Chapter 27

Alice: Multiple Sclerosis

Alice is a 51-year-old married Caucasian female with a diagnosis of multiple sclerosis (MS). She was diagnosed with MS 18 years ago. In addition, she also has a history of hypertension and recently has had several falls. Her doctor referred her to the Visiting Nurse Association (VNA). She had no hospitalization leading to her referral to the Home Health agency. Her doctor was concerned about the progression of the disease and of Alice's ability to manage safely in her home. Alice has been independent in home management and ADLs, but it was clear to her doctor that this was becoming more taxing for her to accomplish. He requested an OT and PT evaluation.

Alice lives with her husband in a two-story home in a rural area. Her husband, Jim, owns a large commercial painting company and works more than full-time. Alice retired 2 years ago from her position as a middle school teacher. She found the work too draining and physically demanding for her. She misses working with the children and being involved in the community. She has two grown daughters, both of whom live out of state. She talks with them infrequently on the phone.

Alice is a very independent woman with a strong personality. She talks loudly and comes across as very confident and sure of herself. She tends to minimize the impact her disease has had on her life and feels her doctor is "overreacting" in getting the VNA involved in her care. Her discharge plan is to stay at home.

Occupational Therapy Evaluation

The results of the occupational therapy evaluation indicate that Alice has no cognitive, perceptual, visual, or hearing deficits. She has decreased sensation to touch in her hands. She reports a "numb" feeling in both hands, but states it seems worse at some times more than others. She has limited AROM in both shoulders as a result of weakness. Her shoulder AROM is as follows: 100° flexion; 80° abduction; 20° extension; 35° external rotation; 75° internal rotation; 0° horizontal abduction; 55° horizontal adduction; 110° elbow flexion. All other AROM of UEs are WNL. She has decreased gross- and fine-motor coordination, especially as she becomes fatigued. Her ability to engage in a task before fatiguing is about 15 minutes. She ambulates with lofstrand crutches and appeared to put a lot of her body weight through her arms to the device. She has difficulty through all stages of the gait cycle and is unable to put her heels flat on the floor while she walks. She has no active dorsiflexion in either ankle. This appears to be due to increased tone in her LEs. She moves slowly because of limited AROM, strength, and hypertonicity in the hip, knee, and ankle flexors. She performs her transfers from bed and chair independently, albeit precariously. Her sitting balance is good; her standing balance is fair for static and poor for dynamic with the crutches.

She is able to dress herself except for donning and doffing shoes and socks. It takes her about 30 minutes to get dressed, and the procedure tires her out. She likes to dress nicely every day and wears classic style clothing—cardigan sweaters, crisp button-down shirts, pleated dress pants, and loafers. Presently, Alice is using a stall shower to bathe herself (Figure 27-1). She demonstrates shower transfers as follows: She leaves the crutches outside the shower stall, steps in over the lip of the shower, holding onto the shower faucet to pull herself in, and leans herself in the right corner to help her keep her balance. She gets out by reaching around the shower door for the sink to pull herself out. "I've been doing it like this for a long time . . . no problems!" Alice says.

Alice fatigues very quickly, but pushes herself to do as much as possible before "crashing for several hours on the couch." She does all the cooking and laundry, and says it sometimes takes her all day just to get the laundry

