Potential: <input type="checkbox"/>Excellent <input checked="" type="checkbox"/>Good <input type="checkbox"/>Fair <input type="checkbox"/>Guarded <input type="checkbox"/>Poor</p>		
<p>PLAN</p>		
<p>Short Term Goals (10 days)</p> <p>1. Client will demonstrate 2/5 gross muscle strength in RUE, with facilitation techniques, to facilitate ADLs.</p>		

<ol style="list-style-type: none"> 2. Client will improve RUE functional use to independent stabilizer, to improve ADL function. 3. Client will transfer bed to chair with min assist. 4. Client will improve seated endurance to 30 minutes, to facilitate ADL participation. 5. Client will follow 3-step directions, in order to facilitate participation in therapy and ADLs. 6. Client will perform grooming and hygiene utilizing BUEs with min assist. 7. Client will perform dressing utilizing BUEs with mod assist. 		
<p>Long Term Goals (3 weeks)</p> <ol style="list-style-type: none"> 1. Client to improve RUE function to gross assist, in order to improve ADL function. 2. Client will transfer to toilet with min assist. 3. Client will improve standing endurance to 10 minutes, to facilitate ADL participation. 4. Client will demonstrate safety awareness in ADLs with 2 verbal cues. 5. Client will perform grooming and hygiene with set-up. 6. Client will perform bathing with min assist. 7. Client will demonstrate safety awareness during shower transfers, as evidenced by safe use of the shower grab bars and moving slowly, with no more than two verbal cues. 		
<p>Frequency</p> <p>QD, 6 days per week</p>	<p>Duration</p> <p>3 weeks</p>	<p>Goals discussed with patient / caregiver</p> <p><input checked="" type="checkbox"/> Yes (father)</p> <p><input type="checkbox"/> No (justification needed)</p>
<p>D/C Plan</p> <p>In-patient rehabilitation</p>		<p>End Date and Time:</p> <p>4/24</p> <p>9:14 am</p>
<p>Signature</p>		<p>License #</p>