Interdisciplinary Case Conference II

Pacific University
College of Health Professions
John White- Occupational Therapy
Katie Farrell- Physical Therapy
Latha Reddy- Physician Assistant
In-patient Rehab Setting

- Team members and roles
- Rancho Scale
- FIM
- Typical Day
- Setting goals
- Discharge planning
Overview of the Case Conference

- Introduction to the case
- Small group discussions
- Additional information regarding the case
- Small group discussions
- Repeat
- Larger group reporting
Patient History

- Ingrid; 45 yo ♀; married with 2 children: son 15 & daughter 8
- Skiing accident: tumbled several hundred feet; head hit ground multiple times
- Acute care hospital near ski resort, now d/c to rehab hospital near her home
- Works as social worker in a SNF; active in daughter’s school
- Husband Tom, an accountant, is concerned with taking more time from work for income and insurance reasons, especially since tax season is approaching.
- Live in a 2 story colonial, with plan for d/c home
Rancho Scale

- I  No response
- II  Generalized response
- III  Localized response
- IV  Confused-agitated
- V  Confused-inappropriate
- VI  Confused-appropriate
- VII  Automatic-inappropriate
- VIII Purposeful and appropriate
Members of the Team

- Patient / Family
- M.D. – Physiatrist / PA-C
- Consulting Physician
- Nursing Staff- RN, CNA
- Occupational Therapy
- Physical Therapy
- Speech and Language Pathology
- Recreational Therapy
- Psychology
- Social Work / Case Manager
- Respiratory Therapy
Physical Therapy Findings

- Initial exam performed over two ½ hour sessions
- One session was a co-exam with OT
- Hospital room and quiet room
- Modified for cognitive status and endurance
Physical Therapy Findings

- **Functional Mobility**
  - **Bed Mobility**
    - Rolls independently
    - Scoots with min assist
    - Moves supine $\leftrightarrow$ sit with min assist and cues for sequence
  - **Sitting**
    - UE support with supervision; posture is kyphotic
    - Without UE support for ~ 1 minute with supervision and frequent cues to return to midline
Physical Therapy Findings

- Transfers
  - Sit ↔ stand and bed ↔ w/c with min assist and cues for sequence and safety
- Standing
  - With UE supported and min assist
- Gait
  - Walks with front wheeled walker and mod assist for 50 feet
Physical Therapy Findings

- Wheelchair mobility
  - 150 feet with min assist and cues for safety and to stay on task
- Formal balance testing deferred, however, given her cognitive status and functional status she is at risk for falling
- Vitals signs responded appropriately to activity (HR, Bp, RR)
Physical Therapy Findings

- Impairment level testing (ILT)
  * indicates formal testing deferred
  - Sensation* - grossly intact to light touch
  - Strength* -
    - UE: active movement through ~ ½ range at shoulders, ¾ range at elbows, grasp is functional
    - Right LE: active control of hip, knee, and ankle noted, however, movements not dissociated
    - Left LE: active control of hip and knee noted, however, movements not dissociated. No active ankle control.
Physical Therapy Findings

- Impairment level testing
  - Cranial Nerve testing*
  - ROM
    - Bilateral shoulder flexion and abduction to ~ 100°
    - Bilateral ankle dorsiflexion to neutral (20° normal)
    - Right knee 15°-110° (0°-135° normal)
    - Trunk with increased stiffness
  - Pain*
    - Identifies discomfort in right knee with ROM testing
Physical Therapy Findings

- Impairment level testing
  - Tone
    - Mild to moderate increase in UEs (proximal to distal)
    - Predominantly extensor tone in LEs, however able to get feet flat on floor in standing
    - When actively tries to flex LE, it moves into a mild flexion synergy pattern
    - Mildly increased in trunk
Physical Therapy Findings

**Evaluation**

- Ingrid’s functional mobility is impaired as a result of her ↑ tone, ↓ motor control, ↓ endurance, ↓ ROM, ↓ balance, and ↓ cognitive status. She is easily distracted, can become easily overstimulated, and demonstrates no carryover from one practice trial to the next. She also demonstrates some impulsivity.
# FIM Scores

<table>
<thead>
<tr>
<th></th>
<th>admit</th>
<th>d/c</th>
<th>Toilet transfer</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeding</td>
<td>4</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grooming</td>
<td>4</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathing</td>
<td>3</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dress upper</td>
<td>4</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dress lower</td>
<td>3</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toileting</td>
<td>3</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bladder</td>
<td>4</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bowel</td>
<td>5</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transfers</td>
<td>4</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet transfer</td>
<td>4</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tub/shower</td>
<td>3</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walk</td>
<td>2</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wheelchair</td>
<td>4</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stairs</td>
<td>1</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehension2</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expression</td>
<td>4</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social</td>
<td>2</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem solve</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Memory</td>
<td>2</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Select Goals
Breakout group discussion #1

- In the context of the next two weeks, describe your interventions for Ingrid.
- Identify additional goals for Ingrid.
- Identify appropriate additional assessments.
- What would be the appropriate focus for family training in prep for her first day-pass with the family (4 hours out of rehab ctr)?
Breakout group discussion #2

- Based on new information, what is Ingrid’s current Rancho Level?
- What would be your revised treatment goals?
- Based on new information, how would you change your intervention plan?
- What would be the appropriate focus for family training in prep for her first overnight weekend pass with the family (24 hours out of rehab center)?
Breakout group discussion #3

- Based on new information, what is Ingrid’s current Rancho Level?
- What would be the most appropriate discharge setting for Ingrid?
- What post-discharge goals would you recommend to the next professional taking Ingrid’s case?
- What would be the appropriate focus for family training in prep for discharge?
Post-Discharge Options