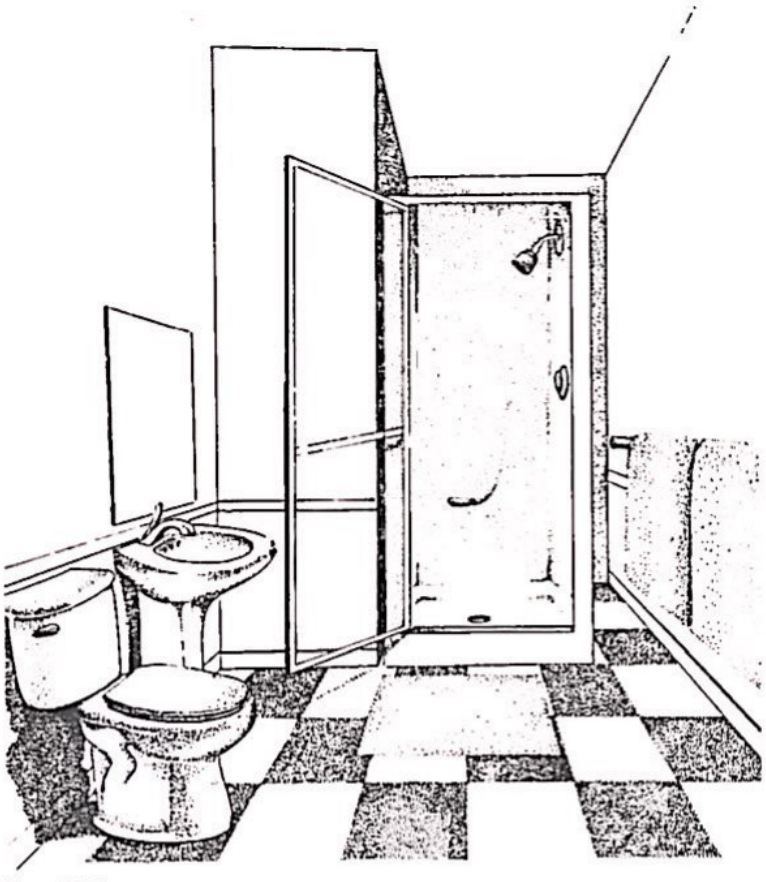

Figure 27-1.

done. The washer and dryer are in the basement, and the stairs leading down are very narrow. Alice refuses to demonstrate how she gets downstairs into the basement. "I manage!" she says.

Alice states she doesn't cook meals as elaborately as she used to do, but still makes them each night for her and her husband. Alice says she uses the oven "carefully." The stove is located in a part of the kitchen where it stands alone rather than as part of the counter. The refrigerator is located near the sink and counter. Alice's kitchen has a large table in the center of the room. There is no dining room in her home (Figure 27-2).

Her niece comes by weekly to vacuum the house for her. Alice insists on doing all the light cleaning herself. Her niece also takes her to the market weekly to food shop. Her husband is responsible for paying bills and money management. He also takes care of the home repairs and outside work.

Alice is skeptical about receiving occupational therapy and doesn't see how it applies to her. She is very clear about physical therapy, however, because she'd like to walk easier "without these bloody crutches!" Her goals are to "keep doing what I'm doing and not be a bother to Jim."

