Patient Name/Age/Gender: William, a 76 y.o. male
Reason for referral: evaluate and treat
Medical Diagnosis/ Health Condition: Parkinson's disease

Subjective Examination/ Patient Interview:

Current History: William is a 76 y.o. male with an 9 year history of Parkinson's disease. William was referred to OP PT due to increasing difficulties walking and imbalance. He has sustained a few falls in the home environment.

Past Medical History: OA in B knees.

Current Level of Function:

Mobility: Patient is able to ambulate independently on level indoor surfaces with some gait deviations. He has limited community access primarily due to embarrassment (due to drooling and other PD-related symptoms).

24 hour Symptom Behavior: Knee stiffness and occasional pain, most often noticed in the morning. Relieved by NSAIDs and movement. Patient also notes stiffness of his trunk.

Patient Goals: Does not specify any goals. His wife wants the patient to be able to walk with better posture. She wants to slow progression of his Parkinson's symptoms.

Review of Medical Record

` General Health:
- Malaise: No
- Chills/ Sweats/ Fever: No
- Unexplained Weight Loss/ Gain: No

Cardiovascular/ Hematological
- Fatigue/ Weakness: No
- Leg cramping: No
- Dizziness/ lightheadedness: No

Pulmonary:
- Coughing: No

Musculoskeletal
- Weakness: No
- Joint integrity: Diminished in trunk and hips.

William Case Continued:

Neurological
Paresthesia/ Numbness: No
Integumentary
Skin changes: No
Gastrointestinal
Bowel or bladder: No
Nausea: No
Metabolic
Diabetes: No

Environmental Factors: Patient lives with his wife. The home is a first floor apartment in an independent living facility for elders. Meals and recreational activities are provided in a nearby building (3-5 minute walk).

Participation (Job, Family, Community): Patient is retired dentist. Limited community involvement. The independent living facility has recreational programs (e.g., exercise classes, including Tai-Chi and aquatics, bingo, parties), but the patient doesn't participate. Very supportive wife and three grown children (five grandkids) live in the state.

Personal Factors (Medications, Nutrition, Physical Activity/ Exercise Routine, Sleep):
Language: English speaking.
Medications: Patient has been on Sinemet CR x 8 years (currently taking Sinemet CR tid for total of 800 mg).
Nutrition: No restrictions.
Exercise/Activity: Patient does not engage in formal exercise. His wife reports limited activity.
Sleep: No reports of difficulties.

Insurance: Medicare plus a supplemental.

The patient is does not smoke or drink alcohol.

Objective Examination - Tests and Measures

Body Structure and Function Impairments

Cardiovascular/ Hematological

Auscultation: Normal.
Vital signs: resting HR 90 bpm, BP 136/88 mmHg (in sitting), RR 15 bpm

William Case Continued:

Musculoskeletal

ROM: Limited trunk extension and rotation. Hip extension -10 degrees B.

Strength/ MMT: Strength generally 4-5/5 all extremities.

Neurological:

Arousal, Attention, & Cognition: Alert and oriented x3. Patient responds slightly slowly to commands and questions at times (slowed cognitive thinking).
Perception: WNL
Motor Function: Grossly intact coordination. Note resting tremor of UEs.
Reflex Integrity: Increased rigidity of trunk (with rotation) and LEs.
Sensation: Intact light touch and proprioception.

Integumentary:

Anthropometric Characteristics: WNL.
Skin Condition: Normal.

<u>Activity Limitations:</u>

Mobility: Unable to lie prone. Mild difficulty and increased time to complete supine to sit. Sit to/from stand with use of UEs independently; min A without UE use. Able to ambulate independently on level indoor surfaces with gait deviations. Note increased gait deviations and imbalance when walking in dual task condition. Requires railing and contact guard to ambulate up/down 6 stairs.

Name: William Date: Admission Hospital: Out-patient Rehab Facility

DYNAMIC GAIT INDEX

1. Gait level surface

Instructions: walk at your normal speed from here to the next mark (20')

Grading: Mark the lowest category which applies.

(3) Normal: Walks 20', no assistive devices, good speed, no evidence for imbalance, normal gait pattern.

(2) Mild impairment: Walks 20', uses assistive devices, slower speed, mild gait deviation.

(1) Moderate impairment: Walks 20', slow speed, abnormal gait pattern, evidence for imbalance.

