Part III

Rehabilitation Hospital

Chapter 6

Frank: Right Cerebrovascular Accident, Left Hemiplegia, Left Neglect

Frank is a 68-year-old Caucasian male with a diagnosis of right cerebral vascular accident (CVA) of the internal carotid artery and left neglect. In addition, he has coronary artery disease and diabetes. Two weeks ago, Frank was brought to the emergency room 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 where he was stabilized and an endarterectomy was performed with good results. He was transferred to the rehabilitation hospital for more extensive rehabilitation.

Prior to 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 who doesn't live nearby, with whom he has a strained relationship. Frank and his wife live in a ranch-style home in a suburban neighborhood. There are 5 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 home-maintenance tasks on his home.

Frank has many friends from the post office, and he has maintained his weekly bowling night with them after their retirement. He and his wife have a strong marriage. They are planning on his return home after his discharge from the rehabilitation hospital. He will be seen by occupational therapy, physical therapy, speech therapy, and recreational therapy. He will also be seen by nursing, dietary, and physiatry.

Occupational Therapy Evaluation

Frank has no deficits in his hearing or vision, aside from wearing glasses for distance. Frank does have deficits in perception, with difficulty in figure-ground and spatial relations. He demonstrates right/left confusion and a profound left neglect. Cognitively, Frank shows poor attention span, insight, judgment, and safety awareness. He has difficulty maneuvering around his room and the hospital environment, 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, he 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°; abduction to 70°; and elbow flexion to 100°. His wrist and hand have PROM WNL, but he has increased tone in his fingers and wrist. He presents with moderate tone throughout the UE, neck, and trunk, and mild tone in his LE. His left UE has AROM as follows: shoulder flexion/extension: 0°–50°; add/abduction: 0°–45°; internal rotation: 0°–5°; external rotation: 0°–15°; elbow flexion/extension: 0°–60°; supination: 0°–15°; pronation: WNL; wrist extension: 0°–10°; wrist flexion 0°–45°; finger flexion: ¼ range. His finger extension is weak. He is unable to release objects. Strength is not tested due to 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 totally, didn't 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 due to his poor balance. He transfers with minimum assist and moderate verbal cueing due to poor safety awareness. Frank scored a 49 on the Barthel Index.

Frank is very amiable and likes the staff. 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.

Frank's and his wife's 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 very supportive of these goals and will do whatever it takes to get him home to live life as before.

Questions

Goals/Treatment Plan

1. Write out a problem list for Frank.

2. What are Frank's strengths and how can these be drawn upon during your treatment planning?

3. What would the long-term goals be, given what you know about what Frank and his wife want? How would you incorporate Frank's wishes into your treatment planning?

4. What are your first set of short-term goals for Frank? What frame(s) of reference will you use and what treatment modalities?

5. If you think that Frank and his wife have unrealistic expectations for his long-term goals for his rehab stay, how will you handle this?

6. What obstacles do you see in Frank reaching his stated goals? What role would a COTA play in Frank's treatment? Be specific in terms of *skills* during evaluation, treatment planning, and treatment sessions.

Safety/Precautions

7. What are the primary safety concerns that should be addressed with Frank?

8. How would you and the team address these concerns?

9. What type of adaptations to the environment or adaptive equipment would you want to use in addressing the safety concerns identified in Question 7?

10. Are there any treatment precautions that need to be taken with Frank?

Self-Care/Work/Leisure

11. What would you identify as Frank's self-care deficits? Why are these obstacles for Frank?

12. How would you set Frank up to bathe at the sink? What kind of physical and verbal cueing do you anticipate he might need and how much?

13. Would you give Frank adaptive equipment for his ADLs? Why or why not? If you would, what kind would you give him?

Notes

Figure 6-1.

14. How will you address Frank's left neglect during his ADLs? What type of treatment activities would you use, and how would you set up his environment? Can you think of activities outside of the ADL routine to use as well?

15. How will you address Frank's dressing apraxia?

16. Please write out an instruction sheet for Frank to follow for his morning ADL routine.

17. Frank used to make his wife her morning coffee and breakfast of toast and cereal. Would this be a good treatment activity to do with Frank? Why or why not?

17a. You decide to do a kitchen activity with Frank. What safety measures would you want to follow?

18. Knowing Frank's hobbies and interests, would you be able to incorporate any of these into your treatment sessions? How would you go about this?

Equipment/Adaptations

19. Look at the illustration of Frank's hospital room (Figure 6-1). What changes would you make to Frank's room? Why?

Neuromusculoskeletal

20. What frame(s) of reference would you use to treat Frank's neuromusculoskeletal deficits?

21. Identify and prioritize the deficits in this area.

22. What treatment activities would you use to reduce the tone in Frank's UE and trunk?

23. How would you incorporate purposeful activity into your treatment plan?

Notes

24. Frank has regained AROM of 15° in all motions of his UE. How would the treatment plan be modified? How would this affect his ability to use his UE functionally during ADLs and other activities?

25. Would you fabricate a splint for Frank's UE? If so, why and what type? If not, explain reasoning behind your decision. What would the wearing schedule be?