- Home with Home Health Services
- Home with Out-patient services
- Home with full time day-tx program for people with brain injuries
- Home with our without 24 hour supervision (by family &/or hired assistants). (How much can children be expected to do in Mom’s care?)
- Skilled Nursing Center
Typical Day

- 7:00-8:00  OT begins day with morning ADL: Shower, dressing, & grooming
- 8:00-9:00  Bedside breakfast, Nursing-morning meds; MD or PA daily rounds
- 9:00-10:00 Physical Therapy in gym (with breaks)
- 10:00-11:00 Speech therapy (with breaks)
- 11:00-12:00 Rest break
- 12:00-1:00  Lunch in common room
- 1:00-1:30  OT
Typical Day (continued)

- 1:30-2:00 PT
- 2:00-3:00 Rest break
- 3:00-3:30 Family visit (additional training when needed)
- 3:30-4:30 Additional therapies (Psychology, Social Work, Aquatic Therapy)
- 4:30-5:00 Participate in Team Meeting (or family member participates)
- 5:00-6:30 Rest, evening meds, Nursing
- 6:30-7:30 Dinner in Common Room
- 7:30-9:00 Family Time or Recreational Therapy (games, movies, community outings)
- 9:30 Bedtime (Nursing)

(Family training occurs throughout the day)
Occupational Therapy Findings

- 3-30 min sessions (one co-eval with PT) (ILT)
- Family contributed occupational history and helped with COPM (Canadian Occupational Performance Measure)
- Occupational Hx & Roles: Mother, Wife, Homemaker, Worker (MSW), Volunteer, Outdoorswoman (hiker, camper, skier, gardener), quilter
- Physical Status: Refer to PT report; UE coordination mild-mod impairment due to hypertonus; Right dominant
Occupational Therapy Findings

Cognitive Status: (In conjunction with Psychology & SLP)

- She has little insight into her deficits. Feels she is being kept prisoner against her wishes. In group situations she can be inappropriate- speaking whatever is on her mind
- She brightens up when she sees her family, misses them when not around, and will just lie on her bed after they leave
- Lacks initiation; follows simple commands; memory is severely impaired; requires structure; easily distracted
Occupational Therapy Findings

- Allen Cognitive Level Screening: 3.2 (Functional cognition, 1=profound disability, 6=functional safety & measure capacity to adapt to disability)
- Unsafe to be left alone unattended or unrestrained
- Difficulty following 2 step directions, highly distractible, lacks initiation, poor insight into deficits, poor ST memory & new learning, unable to solve most routine problems
- Disoriented to place & time, sometimes to person, consistently knows family members
- Rancho Level V
Rancho (Los Amigos) Scale

- I  No response
- II Generalized response
- III Localized response
- IV Confused-agitated
- V Confused-inappropriate
- VI Confused-appropriate
- VII Automatic-inappropriate
- VIII Purposeful and appropriate
- (Newly revised scale added Levels IX & X)
Rancho Scale

- Rates level of cognitive functioning based on demonstrated behaviors & responses
- From Ranchos Los Amigos Hosp-Los Angeles
- Not a test, but rating scale to describe stages of cognitive improvement as person w/ TBI becomes more responsive and independent
- At upper stages, neuropsychological testing is best way to obtain comprehensive info on cognition
Occupational Therapy Findings

- **Vision/Perception**: Intact vision & hearing; Impaired spatial relations, categorization, & position in space
- **ADL**: Min-Mod assistance with dressing, bathing, grooming
- **IADL (Instrumental ADL)**: Max assistance to complete cooking, homemaking, childcare
- **Communication**: Understands simple commands and meanings with prompts; expresses basic needs
- **Leisure**: Unable to attend to task long enough to begin project
Occupational Therapy Findings

- COPM Results:
  - Ingrid wants to go home
  - Tom wants her to be able to:
    - Return home
    - Drive
    - Care for kids
    - Be able to hike
Impaired judgement, perception, physical status and cognition yields poor ADL, and even poorer IADL, performance. General focus will be on increasing ADL & cognitive function through repetition and routine, develop memory strategies (notebook), tapping familiar activities and routines (quilting, gardening, & cooking), and training family in care and rehab strategies.
OT Re-evaluation Findings (2wks)

ADL:
- Feeding: Supervision needed to assure ability to open containers and avoid impulsive eating
- Grooming: Supervision needed for sequencing and thoroughness
- Bathing: Min assist for thorough cleaning and sequencing
- Dressing: Min assist with fasteners and balance during lower body dressing; supervision with upper
- Toileting: Min assist with clothing management and hygiene
- Transfers: Min assist to toilet and tub
- Leisure: Able to attend to modified quilting task for 15 min
Cognition:

- Social interaction: Ingrid is more appropriate, but only about 2/3 of the time, is learning some impulse control

- Problem solving: Is able to solve about 1/3 of routine problems encountered; poor safety judgement

- Memory: Still a significant problems, some progress, but requires nearly constant cuing to use memory book. Short-term recall <25%
OT Discharge-evaluation Findings

- Feeding: Modified indep. for extra time
- Grooming: supervision and set up for sequencing
- Bathing: Minimal contact assist for balance and cuing to complete all steps
- Dressing: supervision to occasionally orient shirt; lower body min assist for balance during fasteners
- Toileting: supervision to assure thorough toilet hygiene
- Transfers: Min assist to toilet; mod assist to tub due to balance
- Leisure: Able to attend to quilting task for 20 min, completes tasks more completely
Cognition:
- **Social interaction:** Ingrid is more appropriate, but not quite 3/4 of the time, impulse control continues to improve.
- **Problem solving:** Is able to solve over half routine problems encountered, and often needs cuing, recalls more steps of familiar problems; safety judgement remains poor.
- **Memory:** Remembers almost half of needed information but still requires maximal cuing for short term recall.