(0) Severe impairment: Cannot walk 20' without assistance, severe gait deviations, or imbalance.

2. Change in gait speed

Instructions: Begin walking at your normal pace (for 5'), when I tell you "go," walk as fast as you can (for 5'). When I tell you "slow," walk as slowly as you can (for 5').

Grading: Mark the lowest category that applies.

(3) Normal: Able to smoothly change walking speed without loss of balance or gait deviation. Shows a significant difference in walking speeds between normal, fast, and slow speeds.

(2) Mild impairment: Is able to change speed but demonstrates mild gait deviations, or no gait deviations but unable to achieve a significant change in velocity, or uses an assistive device.

(1) Moderate impairment: Makes only minor adjustments to walking speed, or accomplishes a change in speed with signficant gait deviations, or changes speed but loses significant gait deviations, or changes speed but loses balance but is able to recover and continue walking.

(0) Severe impairment: Cannot change speeds, or loses balance and has to reach for wall or be caught.

3. Gait with horizontal head turns

Instructions: Begin walking at your normal pace. When I tell you to "look right," keep walking straight, but turn your head to the right. Keep looking to the right until I tell you, "look left," then keep walking straight and turn your head to the left. Keep your head to the left until I tell you, "look straight," then keep walking straight, but return your head to the center.

Grading: Mark the lowest category which applies.

(3) Normal: Performs head turns smoothly with no change in gait

(2) Mild impairment: Performs head turns smoothly with slight change in gait velocity, i.e., minor disruption to smooth gait path or uses walking aid.

(1) Moderate impairment: Performs head turns with moderate change in gait velocity, slows down, staggers but recovers, can continue to walk.

(0) Severe impairment: Performs task with severe disruption of gait, i.e., staggers outside 15" path, loses balance, stops, reaches for wall.

4. Gait with vertical head turns

Instructions: Begin walking at your normal pace. When I tell you to "look up," keep walking straight, but tip your head and look up. Keep looking up until I tell you "look down." Then keep walking straight and turn your head down. Keep looking down until I tell you, "look straight," then keep walking straight, but return your head to the center.

Grading: Mark the lowest category that applies.

(3) Normal: Performs head turns with no change in gait.

(2) Mild impairment: Performs task with slight change in gait velocity i.e., minor disruption to smooth gait path or uses walking aid.

(1) Moderate impairment: Performs task with moderate change in gait velocity, slows down, staggers but recovers, can continue to walk.

(0) Severe impairment: Performs task with severe disruption of gait, i.e., staggers outside 15" path, loses balance, stops, reaches for wall.

5. Gait and pivot turn

Instructions: Begin walking at your normal pace. When I tell you, "turn and stop," turn as quickly as you can to face the opposite direction and stop.

Grading: Mark the lowest category that applies.

(3) Normal: Pivot turns safely within 3 seconds and stops quickly with no loss of balance.

(2) Mild impairment: Pivot turns safely in > 3 seconds and stops with no loss of balance.

(1) Moderate impairment: Turns slowly, requires verbal cuing, requires several small steps to catch balance following turn and stop.

(0) Severe impairment: Cannot turn safely, requires assistance to turn and stop.

6. Step over obstacle

Instruction: Begin walking at your normal speed. When you come to the shoe box, step over it, not around it, and keep walking.

Grading: Mark the lowest category that applies.

(3) Normal: Is able to step over box without changing gait speed; no evidence for imbalance.

(2) Mild impairment: Is able to step over box, but must slow down and adjust steps to clear box safely.

(1) Moderate impairment: Is able to step over box but must stop, then step over. May require verbal cuing.

(0) Severe impairment: Cannot perform without assistance.

7. Step around obstacles

Instructions: Begin walking at your normal speed. When you come to the first cone (about 6') away), walk around the right side of it. When you come to the second cone (6' past first cone), walk around it to the left.

Grading: Mark the lowest category that applies.

(3) Normal: Is able to walk around cones safely without changing gait speed; no evidence of imbalance.

(2) Mild impairment: Is able to step around both cones, but must slow down and adjust steps to clear cones.

(1) Moderate impairment: Is able to clear cones, walks into one or both cones, or requires physical assistance.

(0) Severe impairment: Unable to clear cones, walks into one or both cones, or requires physical assistance.