Cognition/Perception

26. In what ways will Frank's cognitive and perceptual deficits impact his daily functioning?

27. What functional activities would you use to address Frank's cognitive and perceptual deficits?

28. What adjunctive methods would you use to address Frank's cognitive and perceptual deficits?

Psychosocial

29. Frank uses humor throughout his treatment sessions, especially when he is having a particularly difficult time with something. Why do you think he is always trying to be funny, and how would you deal with it?

30. What concerns might Frank have relating to his loss of function?

31. What are some ways to support Frank psychologically to help him deal with his decreased abilities?

Patient/Family Education

32. Would you include Frank's wife in any patient/family education? If so, in what areas?

33. Using the areas identified in the question above, how would you go about educating Frank and his wife?

34. How will you work with the team in educating Frank on safety issues?

Situations

35. You walk into Frank's room in the morning to work with him on ADLs and find him in bed with the bedrails up, but trying to climb over them. He already has one leg over the bedrail and is trying to get his left leg over now. What do you do and why?

36. During a treatment session in the OT kitchen, Frank is making a cup of instant coffee. He turns on the stove, gets the kettle, and takes it to the sink to fill. He starts the water, notices a sponge, and starts to clean up the area around the sink, the sink itself, and the outside of the cabinets around the sink. He has forgotten the stove and the kettle, and has left the water running for 10 minutes during his cleaning. What do you think is the cause of this behavior and how would you refocus Frank? Would you adjust future kitchen activities and how?

37. Frank is in the middle of dressing himself. He has been following a set of cards with the steps for dressing on them with good results. Today Frank is not attending to the cards. He starts to get up to leave the room, but only has his boxers on; how do you redirect Frank to his dressing task?

38. During functional mobility Frank has progressed to ambulating with the hemi walker and supervision. However, he bumps into objects on his left side (the doorframe, the bed, the dresser, etc.). How will you address this during your treatment sessions?

Notes

Discharge Planning

39. Frank is being discharged home. He now requires supervision for dressing and bathing using his cue cards and equipment. He continues to be impulsive and has poor insight into his deficits, and the carryover of new learning requires frequent repetitions. He can use his left UE to stabilize objects, but gross- and fine-motor coordination are still poor. He continues to have left neglect and has difficulty compensating for it. What services would you recommend for Frank and why?

40. Write a referral on Frank for the home care agency that will be treating him next.

41. What discharge instructions would you give Frank's wife?

Notes

Chapter 7

Gloria: Superficial, Partial-, and Full-Thickness Burns, 39% Total Body Surface Area

Gloria is a 44-year-old bilingual Hispanic woman with a diagnosis of burns to 39% of her body. She has superficial burns on 5% of her body, partial-thickness burns on 24% of her body, and full-thickness burns on 10% of her body. Gloria had suffered burns to both her hands, arms, anterior trunk, and neck area. The full-thickness burns are on the dorsum of her hands and posterior forearms. She also has a small area of partial-thickness burns on the forearms. Her trunk has partial-thickness burns, and the left side of her face has only superficial burns.

Gloria is a divorced mother of three. She owns her own 3-bedroom ranch-style house in a small suburb. She works as a chef for a large corporate catering firm. While at work, Gloria had set up the stovetop to begin preparing a meal. As she turned on the gas, the stovetop exploded into flames, burning Gloria severely. Luckily, she turned her face away quickly enough to avoid severe facial burns or inhalation injury. By looking at the location of Gloria's burns, you can see that she turned her head to the right and pulled her arms into the fetal position to protect her face.

Gloria was taken immediately to a hospital and transferred to the burn intensive care unit (ICU). She had been in the ICU and acute-care portion of the hospital for 4 weeks and was being transferred to the rehabilitation hospital for continued intensive therapy. She has skin grafts over her full-thickness burns. The grafts are autografts, taken from her left thigh. Because Gloria was in good health before her accident and a non-smoker, the doctors feel her partial-thickness burns are likely to heal themselves and have decided against grafting those areas. The doctors feel she is progressing well and is an excellent candidate for continued rehabilitation.

Gloria's three children (ages 14, 12, and 9) are staying with her sister while she is in the hospital. The two younger children visit Gloria often, while the older one is not able to stand being in the hospital and comes only occasionally. Gloria's employers have set up a worker's compensation case manager to oversee the treatment and hospital progress. Gloria's brother-in-law wants Gloria to sue. Gloria wants to get better and does not feel she can deal with the additional stress of a legal battle right now. Nonetheless, Gloria's sister, Tina, and her family have been supportive. Her ex-husband lives out-of-state and is remarried with his own family. Gloria's sister had called him to tell him about the accident. He offered no help other than to wish her a quick recovery. Gloria's parents are both living, but in poor health. They offer to do whatever they can to help out. Gloria's pastor is visiting her weekly for prayer. The plan is for Gloria to remain at the rehabilitation hospital until she is able to care for herself at home.

Occupational Therapy Evaluation

Gloria is seen for an occupational therapy evaluation the day after her rehab hospital admission. "Where have you been?" she asks. "The occupational therapist at the other hospital was in to see me right away. I need to get going to get home. Please help me." Gloria's eyes are sad and her voice is soft.