QUESTIONS

Goals/Treatment Plan

1. Explain occupational therapy to Alice in your own words.

2. What would you and Alice set as long-term goals?

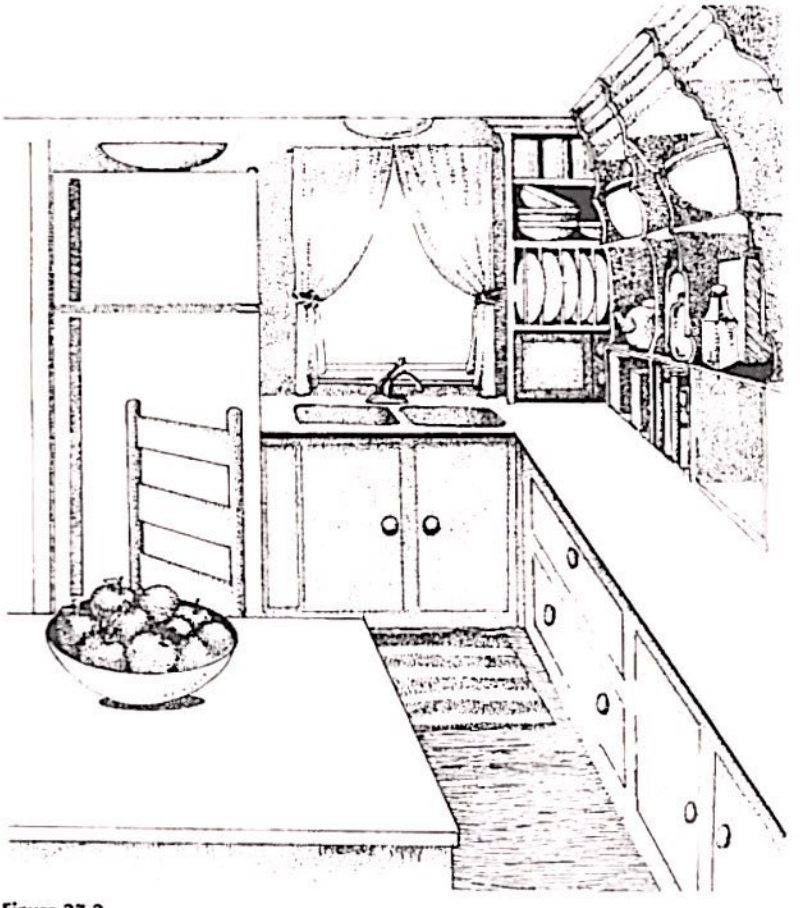

Figure 27-2.

3. What would you and Alice set as short-term goals for occupational therapy treatment?

4. Write out the treatment plan you would establish for Alice including frequency of visit.

Safety/Precautions

5. What safety issues do you see regarding Alice's present routines?

6. What things may Alice do differently to prevent any injury during her routines?

Self-Care/Work/Leisure

7. What changes could you suggest to make Alice's dressing routine easier?

8. What changes could you suggest for her bathing routine? (Refer to Figure 27-1.)

9. What techniques would you teach Alice to help her deal with her fatigue?

10. What alternative could you suggest to Alice if she feels too fatigued by late afternoon to prepare the evening meal?

11. What could Alice do for meals if her symptoms are interfering with her ability to cook safely?

12. Alice loves to garden and misses being able to get out into her yard to tend to her flowers. She asks you for suggestions to help her resume her hobby.

13. Alice also loves to read while sitting in her reclining chair but gets tired from holding the newspaper open. She complains that she misses out on the news and asks if you have any suggestions.

Equipment/Adaptations

14. What adaptive equipment might Alice benefit from to increase her independence and safety at home?

15. Using a medical/therapy supply catalogue, determine the total costs of these items.

16. Prioritize the equipment you think she needs the most if she only has $200 to spend on supplies.

17. What could you do to help adapt her environment cost-free?

Neuromusculoskeletal

18. Write out a home exercise program for Alice.

19. How will you treat the sensory deficit in her hands?

Psychosocial

20. Why might Alice have been reluctant at first to engage in occupational therapy treatment? What functional activities could you recommend to work on UE strength and ROM?

Patient/Family Education

21. Alice's husband comes home one day during your session. He asks you what he can do to help Alice. She shouts out "Nothing! I'm fine. This is my problem." What do you tell him?

Situations

22. You arrive at Alice's house for a visit, and she calls for you to come in. As you enter the kitchen (Figure 27-2), you find Alice carrying a chicken potpie with one hand and trying to hold onto the counter for balance with the other. The food is obviously hot as the kitchen has a fresh-baked aroma. How do you address this safety concern with Alice? List several ways and her possible reactions to your comments.

23. Assume that after you mention this to her, she becomes defensive and tells you she's not a child. How do you deal with her feelings?

24. You arrive at Alice's home, and she is visibly shaken. She tells you she had fallen about 45 minutes ago and just got herself up onto the kitchen chair. She tells you she feels fine and she's just "mad at herself" for getting stuck between the counter and the kitchen table. She says, "It could happen to anyone!" What do you do? Alice tells you not to mention the fall to the PT or to her husband. What do you say?

25. You arrive at Alice's house for a scheduled visit. There is no answer at the door, and it is locked as always. She has never missed a visit before. You are worried she may have fallen and is unable to get to the door. What do you do?

26. Suppose you arrive at Alice's home and there is no answer when you knock, but the front door is unlocked. You are fearful she has fallen. Do you go in without being invited in? Please explain why or why not.

27. You do go in and find Alice on the bathroom floor. She says she has pain in her shoulder and tells you to help her up. What do you do?

28. What could be done to improve Alice's safety during ambulation? What could be instituted so she could be safer while alone?

Discharge Planning

29. You have met all your goals with Alice and plan to discontinue occupational therapy. However, because of the nature of her disease, you know that it is likely that she will need further intervention. How do you explain to her the need to discontinue OT?

30. How can you be assured that she'll get the OT interventions needed once that situation arises?