

APPENDIX B. Lab Worksheet

Case Study Description

Josie is a 68 yo female who was diagnosed with a dense RIGHT Middle Cerebral Artery CVA with Left hemiparesis and the following deficits.....

Motor: Generally, poor anti-gravity movement with hypotonic UE/LE. Grossly 1/5 Left UE throughout, poor general grasp; 2- to 2/5 Left LE throughout; core strength 1-2/5poor **Functional:** midline orientation in sitting (mod assist) and standing (max assist) w/ Left side inattention, max assist for transfer to bedside chair; dependent for ambulation, follow commands 75% of time, fearful of falling

FUNCTIONAL GOALS: walk to bathroom, Bed to chair transfer, perform supine to sit EOB

THERAPY FOCUS:

1. Improve midline orientation/trunk control
2. Promote integration of affected side
3. Improve LE and UE strength and WBing

You will be assigned one of the following activities to perform with your patient.

1. Perform repeated sit to stand 10 times with focus on Left LE weight bearing and quad activation with trunk extension
2. Perform repeated reaching with UE during grooming (at least 2 x 15 reps) with focus on trunk rotation and activation with patient seated on high EOB position with LE in WBing.
3. Standing and taking steps in place
4. Walk to bathroom (6ft) facilitating swing through of left LE.

Josie Manual	<p>Rate of Perceived exertion (Therapist) Body parts stressed:</p> <p>1 2 3 4 5 6 6 7 8 9 10</p>
Josie Manual	<p>How many reps did you do? _____</p> <p>What was the limiting factor for the # of reps you did _____?</p> <p>Quality of intervention? Good Fair Poor</p> <p>Functional for the patient? Yes No</p> <p>Patient Perception: Safety? Comfort? Functional? Fun?</p> <p>Other observations/considerations:</p>
Josie With SPHM	<p>Rate of Perceived exertion(Therapist) Body parts stressed:</p> <p>1 2 3 4 5 6 6 7 8 9 10</p>
Josie with SPHM	<p>How many reps did you do? _____</p> <p>What was the limiting factor for the # of reps you did _____?</p> <p>Quality of intervention? Good Fair Poor</p> <p>Functional for the patient? Yes No</p> <p>Patient Perception: Safety? Comfort? Functional? Fun?</p> <p>Other observations/considerations:</p>