Gloria presents without any cognitive, visual, hearing, or perceptual deficits. She has sensory deficits on the dorsum and webbing of both hands, left side of face, posterior forearms, and anterior trunk related to the burns damaging the dermis. She also has sensory deficits in the left upper-arm area. Her skin in the damaged area is painful in some spots and not in others. The pigment is red and the skin is very taut and dry. The skin on her

forearms is wrapped in bandages. The chart reveals that there are several "weepy" areas that are not healing well, making Gloria susceptible to infection.

Gloria has AROM WFL in her trunk and shoulders. Gloria's AROM is as follows for the left UE: elbow flexion: 110°; extension: –10°; wrist extension: 20°; wrist flexion: 25°; ulnar and radial deviation: 10°; supination: 45°; pronation: 60°; digits 2–5: MCP flexion: 80°; PIP/DIP flexion: 45°; digit extension: –10°; MCPs: –10° PIP/DIP; digit 1: opposition to lateral side of 3rd digit; MP flexion: 20°; IP flexion: 10°; thumb extension: –5°; palmar abduction: 15°; trace radial abduction. Gloria's AROM for the right UE is as follows: elbow flexion: 120°; extension: –5°; wrist extension: 25°; wrist flexion: 60°; ulnar and radial deviation: 10°; supination: 80° with pain; pronation: 85° with pain; digits 2–5: MCP flexion: 85°; PIP/DIP flexion: 55°; digit extension: –5°; MCP/PIP/DIPs digit 1: opposition to 4th digit; MP flexion: 25°; IP flexion: 15°; full thumb extension; palmar abduction: 25°; radial abduction: 15°. Gloria scored below the norm for the Jebsen Hand Function test.

Gloria is right-hand dominant. Her strength and coordination were not formally assessed but are obviously impaired due to the severity of her injuries. Gloria says she is in pain frequently and gets relief only from the medications.

Gloria is able to transfer to and from the bed and chair with minimal assistance. She has fallen once in the hospital after attempting to get up too quickly. Gloria needs assistance occasionally to turn in bed because of the pain. She ambulates without a device with contact guard. Gloria complains of pain in the left leg around the grafted area.

Gloria requires total assistance to bathe because of her fragile skin and the need for nursing to check her skin thoroughly and apply medication. Gloria is able to put on her own shoes (loafers), loose socks, and sweatpants. She has not been wearing a bra. She is able to put on a pullover shirt with minimal assistance. Gloria can do all of her oral hygiene herself, but usually asks for help because it "never feels clean enough" to her.

Gloria had been responsible for all the household duties and care of her children. She is still unable to perform those duties at this time. Gloria admits to feeling very upset about what happened. "God has mysterious plans for us. I just never thought he'd have this in mind for me," she remarks with sorrow.

Gloria agrees to participate in whatever treatment is necessary to get her home. She is to been seen by the physician, nursing, OT, PT, the dietitian, and social worker. She says her goals for herself are to take a shower and be able to take care of her daughters.

Questions

Goals/Treatment Plan

1. Devise a problem list for Gloria.

2. What are Gloria's strengths?

3. What short-term goals would you help Gloria to set for herself in regards to occupational therapy treatment?

4. What long-term goals would you and Gloria set for her occupational therapy treatment?

5. How might Gloria utilize those strengths to achieve her goals?

Safety/Precautions

6. What are the physical complications that may develop following severe burns? Explain in detail.

7. What are the precautions that should be taken to promote burn healing?

8. What are the signs of hypertrophic scarring?

9. What occupational therapy techniques can be used to prevent scar formation?

Notes

Self-Care/Work/Leisure

10. Explain how you would organize an ADL session with Gloria, with the focus on teaching bathing techniques.

11. What precautions would you need to take to ensure Gloria's safety during an ADL retraining session?

12. Gloria tells you she feels like her clothes are "itching" her, and it is irritating for her to have anything touch her skin. Why might this be? How do you explain it to Gloria?

13. What can Gloria do to get relief from the situation in Question 12?

Equipment/Adaptations

14. What type of adaptive equipment might Gloria need to begin regaining independence in daily tasks?

15. What are the pros and cons of issuing adaptive equipment to a person in burn rehabilitation?

Neuromusculoskeletal

16. Write out a protocol of treatment focusing on desensitization treatment.

17. Write out a plan to restore Gloria's AROM.

18. Write out a plan for Gloria, focusing on hand strength and coordination.

19. How would you assess her strength and coordination on an ongoing basis?

Psychosocial

20. Gloria says she does not feel emotionally ready to even be in the OT room near the kitchen area. How do you respond to her request? Who might you tell about this?

21. What type of emotional impact do you think this injury has had on Gloria? On her family?

22. List the feelings Gloria has probably felt since her accident.

23. What professional discipline(s) could you recommend to help her deal with these issues?

24. Gloria has been praying with her pastor. How might a person's spirituality aid in the rehabilitation process?

Patient/Family Education

25. Gloria asks you to explain the scarring process to her. Write out what you would tell her.

Situations

26. The case manager from a worker's compensation agency asks you for documentation regarding Gloria's progress. What are you allowed to disclose, and what is confidential?

