Clinical Problem Solving II

Group number:

Group member names:

Please complete this worksheet after class on 11/23

1. Your patient is having trouble walking after having a stroke with residual hemiplegia and foot drop on the right side. The patient currently requires moderate assistance to ambulate 10 feet with a rolling walker. As the therapist, you are having to hold his right hand on the walker, assist with controlled weight shifting, and advance/ place the right lower extremity. Write an impairment-based goal and a function-based goal for this patient.

An impairment is a result of pathology or disease state and includes any loss or abnormality of physiologic, anatomic, or psychologic structure or function. What impairments might this patient have? (Example: Decreased strength in the right leg.)

**-Lack of dorsiflexion in R foot, impaired balance, decreased strength in R LE and UE.**

A functional limitation is the inability to perform a physical action, task or activity in an efficient, safe or competent manner. What are the impairments this patient may exhibit? (Ex: Inability to walk independently.)

**-Unable to sit EOB, unable to transfer independently, unable to use bathroom independently.**

Impairment-based goal: **Pt will increase R LE strength to a 3/5 in 4 weeks.**

Function-based goal: **Pt will be able to ambulate 10 feet with min A in 4 weeks.**

1. Re-write the following impairment-based goals as functional goals:
	1. Pt will improve R shoulder ER ROM to 0-90 degrees to facilitate styling hair as part of grooming routine within 6 weeks.

**Pt will be able to comb hair using R UE pain free within 6 weeks.**

* 1. Pt will improve L knee extension strength to 4/5 to facilitate climbing stairs to access 3rd floor apartment safely and independently within 8 weeks.

**Pt will be able to climb 2-3 flights of stairs without pain safely and independently within 8 weeks.**

* 1. Pt will decrease pain to 2/10 during sitting to facilitate driving to work each day within 2 weeks.

**Pt will be able to tolerate driving at least an hour a day to be able to drive to work comfortably within 2 weeks.**

1. Your patient is recovering from a right total knee replacement. She has residual right leg weakness, decreased R knee flexion ROM (0-80 degrees) and extension ROM (-7 degrees). She required minimal assistance (needs therapist to manage R LE for her) to transition to short sitting on the edge of the bed by performing supine to sit. All movement is very slow and inefficient. She is able to stand with minimal assistance using a rolling walker and take 3 very slow steps forward and backward. She needs assistance advancing her right lower extremity during swing and cuing for WBAT on the right lower extremity during stance.

If you were writing a goal for your patient, how would you measure her….

 Ex: Lower extremity management? 🡪 Trials (quality of movement) or Level of assistance (independence) or time (efficiency);

* 1. Transition to sitting? **Time to transfer, level of assistance**
	2. R knee ROM? **degrees measured**
	3. Transition to standing? **time to transfer, level of assistance**
	4. Gait progress? **time (assessing gait speed), level of assistance**
	5. Gait quality? **Trials (advancing R LE during swing, WBAT on R LE), level of assistance**

Now write one goal for each of the tasks.

Ex: (Independence) Pt will reposition R LE during transition to sitting EOB for 3/4 trials. (Efficiency) Pt will reposition R LE within 10 seconds without assitance during transition to sitting.

1. Transition to sitting **–** Pt will transfer from supine to sitting EOB within 10 seconds or less safely and independently within 2 weeks.
2. R knee ROM – **Pt will have 90 degrees of knee flexion and -2 degrees of knee extension AROM within 4 weeks.**
3. Transition to standing – **Pt will transfer from sitting EOB to standing safely and independently in 10 seconds or less within 2 weeks.**
4. Gait progress – **Pt will ambulate at a rate of at least 0.9 m/s in order to complete tasks around her home safely with use of rolling walker within 4 weeks.**
5. Gait quality – **Pt will ambulate independently with WBAT precautions on R side while advancing R LE independently for ¾ trials within 2 weeks**