

**Patient Name/Age/Gender:** Maybelline, a 76 y.o. African-American female

**Reason for referral:** evaluate and treat

**Medical Diagnosis/ Health Condition:** R MCA stroke

### **Subjective Examination/ Patient Interview:**

Current History: Maybelline is a 76 y.o. who sustained a right MCA stroke 4 days ago. She was admitted to St Luke's hospital at the time of the stroke and was treated with tPA. She was admitted to in-patient rehab yesterday. The stroke resulted in dense left hemiplegia, left neglect, and left homonymous hemianopsia. She is unable to ambulate and she sustained one fall while in acute care when attempting to get out of bed. The fall resulted in some bruising of the L buttock but no other injury.

Past Medical History: HTN, Type II DM, mild pre-morbid dementia (decreased short-term memory), mild OA (hips, knees, fingers), and incontinence.

#### Current Level of Function:

**Mobility:** Patient requires mod to max assist for all mobility skills. Has not yet ambulated. Does not know how to use a wheelchair. Requires mod A for basic ADLs (eating, brushing teeth).

**24 hour Symptom Behavior:** Report of soreness on L buttock. Rated as 3/10.

Patient Goals: Return to home and previous level of function (ambulatory without device in home; able to drive).

#### Review of Medical Record

##### General Health:

Malaise: No

Chills/ Sweats/ Fever: No

Unexplained Weight Loss/ Gain: No

##### Cardiovascular/ Hematological

Fatigue/ Weakness: Yes

Leg cramping: No

Dizziness/ lightheadedness: No.

##### Pulmonary:

Coughing: No

##### Musculoskeletal

Weakness: Yes

## Maybelline Case Continued:

Joint integrity: Hypermobility noted L UE.

Neurological

Paresthesia/ Numbness: Yes (L UE/LE)

Integumentary

Skin changes: No

Gastrointestinal

Bowel or bladder: Incontinent of urine at times.

Nausea: No

Metabolic

Diabetes: Yes

Radiograph: B hip/pelvis radiographs show mild OA, but no evidence of fracture.

Environmental Factors: Patient lives in a 2<sup>nd</sup> floor apartment in a duplex with her daughter and 17 y.o. grandson. Daughter works two jobs totaling about 50 – 60 hours/week. 3 steps to enter building and 12 steps to apartment (railing on R when ascending on both sets of stairs).

Participation (Job, Family, Community): Patient is widowed. Husband of 56 years died earlier this year, at which time the patient moved in with her daughter. Some depression since the death of her husband (per daughter). Prior to the death of her husband, she was active in her church. Patient has a strong religious faith (Baptist).

Personal Factors (Medications, Nutrition, Physical Activity/ Exercise Routine, Sleep):

Medications: Propranolol 60 mg/bid; Metformin 500 mg/bid. Patient was treated with tPA at the time of the stroke.

Nutrition: Patient's daughter reports that her mother is not consistent with following her diabetic diet.

Exercise/Activity: Patient is reportedly sedentary (per daughter).

Sleep: Reports not sleeping well.

Insurance: Medicare. No supplemental insurance.

The patient is a former smoker (35 pack year history). Does not drink alcohol.

## **Objective Examination - Tests and Measures**

Body Structure and Function Impairments

**Cardiovascular/ Hematological**

**Auscultation**: Normal.

**Vital signs**: resting HR 90 bpm, BP 132/88 mmHg (in sitting), RR 14 bpm

Maybelline Case Continued:

**Musculoskeletal**

**ROM:** WFL PROM.

**Strength/ MMT:** Strength generally 4/5 on R UE / LE. L LE grossly 1-2/5; UE 0-1/5.

**Neurological:**

**Arousal, Attention, & Cognition:** Alert & oriented to person. Knows she is in the hospital, but is uncertain which one. Oriented to month/year, but not specific date. Some evidence of short-term memory problems: during exam, asked about d/c plan 3x.

**Perception:** L neglect with L homonymous hemianopsia.

**Motor Function:** Impaired L UE/LE (diminished tactile discrimination, proprioception).

**Reflex Integrity:** Diminished tone and DTRs in L UE/LE.

**Sensation:** Impaired L UE/LE.

**Integumentary:**

**Anthropometric Characteristics:** Normal

**Skin Condition:** Normal.

Activity Limitations:

**Mobility:** Requires assistance for all mobility skills.

Name: Maybelline

Date: Admission

Hospital#: In-patient Rehab Facility

Score	SUPINE
1a/2	<b>1. Protracts scapula in supine</b> <i>"Lift your shoulder blade so that your hand moves towards the ceiling."</i> Note: Therapist stabilizes arm with shoulder 90° flexed and elbow extended.
0/2	<b>2. Extends elbow in supine</b> (starting with elbow fully flexed) <i>"Lift your hands toward the ceiling, straightening your elbow as much as you can."</i> Note: Therapist stabilizes arm with shoulder 90° flexed, strong associated shoulder extension and/or abduction = marked deviation (score 1a or 1c)
1a/2	<b>3. Flexes hip and knee in supine</b> (attains half crook lying) <i>"Bend your hip and knee so that your foot rests flat on the bed."</i>
1a/3	<b>4. Rolls onto side</b> (starting from supine) <i>"Roll onto your side."</i> Note: May roll onto either side; pulling with arms to turn over = aid (score 2).
1a/3	<b>5. Raises hips off bed in crook lying position</b> (bridging) <i>"Lift your hips as high as you can."</i> Note: Therapist must stabilize foot, but if knee pushes strongly enough into extension with bridging = marked deviation (score 1a or 1c); if requires aid (external or from therapist) to maintain knees in midline = aid (score 2).
1c/3	<b>6. Moves from lying supine to sitting</b> (with feet on the floor) <i>"Sit up and place your feet on the floor."</i> Note: may sit up to either side using any functional and safe method; longer than 20 seconds = marked deviation (score 1a or 1c); pulling up using bed rail or edge of plinth = aid (score 2).
1c/2	<b>SITTING</b> (feet supported; hands resting on pillow on lap for items 7-14) <b>7. Shrugs shoulders</b> (scapular elevation) <i>"Shrug your shoulders as high as you can."</i> Note: Both shoulders are shrugged simultaneously.
1a/2	<b>8. Raises hand to touch top of head</b> <i>"Raise your hand to touch the top of your head."</i>
1a/2	<b>9. Places hand on sacrum</b> <i>"Reach behind your back and as far across toward the other side as you can."</i>
1a/2	<b>10. Raises arm overhead to fullest elevation</b> <i>"Reach your hand as high as you can towards the ceiling."</i>
0/2	<b>11. Supinates and pronates forearm</b> (elbow flexed at 90°) <i>"Keeping your elbow bent and close to your side, turn your forearm over so that your palm faces up, then turn your forearm over so that your palm faces down."</i> Note: Movement in one direction only = partial movement (score 1a or 1b).

1b/2	<b>12. Closes hand from fully opened position</b> <i>"Make a fist, keeping your thumb on the outside."</i> Note: Must extend wrist slightly (wrist cocked) to obtain full marks.
0/2	<b>13. Opens hand from fully closed position</b> <i>"Now open your hand all the way."</i>
0/2	<b>14. Opposes thumb to index finger (tip to tip)</b> <i>"Make a circle with your thumb and index finger."</i>
1a/2	<b>15. Flexes hip in sitting</b> <i>"Lift your knee as high as you can."</i>
1a/2	<b>16. Extends knee in sitting</b> <i>"Straighten your knee by lifting your foot up."</i>
0/2	<b>17. Flexes knee in sitting</b> <i>"Slide your foot back as far as you can."</i> Note: Start with affected foot forward (heel in line with toes of other foot).
0/2	<b>18. Dorsiflexes ankle in sitting</b> <i>"Keep your heel on the ground and lift your toes off the floor as far as you can."</i>
0/2	<b>19. Plantarflexes ankle in sitting</b> <i>"Keep your toes on the ground and lift your heel off the floor as far as you can."</i>
0/2	<b>20. Extends knee and dorsiflexes ankle in sitting</b> <i>"Straighten your knee as you bring your toes towards you."</i> Note: Extension of the knee without dorsiflexion of ankle = partial movement (score 1a or 1b).
1a/3	<b>21. Rises to standing from sitting</b> <i>"Stand up; try to take equal weight on both legs."</i> Note: pushing up with hand(s) to stand = aid (score 2); asymmetry such as trunk lean, trendelenburg, hip retraction, or excessive flexion or extension of the affected knee = marked deviation (score 1a or 1c).
0/3	<b>STANDING</b> <b>22. Maintains standing for 20 counts</b> <i>"Stand on the spot while I count to 20."</i>
0/2	<b>STANDING</b> (holding onto a stable support to assist balance for items 23-25) <b>23. Abducts affected hip with knee extended</b> <i>"Keep your knee straight and your hips level, and raise your leg to the side."</i>
0/2	<b>24. Flexes affected knee with hip extended</b> <i>"Keep your hip straight, bend your knee back and bring your heel towards your bottom."</i>
0/2	<b>25. Dorsiflexes affected ankle with knee extended</b> <i>"Keep your heel on the ground and lift your toes off the floor as far as you can."</i>

<b>Standing and Walking Activities</b>	
<b>0/3</b>	<p><b>26. Places affected foot onto first step</b> (or stool 18 cm high)</p> <p><i>“Lift your foot and place it onto the first step (or stool) in front of you.”</i></p> <p>Note: Returning the foot to the ground is not scored; use of handrail = aid (score 2).</p>
<b>0/3</b>	<p><b>27. Takes 3 steps backwards</b> (one and a half gait cycles)</p> <p><i>“Take 3 average sized steps backwards, placing one foot behind the other.”</i></p>
<b>0/3</b>	<p><b>28. Takes 3 steps sideways to affected side</b></p> <p><i>“Take 3 average sized steps sideways towards your weak side.”</i></p>
<b>0/3</b>	<p><b>29. Walks 10 meters indoors</b> (on smooth, obstacle free surface)</p> <p><i>“Walk in a straight line over to ... (a specified point 10 meters away).”</i></p> <p>Note: orthotic = aid (score 2); longer than 20 seconds = marked deviation (score 1c).</p>
<b>0/3</b>	<p><b>30. Walks down 3 stairs alternating feet</b></p> <p><i>“Walk down 3 stairs; place only one foot at a time on each step if you can.”</i></p> <p>Note: handrail = aid (score 2); non-alternating feet = marked deviation (score 1a or 1c).</p>

UE Subscale Score 6/20

LE Subscale Score 3/20

Basic Mobility Subscale Score 4/30

Total Score 13/70