27. You are performing PROM with Gloria, and she is in obvious pain. She tells you to keep going. Do you? Why or why not?

Notes

28. You are teaching Gloria how to care for her night hand splints. She tells you they hurt and the night nurse takes them off for her. This was the first you had heard of this. What do you do?

29. The weekend OT scheduled to see Gloria reports she refused Sunday treatment. When you ask Gloria, she says it is a day of rest and reflection. She asks not to be scheduled by OT or PT on Sundays. What do you think is more important, therapy or religion, and why?

30. Gloria's burns are healing well and she is now able to perform her bathing with only minimal assistance. She wants to go home for the holiday weekend and stay at her sister's overnight. Tina has agreed to assist her with ADLs. What education should you give Tina before Gloria goes on the leave of absence?

31. Before Gloria is ready to begin shower training, what things must you first teach her?

32. Gloria is still not feeling ready to begin any meal preparation tasks. Her daughters have offered to do the hot meal preparation at home. Should you continue to try to work toward independence in meal preparation using only the microwave? Why or why not?

Discharge Planning

33. Gloria's discharge plans are to return home and attend outpatient OT. What do you feel will be the goal of outpatient therapy?

34. Upon discharge, Gloria and her doctor ask you if you think she can now drive. What factors must be considered? What do you say?

35. Write up a home OT program for Gloria.

Notes

Chapter 8

Harris: Spinal Cord Injury at T3, Complete

Harris is a 20-year-old African-American male with a diagnosis of complete spinal cord injury at T3 and resultant paraplegia. Harris also has a diagnosis of a fractured right tibia and fibula and right proximal radial and ulna fractures. Harris was admitted to the rehabilitation hospital from the acute-care hospital where he stayed for 2½ weeks after his accident.

Harris was in an automobile accident that resulted in his injuries. He was a passenger in the car and was struck from the right side by another car. Harris was pinned in the car for a short period of time and reports having no feeling in his legs immediately after the two cars collided. His friend, who was driving the car, was not seriously injured.

Harris lives with his fiancée, Marsha, on the 15th floor of a new apartment complex in the city. It is a small one-bedroom apartment. They intend to be married next spring. Harris is also planning on completing his baccalaureate degree in computer science and has one semester left to finish. Harris works full-time for his brother's plumbing business as a bookkeeper. During the little free time he has, he likes to travel with Marsha and golf with his friends. Harris had no functional deficits before the accident.

Harris' family is extremely supportive and visits daily. His brother Jeff calls frequently and his mother makes all his favorite meals, which she brings in for the nurses as well as Harris. Harris' father is not well and cannot visit as often due to respiratory distress, but telephones his son regularly. Marsha, who is a dental hygienist, has taken time off work to be with Harris every day at the hospital.

Harris is admitted to the rehabilitation hospital with the goal of returning home. He is eager to get started and tells the admission nurse "the more therapy, the better." Harris will be evaluated by PT, OT, nursing, social work, and the physiatrist.

Occupational Therapy Evaluation

Upon evaluation, Harris is talkative and motivated. He is in a wheelchair with lateral supports. His right UE is in a full-arm cast and his right LE is in a cast from the toes distal to the knee. Harris says he is right-handed. When asked how he has been feeling since the accident, his reply is "fine." When the question is rephrased as to his emotional state, his response is the same.

Harris has no cognitive, perceptual, visual, or hearing deficits. He has no sensation in either LE and reports no sensation in his buttocks as well. His UE sensation is intact, as is the sensation in his superior trunk region. His sensation is impaired in his inferior trunk region. Harris' low back area cannot be assessed during the evaluation due to his position in the chair.

Harris has no AROM in the LEs. His motion is intact in the left UE and cervical area. His right UE cannot be fully assessed due to the cast. Motion in his right digits is normal given the limitations of the cast. His left UE has normal strength; right UE is not fully assessed, but Harris can lift the cast up over his head.

Harris has no complaints of pain except for stiffness in his neck. He has some slight edema in the right digits at the MCP to DIP joints but no cyanosis. He has multiple bruises and abrasions over his body that nursing is monitoring.

Harris' sitting balance is poor to fair, and he is unable to sit up independently without minimal assistance. He does attempt to correct himself when leaning, but lacks the strength to maintain upright posture without external assistance. He is independent in sitting with the lateral supports in the wheelchair.

Harris uses a sliding board with moderate assistance to transfer from surface to surface. He is non-ambulatory and is non-weight-bearing on the right leg. Harris requires occasional assistance to propel himself in a wheelchair because of his inability to use his right arm. He performs bathing tasks ably and can wash his face, hands, chest, and peri-area independently. He requires total assistance for back, buttocks, and legs. He requires maximum assistance for dressing himself. Harris reports feeding himself without help although "it's messy sometimes." Harris has a catheter for urination and had been incontinent of bowel since the accident. His admission Functional Independence Measure (FIM) scores were in the 3 to 4 range for UE tables and 11 range for LE tables.

Harris wants to get started with therapy right away. He says his goals for rehabilitation are to "walk out of here and get on with my life."

