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Frank: Right Cerebrovascular Accident, Left Hemiplegia, Left Neglect

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Occupational Profile

Frank is a 68-year-old White man with a diagnosis of right cerebrovascular accident (CVA) of the internal carotid artery with left neglect. In addition, he has coronary artery disease and diabetes. Two weeks ago, Frank was brought to the emergency department by his wife complaining of an unbearable headache, with slurred speech and loss of control on his left side. He was admitted to the acute care hospital and was stabilized; after 5 days, he was transferred to the rehabilitation hospital for more extensive rehabilitation.

Before his CVA, Frank had been a very active man. He recently retired from his job as a postal worker and is looking forward to traveling with his wife and tending to his garden. He is an avid gardener and woodworker and anticipates enjoying his two hobbies more extensively.

Frank has a son from a previous marriage who does not live nearby and with whom he has a strained relationship. Frank and his wife live in a ranch-style home in a suburban neighborhood. There are five steps into the front door, and the garage is not attached to the house. They are friendly with some of their neighbors, but others are new to the neighborhood and they do not know them well. Frank has always done all the maintenance tasks on his home. Frank's wife does the meal preparation and laundry. Frank will sometimes do the grocery shopping or go with his wife on this errand. He makes his own breakfast and lunch if his wife is not at home.

Frank has many friends from the post office, and he has maintained his weekly bowling night with them after retirement. He and his wife have a strong marriage. They are planning on his return home after his discharge from the rehabilitation hospital. Their goal is for him to return home and resume his hobbies. He looks forward to picking up his life where it was before it was disrupted by the CVA. Frank's wife is supportive of these goals and will do whatever it takes to get him home to live life as before.

He will be seen by OT, PT, speech therapy, and recreational therapy. He will also be seen by nursing, dietary, and physiatry. His expected length of stay is 3 weeks.

Lowenstein NA, Halloran P.
Case Studies Through the Health Care Continuum: A Workbook for the Occupational Therapy Student, Second Edition (pp 35-38).

Analysis of Occupational Performance

OT evaluation took place over two intervention sessions through observation, interview, manual muscle testing, perceptual and sensory testing, and the Barthel Index of ADLs (Mahoney & Barthel, 1965), on which Frank scored a 10 of 20. He has no deficits in his hearing or vision, aside from wearing glasses for distance. He does have deficits in perception, with difficulty in figure–ground and spatial relations. He demonstrates right–left confusion and a profound left neglect. Observation of Frank completing his daily routine showed cognitive deficits, including poor attention span, insight, judgment, and safety awareness. He has difficulty maneuvering around his room and the hospital environment and is constantly bumping into things on the left side. Sensation testing finds impaired sensation for light touch and sharp–dull, as well as impaired stereognosis on his affected side.

Frank has no AROM or sensory deficits in his right UE. He is right-handed. He presents with weakness in his left UE and LE, has poor dynamic sitting and standing balance, and his static standing balance is fair with good static sitting balance. His PROM in his left UE is shoulder flexion to 85 degrees, abduction to 70 degrees, and elbow flexion to 100 degrees. His wrist and hand have PROM within normal limits (WNL), but he has muscle tone of 2 on the Asworth Scale in his fingers and wrist. He presents with tone of 2 on the Ashworth Scale throughout the UE, neck, and trunk, and 1 on the Ashworth Scale in his LE. His left UE has AROM as follows: shoulder flexion/extension: 0 to 50 degrees; adduction/abduction: 0 to 45 degrees; internal rotation: 0 to 5 degrees; external rotation: 0 to 15 degrees; elbow flexion/extension: 0 to 60; supination: 0 to 15 degrees; pronation: WNL; wrist extension: 0 to 10 degrees; wrist flexion: 0 to 45 degrees; finger flexion: half normal range. His finger extension is weak. He is unable to release objects. His strength is not being tested because of his increased tone. Coordination on the left is impaired for both fine and gross motor.

During the ADL evaluation, Frank demonstrates difficulty with right–left discrimination. He has a great deal of difficulty managing his clothing. He is unable to figure out the front from the back or the sleeve hole from the neck hole and needs maximum assistance with all dressing tasks. He appears to have a dressing apraxia. Bathing was completed while sitting at the sink. He neglected his left side completely, did not attend to objects on the left side of the sink, and needed a great deal of verbal cueing and physical guidance to complete the task.

He ambulates with a hemi walker and minimum assist because of his poor balance. He transfers with minimum assist and moderate verbal cueing because of poor safety awareness.

Frank is amiable and likes the staff members. He teases them and is good at involving humor in interactions with others. He does not understand why he needs so much therapy or why he has to be in the rehabilitation hospital. His wife told him that the doctor said he needed to be here and that is why he stays.

Questions

Occupations

1. What areas of occupation would you address during Frank's rehabilitation stay? How would you prioritize these? Did you consider Frank's wishes in this list?
2. What would you identify as the self-care deficits most likely to have an impact on his rehabilitation in the area of bathing and dressing? Why are these obstacles for Frank?
3. Knowing Frank's hobbies and interests, would you be able to incorporate any of these into your intervention sessions? How would you go about this?

Performance Patterns

4. Identify key roles that Frank had before his CVA. What impact do you see his CVA having on these roles?
5. Describe ways in which OT may assist Frank in returning to some of these roles.
6. Identify key routines that Frank had before his CVA. What impact do you see his CVA having on these routines?
7. Describe ways in which OT may assist Frank in resuming some of these routines.

Performance Skills

8. Identify 10 key performance skills that are negatively affected by Frank's CVA.
9. Identify 10 key performance skills that are strengths. How might these strengths be utilized during intervention?
10. How would you set up Frank to bathe at the sink? What kind of physical and verbal cueing do you anticipate he might need and how much?
11. Would you give Frank adaptive equipment for his ADL? Why or why not? If you would, what kind would you give him?
12. How would you address Frank's left neglect during his ADL? What type of intervention activities would you use, and how [illegible]? Can