The Case of Mr. W

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CASE HISTORY: Mr. W., 73, was admitted to the hospital after a home emergency. He had suffered a severe subarachnoid haemorrhage.

CONDITION: Mr. W. suffered from subarachnoid haemorrhage.

OUTCOME: Due to the focused and regular occupational therapy intervention, Mr. W. made significant progress in all areas: communication, sensori-motor function and independence in activities of daily living. He is presently not an ECU level client. He can independently manage his ADLs, transfer, walk short distances with a walker and mobilize in his wheelchair.

RETURN TO FUNCTION/GERIATRICS

Mr. W., 73, was admitted to the hospital after a home emergency. He had suffered a severe subarachnoid haemorrhage.

Mr. W. was not ambulating when admitted. A trial of standing in the standing frame and at the parallel bars was the initial approach for increasing his potential to walk. He participated in a twice a week aerobics class and stretching program. Isolated movements began to improve. Five mornings a week he was involved in the walking program and progressed until he could walk approximately 100 feet in an ARJO walker.

Mr. W. was willing to participate and displayed a strong desire to improve his overall function. However, his cognitive deficits were evident in his lack of insight, inability to generalize therapeutic interventions and poor problem solving skills regarding communication. Mr. W. was extremely agitated by his speech deficits and became very aggressive and frustrated when he could not effectively communicate. To compensate for his difficult behaviour, routine and structure became the basis for all intervention.

After six months, a multidisciplinary meeting concluded that Mr. W. should be sent to the closest rehabilitation centre to be assessed and treated to improve his overall function. He had been showing significant gains and would benefit from a concentrated rehabilitation experience.

Mr. W. spent one month at the rehabilitation centre. Upon return to ECU, Mr. W. was able to weight shift and stand independently. He was able to tolerate progressively longer standing periods and with a four wheeled walker, he could walk with close standby for short distances. He began a comprehensive therapy program designed by the OT and aided by two rehabilitation assistants and an OT student.

Therapy to increase communication was initiated for 30 minutes five times a week. If focused on “yes/no” questions, picture matching, drawing, pointing to body parts, my/your concepts, counting and scanning. Spontaneous meaningful speech increased and questions were more consistently answered appropriately. Consequently, frustration levels decreased. However, due to difficulty integrating alternative strategies, treatment was narrowed to reinforcing yes/no communication. The OT and Mr. W.’s wife decided that a private speech-language pathologist would be necessary to ensure Mr. W.’s progress.

The sensori-motor program focused on upper and lower extremity strength, bilateral activity, isolated movements and muscle control. Strength, endurance and ambulation continued to improve with regular exercise which included standing, walking, transferring and stationary bicycle exercises.

The ADL morning program was continued. Initially Mr. W. was still dependent for dressing, washing and grooming. Pointing, gestures and modelling helped to convey messages during therapy sessions. Performance progressed until Mr. W. was independent.

TREATMENT/APPRAOCH: Three problem areas were identified by the OT: communication deficits, sensori-motor deficits in affected limbs and dependence for some activities of daily living.

Observe the following six months at the ECU, there were two speech language evaluations showing some improvement as to appropriateness of speech and comprehension.

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Receptive and expressive communication with resulting aggressive behaviours continue to be problematic and have made discharge planning challenging. Efforts are presently being made to find a speech-language pathologist and to coordinate alternate discharge planning.

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