Questions

Goals/Treatment Plan

1. What are your first thoughts when you hear Harris' goals?
2. What do you say in response?
3. What are Harris' problem areas?
4. What are Harris' strengths?
5. How could you incorporate his strengths into the treatment plan to help him meet his goals?
6. What short-term goals would you and Harris set for occupational therapy treatment?
7. What long-term goals would you and Harris set for occupational therapy treatment?

Safety/Precautions

8. What are some of your safety concerns for Harris given his condition?
9. How would the hospital staff go about addressing these issues?
10. What are the precautions that must be taken to provide Harris with proper preventative treatment measures?

Self-Care/Work/Leisure

11. Explain how you would set up an ADL session with Harris.
12. What precautions would you need to take to ensure his safety and success during ADL retraining?
13. Harris desperately wants to use a toilet on his own. What kinds of adaptations might make that more feasible for him?
14. What type of goals would you set for Harris' ADL skills once the casts are removed?
15. Harris' brother has told him not to worry about his job, but Harris keeps talking about it. Do you incorporate it into the treatment plan? If so, how?
16. Harris has refused to participate in any leisure activities at the hospital. "I'm here for work, not games," he says. What are your thoughts about this statement?

Notes

Equipment/Adaptations

17. What type of adaptive equipment might improve Harris' independence while at the hospital?

18. What type of adaptive equipment might Harris need to function optimally at home?

Neuromusculoskeletal

19. What groups might be beneficial for Harris during his rehab stay?

20. Describe a treatment session focused on Harris' balance deficits.

21. Describe a treatment session focused on Harris' UE status while the cast is on his right arm.

22. Describe your UE treatment focus once the cast is removed at 8 weeks post-injury.

23. You see Harris in his room trying to do sit-ups in his bed. He is unable to do them, which only seems to make him try harder. What do you do in response to seeing this?

24. Physical therapy would like to co-treat with you for Harris' afternoon session. Describe what might be accomplished by having a co-treatment session with PT.

25. Describe what types of treatment might occur in a session co-treating with physical therapy.

26. Even though it is not in the occupational therapy realm of treatment, why is Harris' LE status important to occupational therapy?

Psychosocial

27. How does Harris appear to be coping with the accident and his injury?

28. What might be the impact of his accident on his relationship with his family?

29. What new issues will Harris' injury bring to his future with Marsha?

30. Even though Harris is not expressing such concerns, should they be addressed? If so, by whom?

Patient/Family Education

31. What type of education should Harris and his family receive regarding spinal cord injuries at the thoracic level?

32. What skills will Harris need to learn to incorporate into his daily routine in order to prevent self-injury? Find three agencies in your area that provide services for spinal cord individuals.

Situations

33. You are working with Harris in a co-treatment session with physical therapy. Harris still has no AROM in his LEs but has improved in his sitting balance and trunk strength. Harris asks the PT when she thinks he'll walk. The PT acts like she doesn't hear him, and he turns to you with the question. What do you say?

34. Explain how your response to the question above will impact Harris.

Notes

35. Harris' friends from work come to visit him as he is ending an occupational therapy session. They start lifting the weights in the gym and showing off to one another. How might this make Harris feel? What do you say?

36. During an ADL session with Harris, you notice a small sore in the gluteal fold. What can be done to treat this problem? Why might it have occurred in the first place?

37. The doctor has cleared Harris to weight bear on his LEs. The PT wants to try the tilt table and asks you to help. Harris is excited and calls Marsha at home to come see him. Marsha arrives at the hospital while Harris is strapped in the table in an upright position. She tries to be positive but starts to cry. Harris demands to be put back in the chair and is obviously shaken by her reaction. What do you do and say to Marsha? To Harris? To the treatment team?

38. How might the events in the question above affect Harris in the future?

39. Harris continues to show improvement through his determination. He is performing the sliding board transfers and ADLs in bed independently. He wants to be able to shower alone. How can you help him achieve this goal? Explain.

40. Harris wants to be continent of bowel and bladder before he leaves the hospital. The catheter has been removed but he still is not continent all the time due to motor and sensory loss. What can you do to help Harris achieve his goals of continence?

Discharge Planning

41. Harris plans to go home soon. What questions should you ask him to assist with the transition back to the community?

42. What equipment would you order for Harris to be sent to his apartment?

43. What type of teaching would need to be done with Marsha before Harris goes home?

44. What type of wheelchair would you and the PT order for Harris to take home? Be specific and include cost and payor source.

45. Harris wants to return to work. How long do you think it will be before he is able to do that?

46. What will need to be in place before Harris returns to work?

47. Harris has also spoken of returning to school since he has only one semester left. What will he need to investigate prior to his return to the college?

48. What resources might there be at the college to support Harris' return to his academics?

49. Harris is going to continue with rehabilitation through the Visiting Nurse Association until he can arrange outpatient treatment. What would you recommend the home OT to work on?

