

Outpatient Occupational Therapy Initial Evaluation Form
Methodist LeBonheur Healthcare – North Hospital

PATIENT NAME:

DOB:

DATE OF SERVICE: 08/10/17

MEDICAL DIAGNOSIS: Acute non-hemorrhagic infarct in right insular cortex and posterior frontal deep white matter/corona radiate within right MCA territory

THERAPY DIAGNOSIS:

1. Non-dominant hemiparesis
2. Muscle weakness
3. Decreased endurance
4. Decreased balance
5. Impaired IADL's

REFERRING PHYSICIAN:

PRECAUTIONS: None noted

OCCUPATIONAL PROFILE/ MEDICAL HISTORY

HISTORY OF PRESENT ILLNESS: Pt is a 69 y/o male that was admitted to MNH on 7/16/17 for acute CVA with left hemiparesis and was transferred to HSN on 7/19/17. Prior to this, he was admitted to St. Francis Hospital secondary to having water in his lungs, high BP, and difficulty breathing. On 7/22/17 he was admitted back to MNH with nausea and vomiting and was found to have a possible UTI and oral abx. Pt was discharged from hospital and back home on 8/7/17.

PAST MEDICAL HISTORY:

1. R CVA
2. Lung cancer
3. CAD
4. CHF
5. COPD
6. Gout
7. HTN
8. Dyslipidemia
9. Inguinal Hernia

PSYCHOSOCIAL HISTORY AND PLOF: Pt lives with his wife in Bartlett, TN in a 2-story house with 1 step to enter. Pt has all his needs met on 1st floor, but occasionally goes to the 2nd floor. Pt has a walk-in shower with no grab bars.

DURABLE MEDICAL EQUIPMENT: Shower chair, rolling walker, walking cane

PATIENT ASSESSMENT

ADL STATUS:

DRESSING: Pt is independent with dressing himself.

FEEDING: Pt is independent with feeding himself.

BATHING: Pt is independent with walking into his walk-in shower, sitting on the shower chair, and bathing himself.

TOILETING: Pt is independent in manipulating clothes, getting onto toilet, and with the hygiene portion of toileting.

HYGIENE/GROOMING: Pt is independent standing at sink while grooming and states that he has a chair available to rest if he fatigues.

DRIVING: Pt does not drive, but would like to get back to doing this sometime soon.

MEAL PREPARATION: Pt enjoys cooking, but has not had a chance to cook since he has been home so far.

HOUSEWORK: Pt has not cleaned the house or performed house repairs since he has been home, but enjoys doing things around the house and would like to get back to this.

COMMUNITY: Pt assists his wife to the grocery store to buy a couple of things and likes to go out into the community to see friends, however he has not done much of this since being back home.

VOCATION HISTORY/DEMANDS/CURRENT WORK STATUS: Pt is retired

LEISURE: Pt is the president of his homeowner's association in Bartlett, TN. He enjoys this position and fulfilling his responsibilities that come along with the position. Pt enjoys spending time with friends and family.

COGNITIVE/VISUAL/LANGUAGE ASSESSMENT: Pt cognition is WNL. Pt was given visual perceptual assessment and is WNL with his vision. He was able to find greater than 75% of the hidden H's, and was able to copy the pictures of a house, clock, and flower with ease. No language deficits noted.

FUNCTIONAL MOBILITY STATUS: Pt's balance and endurance are limited. He states that he gets tired when going into the grocery store for a couple of things. He also states that he loses his balance every once in a while, especially when he stands up too quickly. Pt states that he uses his walking cane when mobilizing at home, however he uses his rolling walker when he is in the kitchen because it makes him feel more comfortable.

UE STATUS:

DOMINANCE: Right

EDEMA: None noted

PAIN LEVEL / HYPERSENSITIVITY: Pt states that he has a 6/7 out of 10 pain level in his lower back.

SENSATION: WNL

LUE AROM: Pt's shoulder flexion is 145 degrees, secondary to weakness in scapular rotation and apraxia. Pt's states that his L shoulder feels stiff and tight. Pt's shoulder abduction, elbow flexion, supination/pronation, wrist flexion/extension, and finger flexion/extension are WNL.

LUE STRENGTH: Pt's shoulder flexion is 4/5, within the available range of motion. Pt's strength in his elbow and wrist are WNL.

RUE AROM: WNL

RUE STRENGTH: WNL

GRIP STRENGTH: Right: 82#

Left: 37#

PINCH STRENGTH: Right Lat: 17# Tri: 18# Pincer: 10# Left Lat: 5# Tri : 6# Pincer: 3#

FINE MOTOR: Pt was able to oppose all fingers to his thumb on BUE's. Pt performed 9-hole peg test. Pt was able to perform this test with his LUE in 1 minute and 48 seconds. Pt was able to perform this test with his RUE in 28 seconds. Pt's limited coordination and fluid movement in his LUE was noted during this assessment.

TONE: Pt has some increased tone in his L shoulder and scapula area.

STANDARDIZED TESTING: Pt was given Disabilities of the Arm, Shoulder, and Hand (DASH) assessment and scored a 61 out of 100, with a higher score indicating more of a disability.

PLAN OF CARE

Functional Limitation: Pt is currently functioning at least 20% but less than 40% impairment with carrying, moving, and handling objects based on patient report, patient's increased time to complete 9-hole peg test with LUE, and patient's high score on the DASH assessment. (G8984 CJ) Pt's goal is to be 0% impaired with carrying, moving, and handling objects by discharge. (G8985 CH)

In my professional opinion, this client requires skilled occupational therapy intervention in conjunction with HEP to address problems and achieve goals outlined below. Overall rehab potential is Good. The barriers to rehab are as follows: Increased muscle tone in LUE, decreased ROM in LUE, decreased strength in LUE, limited endurance, and decreased balance.

TX PLAN: OT to provide skilled intervention to pt. 2 times a week for 6 weeks utilizing the following interventions: Therap ex and activity, ADL retraining, IADL retraining, neuro musc reed, modalities

PATIENT GOALS: Pt would like to get back to cleaning his garage and bonus room in his house, cooking, washing and waxing his car, putting together his BBQ grill. Pt also would like to improve his coordination in his LUE.

PERFORMANCE DEFICITS:

1. IADL's, such as housework and cooking, secondary to decreased ROM and strength in LUE, decreased endurance, and decreased balance.
2. Community mobility, secondary to decreased balance and endurance.
3. Leisure activities secondary to impaired functional use of left upper extremity, and decreased endurance and balance.

SHORT TERM GOALS (Time frame = 4-6 wks)

1. Pt will be independent with a home-exercise program with focus on left arm/shoulder strengthening and increasing range of motion.
2. Pt will complete light home care tasks with least restrictive device in order to increase independence in IADL's, balance, and functional mobility.
3. Pt will decrease time of 9-hole peg test by 30 seconds in order to increase functional use of his LUE.
4. Pt will increase strength in L shoulder to a 5/5 in order to increase functional use of his LUE during IADL's.

LONG TERM GOALS (Time frame = Discharge)

1. Pt will increase active range of motion in LUE to 160 degrees of shoulder flexion in order to be more functional in daily activities.

2. Pt will stand for ~5 minutes while completing functional activity in order to increase endurance and independence in IADL's.
3. Pt will increase grip strength in L hand by 10 pounds in order to increase functional use of his LUE.
4. Pt will increase pinch strength by 3 pounds in order to increase functional use of his LUE.

Thank you for your referral and for allowing us to participate in this pt's rehabilitation. We will keep you informed of his progress.