

ICE Case Study

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| ICE LEARNING CENTER Occupational Therapy Initial Evaluation | | | | Name: Dr. T Age: 83 Gender: Male Patient ID: 028 |
| Date 8/24 | Start Time 9:00 am | Location Therapy gym | Date of Onset 7/13 | Rehab Diagnosis / Reason for Referral C3-C7 laminectomy and fusion (7/13) with post-op incomplete quadriplegia |
| Precautions Cervical precautions and Miami J collar post-op to 8/23 Fall precautions, fell at home while using platform walker, which precipitated admission. (Returned home after initial in-patient rehab; admit to SNF / rehab due to fall and declining function at home.) Vital signs stable. <input checked="" type="checkbox"/> Cleared for OT | | | | Relevant PMH Severe spinal stenosis, spinal cord compression h/o R adhesive capsulitis, R rotator cuff tear, R shoulder tendinitis |
| SUBJECTIVE | | | | |
| Complaints Patient reports therapy has been "very helpful" but describes fear of falling during movement ("can't always trust" that person assisting in transfer can manage him safely). Adult daughter reports that patient is more compliant and cooperative with rehab professionals than with family at home. Note speech volume and quality diminished. | | | | Pain (Current) 0 1 2 3 4 5 6 7 8 9 10 No pain reported; chief complaint of muscular fatigue. |
| Prior Level of Function, Support at Home Lives with wife, who has been primary caretaker. Needed assistance for all ADLs and functional mobility since returning home from rehab. Adult daughter lives about 20 minutes away and assists with healthcare decisions. | | Home Situation <input checked="" type="checkbox"/> Private home (1 floor) <input type="checkbox"/> Apartment <input type="checkbox"/> Assisted living <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Stairs to enter <u>2</u> , R ascending handrail <input type="checkbox"/> Stairs inside home <u>n/a</u> | | DME <input type="checkbox"/> Standard walker <input checked="" type="checkbox"/> Rolling walker <input type="checkbox"/> 3-in-1 commode <input checked="" type="checkbox"/> Tub seat / tub bench <input type="checkbox"/> Splint / Sling <input type="checkbox"/> Adaptive equipment _____ <input type="checkbox"/> Other _____ |
| Patient Goals Patient and family identified goal of safe transfers. ADL function and basic mobility are important for return to home environment, due to small stature and physical capabilities of wife. | | | | |

| OBJECTIVE | | |
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| <p>Orientation / Cognition</p> <p>Cognition intact; follows complex instructions and assists in ADL problem-solving.</p> | <p>Sensory Status</p> <p><input type="checkbox"/> Intact <input checked="" type="checkbox"/> Impaired <input type="checkbox"/> Absent</p> <p>Decreased whole body kinesthesia, proprioception. Deep pressure sensation and temperature recognition intact in BUE/BLE; light touch and two-point discrimination impaired.</p> | <p>Visual Perception</p> <p>WFL; wears glasses</p> |
| <p>Hand Dominance</p> <p><input checked="" type="checkbox"/> Right <input type="checkbox"/> Left</p> <p>Affected Side</p> <p><input type="checkbox"/> Right <input type="checkbox"/> Left <input checked="" type="checkbox"/> Bilateral</p> | <p>Posture / Balance</p> <p>Sitting balance CGA*</p> <p>Standing balance CGA to min A, unsupported sitting balance 2 minutes.</p> | <p>Gross / Fine Coordination</p> <p>Incomplete quadriplegia significantly impairs gross and fine coordination. Effortful movements are poorly controlled and regulated, appearing jerky (similar to dyssynergia). Gross grasp is weak bilaterally.</p> |
| <p>AROM</p> <p>Minimal neck flexion / extension; compensates with trunk leaning</p> <p>RUE: Shoulder flexion 0-45°, elbow 20-120°, full pronation, supination 10°. Limited wrist and finger flex with decreased functional grasp (built-up handles).</p> <p>LUE: substitutes shoulder abduction (to 75°) for flexion. Elbow 30-120°. Full pronation, supination 10°. Limited wrist and finger flexion similar to RUE.</p> <p>PROM</p> <p>LUE WFL. RUE WFL with exception of 90° at shoulder (flex / abduct) due to h/o adhesive capsulitis and rotator cuff tear. Scapular PROM WFL.</p> | <p>MMT</p> <p>RUE: 2+/5 shoulder, 3-/5 elbow, 2-/5 wrist and hand</p> <p>LUE: 3-/5 shoulder and elbow, 2-/5 wrist and hand</p> | <p>Tone / Motor Control</p> <p>Slightly increased tone throughout BUE, improves with passive stretch.</p> |