Notes

Chapter 9

Ingrid: Traumatic Brain Injury— Ranchos Level V

Ingrid is a 45-year-old Caucasian woman who suffered a traumatic brain injury from a skiing accident. She had been on a skiing vacation in the northwest with her husband and two children: a son, age 15, and a daughter, age 8. She lost control and tumbled several hundred feet down the mountain before hitting a tree and coming to a stop. During the tumble, her head hit the ground several times. She was not wearing a helmet. The ski patrol got to the scene within 10 minutes and found Ingrid unconscious. She was transported to the local hospital where she was stabilized and then taken by helicopter to a large hospital that could deal with her head trauma. She spent several weeks in the acute-care hospital, which was near the ski resort, several hundred miles from her home. She was discharged to a rehabilitation hospital near her home in the city for further therapy and so that her family could visit and be an active part of her rehabilitation.

Prior to the accident, Ingrid was a social worker in a skilled nursing facility. She had no deficits in any occupational performance area. She was active in her daughter's school, volunteering to help out with reading in the classroom and on other school committees. She and her family live in a two-story colonial home in a suburban neighborhood. Her husband, Tom, works as an accountant for a small accounting firm. He took a lot of time off immediately after the accident to stay near Ingrid's hospital, which was far from the family's home. Their two children returned home and Tom's parents stayed with them. Tom is afraid to take more time off from work. The family needs the income and health benefits, and the tax season is approaching. Their financial situation will be tight without Ingrid's income. She has no disability insurance.

The plan is that Ingrid will be discharged to her home in 6 weeks. She is being seen by occupational therapy, physical therapy, speech therapy, social work, nursing, and various physician specialties.

Occupational Therapy Evaluation

OT evaluation reveals Ingrid to be at Ranchos Level V—confused inappropriate. She responds to simple directions, but is highly distractible, has poor short-term memory, and has little carryover for new learning from one session to the next. She has intact sensation, vision, and hearing. Perceptual processing is impaired for spatial relations, categorization, and position in space.

Her physical status presents with mild to moderate increased tone (proximal to distal) in her UEs, with the left side worse than the right. She has PROM in her left shoulder of 0–85° flexion, 0–50° external rotation, 0–80° internal rotation. Her UE PROM in the right shoulder is 0–105° flexion, 0–70° external rotation, 0–80° internal rotation, 0–40° horizontal abduction, 0–90° horizontal adduction. PROM in remainder is WFL. AROM is less than 1/2 normal AROM in both shoulders. She also has mild increased tone in her trunk and moderate tone in her LEs. She continues to demonstrate some primitive reflexes, especially ATNR, and she has decreased equilibrium and righting reactions. Her coordination is impaired due to the tone in her UEs. Ingrid is right-handed.

Ingrid requires minimum physical assistance and frequent verbal cues for all transfers and wheelchair mobility. She is currently non-ambulatory. She requires moderate assistance with all ADL tasks due to her physical and cognitive deficits. Ingrid currently has little insight into her deficits. She talks about her family and her children and misses them a lot. She brightens up when they visit and returns to her room and lies on her bed once they leave. She has expressed anger at the staff and feels she is being kept a prisoner against her wishes. She lacks initiation and when in group situations says whatever is on her mind, even if it is a criticism of another patient or staff member. She has alienated a few staff and patients by calling them "fat," "stupid," or "ugly," among other things.

When asked what her goals are, Ingrid only states "to get out of this place and back to my own home." Tom is hopeful that Ingrid can improve enough to return home, drive, and take care of the kids.

Questions

Goals/Treatment Plan

1. Write a list of problems that need to be addressed by OT during Ingrid's 6-week expected rehab stay. Prioritize them based on her and Tom's goals.

2. What are Ingrid's strengths?

3. Based on the problem list from Question 1, write long- and short-term goals.

4. Given Ingrid's level of cognitive function, how will you make your goals client-centered?

5. How will you include Ingrid's family in your treatment plan?

6. What role will other team members have in meeting Ingrid's rehab needs? What role would a COTA have in treatment planning and implementation?

Safety/Precautions

7. What safety issues do you need to be aware of with Ingrid?

8. How will you collaborate with other staff in addressing Ingrid's safety issues?

Self-Care/Work/Leisure

9. Given Ingrid's motor, cognitive, perceptual, and interpersonal deficits, what methods would you use to address her self-care deficits?

10. Ingrid is able to brush her teeth and wash her hands and face at the sink from the wheelchair with set-up. What would you address next in the bathing/grooming performance area? How would you go about this?

11. Would you teach Ingrid to use adaptive equipment for her ADL routine? Please explain your answer.

12. You want to do a kitchen activity with Ingrid. What activity would you choose and how would you organize it to ensure her success?

13. What types of simple home-management tasks would you work on with Ingrid?

14. What types of leisure activities would you try with Ingrid, and why did you choose these?

Equipment/Adaptations

15. Tom is looking toward the day when Ingrid returns home. What environmental modifications, either temporary or permanent, would you suggest he make knowing the type of home they live in?

16. What type of modifications might you need to make to Ingrid's wheelchair, and what pieces of adaptive equipment would you give to her so that she can carry her memory aids?

Notes

Neuromusculoskeletal

17. Ingrid's coordination is impaired for gross- and fine-motor activities. Please address her sitting position and describe why correct sitting position is an important component for coordination.