8. Steps

Instructions: Walk up these stairs as you would at home (i.e., using the rail if necessary. At the top, turn around and walk down.

Grading: Mark the lowest category that applies.

(3) Normal: Alternating feet, no rail.

(2) Mild impairment: Alternating feet, must use rail.

(1) Moderate impairment: Two feet to a stair, must use rail.

(0) Severe impairment: Cannot do safely.

Total DGI Score = 11/24

Name: William Date: Admission Hospital: Out-patient Rehab Facility

Activities Specific Balance Confidence Scale

Scoring: Score 0% (no confidence) to 100% (complete confidence). Score pertains to patient's perception of ability to complete the task without a loss of balance or becoming unsteady.

_90____ 1. Walk around house.

_80____ 2. Up and down stairs

_75____ 3. Pick up slipper from floor

_100____ 4. Reach at eye level

_60____ 5. Reach on tip toes

_20____ 6. Stand on chair to reach

_90____ 7. Sweep the floor

_70____ 8. Walk outside to nearby car

_70____ 9. Get in/out of car

_50____ 10. Walk across parking lot

_50____ 11. Up and down ramp

_30____ 12. Walk in crowded mall

_10____ 13. Walk in crowd/bumped

_20____ 14. Escalator holding rail

_0____ 15. Escalator not holding rail

_0____ 16. Walk on icy sidewalks

ABC Score = 51%

PDQ-39 QUESTIONNAIRE

Please complete the following

Please tick one box for each question

	Due to having Parkinson's disease, how often during the last month have you....	**Never**	**Occasionally**	**Sometimes**	**Often**	**Always** or cannot do at all
1	Had difficulty doing the leisure activities which you would like to do?				X	
2	Had difficulty looking after your home, e.g. DIY, housework, cooking?				X	
3	Had difficulty carrying bags of shopping?					
4	Had problems walking half a mile?			X		
5	Had problems walking 100 yards?					X
6	Had problems getting around the house as easily as you would like?			X		
7	Had difficulty getting around in public?				X	
8	Needed someone else to accompany you when you went out?					X
9	Felt frightened or worried about falling over in public?					X
10	Been confined to the house more than you would like?				X	
11	Had difficulty washing yourself?			X		
12	Had difficulty dressing yourself?			X		
13	Had problems doing up your shoe laces?			X		

*Please check that you have ticked **one box for each question** before going on to the next page*

Due to having Parkinson's disease, how often <u>during the last month</u> have you....		***Please tick <u>one</u> box for each question***				
		Never	**Occasionally**	**Sometimes**	**Often**	**Always** or cannot do at all
14	Had problems writing clearly?			X		
15	Had difficulty cutting up your food?		X			
16	Had difficulty holding a drink without spilling it?		X			
17	Felt depressed?			X		
18	Felt isolated and lonely?			X		
19	Felt weepy or tearful?	X				
20	Felt angry or bitter?		X			
21	Felt anxious?		X			
22	Felt worried about your future?		X			
23	Felt you had to conceal your Parkinson's from people?					X
24	Avoided situations which involve eating or drinking in public?			X		
25	Felt embarrassed in public due to having Parkinson's disease?					X
26	Felt worried by other people's reaction to you?				X	
27	Had problems with your close personal relationships?	X				
28	Lacked support in the ways you need from your spouse or partner?	X				
	If you do not have a spouse or partner tick here					
29	Lacked support in the ways you need from your family or close friends?		X			

*Please check that you have ticked **one box for each question** before going on to the next page*

Due to having Parkinson's disease, how often <u>during the last month</u> have you....		***Please tick <u>one</u> box for each question***				
		Never	**Occasionally**	**Sometimes**	**Often**	**Always**
30	Unexpectedly fallen asleep during the day?	X				
31	Had problems with your concentration, e.g. when reading or watching TV?		X			
32	Felt your memory was bad?		X			
33	Had distressing dreams or hallucinations?	X				
34	Had difficulty with your speech?		X			
35	Felt unable to communicate with people properly?		X			
36	Felt ignored by people?	X				
37	Had painful muscle cramps or spasms?			X		
38	Had aches and pains in your joints or body?				X	
39	Felt unpleasantly hot or cold?	X				

*Please check that you have ticked **one box for each question** before going on to the next page*

Thank you for completing the PDQ 39 questionnaire