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| <p>Functional Mobility Ambulates with platform rolling walker and gait belt, with close CGA and verbal cues. Note slowed tendency to keep hips flexed, with need for verbal cues for upright posture. Note smaller base of support with fatigue and step-2 gait when turning.</p> | <p>Bed Mobility Rolling min assist Sit to Stand Close CGA and verbal cues for procedure Activity Tolerance / Endurance Unsupported sitting tolerance 10 minutes; static standing balance 2-3 minutes unsupported, 5 minutes with platform walker.</p> | <p>Transfers: <input type="checkbox"/> Bed ↔ to wheelchair _____ <input checked="" type="checkbox"/> Wheelchair ↔ Mat <u>min A</u> <input type="checkbox"/> Toilet (standard) _____ <input checked="" type="checkbox"/> 3-in-1 commode <u>min A</u> <input type="checkbox"/> Tub _____ <input type="checkbox"/> Other _____</p> |
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| <p>ADLs</p> <p>Grooming / Hygiene <input type="checkbox"/>Independent <input type="checkbox"/>Supervision <input type="checkbox"/>Cueing <input type="checkbox"/>Contact Guard <input checked="" type="checkbox"/>Min A <input type="checkbox"/>Mod A <input type="checkbox"/>Max A <input type="checkbox"/>Dependent</p> <p>Feeding <input type="checkbox"/>Independent <input type="checkbox"/>Supervision <input checked="" type="checkbox"/>Cueing <input type="checkbox"/>Contact Guard <input type="checkbox"/>Min A <input type="checkbox"/>Mod A <input type="checkbox"/>Max A <input 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 checked="" type="checkbox"/>Mod A <input type="checkbox"/>Max A <input 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 checked="" type="checkbox"/>Max A <input 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 checked="" type="checkbox"/>Max A <input 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 checked="" type="checkbox"/>Max A <input type="checkbox"/>Dependent</p> <p>Comments: Moves R elbow rather than R shoulder; no functional R shoulder use observed. Feeding improved with built-up, angled utensils in R hand; used angled fork with VC. Increased compensatory movements noted with spoon (trunk leaning and extension). Fatigue noted after approximately 4 minutes; then used LUE to support RUE to reach mouth.</p> | |
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| <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 incomplete quadriplegia. Anticipate family support for IADLs. Full IADL assessment deferred.</p> |
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ASSESSMENT

Patient is an 83 year old male referred to OT following declining function and falls at home, approximately 6 weeks after C3-7 laminectomy and fusion, severe spinal stenosis and incomplete quadriplegia.

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| <p>Strengths Prior independent function; intact cognition and visual-perception will support problem-solving and use of adaptive strategies as needed. Family supportive, although physical assistance may be limited. Good motivation for therapy.</p> | <p>Deficits Decreased strength and coordination, as well as R shoulder co-morbidities and reported severity of spinal stenosis prior to surgery may slow progress. Bilateral motor impairments significantly limit ADL and IADL function.</p> | <p>OT Indication <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Trial <input type="checkbox"/> No <input checked="" type="checkbox"/> Justification: Patient motivated to return to community and good prognosis for return of motor function following surgical procedure.</p> |
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| Rehab Potential: <input type="checkbox"/> Excellent <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Guarded <input type="checkbox"/> Poor | | |
| PLAN | | |
| <p>Short Term Goals (10 days)</p> <ol style="list-style-type: none"> Client will demonstrate 3+/5 muscles strength in B shoulders and elbows, to facilitate ADLs. Client will demonstrate bilateral functional gross grasp, utilizing adaptive equipment as needed, to complete grooming with set-up. Client will bring 8 bites of solid food from plate to mouth with adaptive equipment and set-up. Client will demonstrate upper body dressing with min assist and adaptive equipment as needed. Client will demonstrate lower body dressing with mod assist and adaptive equipment as needed. Client will demonstrate unsupported static sitting balance for 15 minutes to increase ADLS and other occupational engagement. Client will transfer from w/c to 3-in-1 commode with close supervision. | | |
| <p>Long Term Goals (3 weeks)</p> <ol style="list-style-type: none"> Client will complete upper body dressing with set-up. Client will complete lower body dressing with min assist. Client will independently direct care for bathing in tub. Client will transfer to 3-in-1 commode with distant supervision, platform walker and appropriate environmental set-up. Client will transfer to tub transfer bench with close supervision. Client will transfer between household surfaces with distant supervision, platform walker, and appropriate environmental set-up. Client will demonstrate independent safety awareness and problem-solving skills to engage in leisure and IADL occupations as desired. | | |
| <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 (wife and daughter)</p> <p><input type="checkbox"/> No (justification needed)</p> |
| <p>D/C Plan</p> <p>Home with home care</p> | | <p>End Date and Time:</p> <p>8/24</p> <p>10:00 am</p> |
| <p>Signature</p> | | <p>License #</p> |

*This template has been created in Word document format for faculty to edit and adjust terminology as necessary to be consistent with their own teaching.