18. After you position Ingrid correctly, what techniques will you use to normalize her muscle tone, and what areas of her UE will you start with?

19. Please describe some functional treatment activities that you would use to help normalize muscle tone.

20. Physical therapy and occupational therapy work closely in the area of normalizing muscle tone. How will you ensure that your treatment is different from physical therapy's treatment?

Cognition/Perception

21. Given Ingrid's Ranchos level, what types of purposeful treatment activities would you do to work on her cognitive deficits?

22. What type of structure, if any, would Ingrid benefit from to compensate for her cognitive deficits? Given Ingrid's perceptual problems, what key areas could you expect to be impacted the most and why?

Psychosocial

23. Ingrid gets easily frustrated during her treatment sessions. How would you deal with this issue? Ingrid frequently gets angry at her family during their visits. How would you assist her family to understand these outbursts? Are there strategies they could use to minimize these outbursts?

23a. What affect do you think Ingrids accident will have on her role as mother and spouse? How might OT address these changes?

Patient/Family Education

24. Ingrid has progressed to a Level VI on the Ranchos Scale in her cognitive function. She requires a wheelchair for mobility when she is fatigued, and uses a large base quad cane with supervision at other times. She is going to be discharged home. What safety issues would you want to educate her family about?

24a. What support services exist in your community for patients and families with TBI? Which one might Ingrid benefit from and why?

Situations

25. Ingrid is taking a shower for the first time with OT. She is very distractible, has a short attention span, and little insight. How would you structure the task so that it is successful and not frustrating for Ingrid?

26. Ingrid has always worn tailored clothing in the latest style. This may involve a skirt, blouse and jacket, fitted slacks, nylons, and attractive shoes. She wears jeans and casual sweaters for relaxation, with comfortable shoes. Tom wants to know if he should bring these types of clothes from home, or if he should go out and buy coordinated sweatsuits and sneakers. What do you tell him, and what is the reasoning for your answer?

27. Ingrid is in a grooming group with three other women. She attends well for the first 5 minutes and then starts asking if she can leave. If she isn't allowed to leave, she begins to talk to the other women and distracts them. The group is a part of her treatment plan, and she is supposed to attend. How would you deal with Ingrid's behavior?

Notes

28. Every time Ingrid's children come to visit her she starts crying and asks them to take her out of this prison. They have come during one of your OT sessions, and she is distracted by their presence. You are working with Ingrid on some simple cognitive activities (games, pegboards, etc.). Is there a way that you could incorporate their presence into your treatment session?

29. Ingrid goes home for a day with her husband. When she returns, he reports that she was not able to remember where anything was in the house, even which room was her bedroom. He is quite upset about this and is not sure how realistic he has been about her recovery. What do you tell him?

Discharge Planning

30. What services would you recommend for Ingrid on her discharge from the rehab hospital if she were at a Ranchos Level VI or VII? How would they differ and why?

31. What services would you recommend for Ingrid? Do you think she would benefit better from therapy in outpatient or home care? Why?

32. Write a discharge referral for Ingrid.

Notes

Chapter 10

Jing: Right Above Elbow Amputation

Jing is a 27-year-old Chinese man who suffered a long right above-elbow (AE) amputation following an industrial accident in the workplace. He is a paper cutter at a printing plant, managing a large industrial paper cutter that cuts huge stacks of paper to size following printing. He was preparing a stack of papers to be cut when the machine malfunctioned and came down before Jing could get his arm out of the way. He was rushed to the hospital where immediate measures were taken to stop the bleeding and close the stump. He was not a candidate for limb reattachment.

Jing has been working at his job for 3 years since arriving in this country. He emigrated here and was given asylum for being a Chinese dissident. He lives in a large city. He has been going to school in the evenings to learn English and hopes to enter college in another year, when his English has improved. Jing has no family in the area. He does not drive, relying on public transportation and a bicycle to get around. He has developed a few close Chinese friends from his English-as-a-second-language classes, and they go out after class and hang out on the weekends.

Jing lives in a one-bedroom apartment in the city with two other Chinese men, as they cannot afford a bigger place. They take turns cooking and shopping at the neighborhood Chinese market. They continue to eat traditional Chinese food and maintain traditional Chinese values and customs.

Jing is a quiet man of few words but with deep feelings about his country. He becomes quite animated when engaged in conversation about China and his "work" there. He was a student in China working on a degree in engineering when he left to seek asylum. He does not express his emotions often, but values his intelligence and his goal of achieving an education in this country. Jing would love to return to China someday. He worries about the family he left behind and how they are being treated since his fleeing.

Jing was admitted to a rehabilitation hospital in a nearby city because they specialize in amputations and trauma. He is 2 weeks post-amputation at the time of his rehabilitation hospital admission. He is to be seen by occupational therapy, physical therapy, nursing, social work, and dietary.

Occupational Therapy Evaluation

Jing's English comprehension is fair, but he doesn't understand medical terms. He speaks broken English and has a difficult time expressing himself. His English reading comprehension is poor. Jing demonstrates no deficits in cognition, perception, hearing, or vision. He does present with hypersensitivity of the stump. He is a right-handed man with AROM of the left UE WNL, and the right shoulder WNL as well. His muscle strength in both shoulders is very good, as he is in good physical shape from lifting heavy paper bundles. He has edema in the stump, which is wrapped daily. His surgical wound is still healing, but the stitches have been removed. He experiences both phantom pain and phantom limb phenomenon in his right UE and is having a difficult time dealing with this.

Jing is independent in bed mobility using a trapeze or the bed rails. He transfers with stand-by assistance for safety. He requires minimum to moderate assistance for bathing and dressing. Both dynamic and static balance are good for sitting and standing. He is feeding himself, using his left hand with setup, and his food is cut for him. He feels very clumsy and gets frustrated at meals.

Jing is having a difficult time adjusting to the fact that he has lost his arm, as shown by his gestures and facial expressions. However, he does not like to talk about his feelings. He participates in occupational therapy, but is despondent and does not take an active role.

Jing was fitted for his preparatory mechanical prosthesis and training is about to start with it; he does not show much enthusiasm about it at the moment. He has expressed the feelings that without his arm he is not a whole person and therefore not useful to society, and fears a woman will not want him without his being "whole."

It has been difficult to elicit goals from Jing, partly due to a language barrier and partly due to his despondency. He just says to "do what you think is best."

Questions

Goals/Treatment Plan

1. Given Jing's despondency, how will you include him in your goal-setting and treatment-planning process?

2. Write a problem list for Jing.

3. What is the purpose of the preparatory mechanical prosthesis, and what are your goals in relation to the prosthesis?

4. Given that this was a work-related injury, what insurance do you think would cover Jing's rehabilitation? How will this affect his length of stay and your treatment plan?

5. What impact does Jing's cultural background have on your treatment plan and your method of working with him?

6. Write a treatment plan for Jing.

7. What part of the treatment plan is it appropriate for a COTA to be doing?

8. Using the Model of Human Occupation, what do you see as Jing's strengths and deficits in the volitional and habituation subsystems?

Safety/Precautions

9. What safety issues should you be aware of with Jing?

10. What precautions should you remember regarding Jing's stump and wound?

Self-Care/Work/Leisure

11. What functional activities will you start with when teaching Jing to use his prosthesis for ADLs? Why did you choose these activities?

12. Jing is very frustrated at meals because he is so clumsy with his left hand, and he isn't proficient at using his prosthesis at mealtimes. What types of suggestions would you have to assist him in this area?

13. What skills does Jing need in order to return to school?

14. How would you incorporate fine-motor coordination training into a leisure activity?

15. You want to work on meal preparation with Jing. What type of meal would you think appropriate?

Notes

Equipment/Adaptations

16. What equipment would you recommend for Jing to assist him with returning to school?

17. Since Jing relied heavily on bicycle transportation to get around, what training and adaptations will he need for his bicycle?

Neuromusculoskeletal

18. How would you train Jing to flex and extend the elbow joint of his prosthesis?

19. What type of exercises would you give Jing to do before he begins training with his prosthesis?

20. Jing complains of phantom pain and phantom limb sensations. What type of treatment would you use to address these issues?

21. How would you begin training Jing in the use of the terminal device of his prosthesis? What type of terminal device would be most appropriate for him? What type of functional activities would you use in training him to use the terminal device?

Psychosocial

22. What psychological supports can you identify for Jing at the rehabilitation hospital?

23. What value does the Chinese culture place on individuals with handicaps or amputations? How might this affect Jing's attitude toward his disability?

24. Given Jing's initial despondency and feelings of "not being whole," how will you approach your treatment sessions with him?

25. What supports do you think he might need upon his discharge and how would you set them up?

25a. Jing is worried about how he will support himself when he is discharged. In what ways can OT address this area?

Patient/Family Education

26. Find a website that you feel would be a good source of information and support for Jing. Why do you feel this is a good site for Jing?

27. What patient education issues can you identify for Jing, and how would you address them?

Situations

28. You enter Jing's room one day to begin a treatment session, and you find him sitting on his bed with his prosthesis in his lap, crying. He tells you that he doesn't feel life is worth living if he has to use a prosthesis for the rest of his life. How do you respond to him, and what do you do?

29. Jing's primary language is Chinese. He speaks and comprehends English to a degree, but the stress of his condition and the new medical terms have made communication with him difficult. He will nod his head as if he understands your instructions, but then is not able to do what you have instructed. How can you overcome this language barrier during therapy?

Notes

Discharge Planning

30. Jing is scheduled to return to his old apartment with his old roommates in 1 week. He has become proficient enough to use his prosthesis for ADLs and IADLs, but he is concerned about how his roommates will make the environmental adjustments that need to be made to the apartment. What activities can you do with him during your last week that will help him to prepare for this?

31. Jing is being discharged home. His current status is dressing with sweat pants and pull over tops. He has elastic laces on his shoes and struggles to get socks on. He feeds himself using his right, but is slow and he does not trust using a computer yet. His strength in his right shoulder is good, and he is able to wear the prosthesis for 5 hours a day. Write a discharge note for continual OT upon his return home.

Notes