

Patient Name/Age/Gender: Carlos, a 45 y.o. male

Reason for referral: evaluate and treat

Medical Diagnosis/ Health Condition: L ACA and MCA stroke

Subjective Examination/ Patient Interview:

Current History: Carlos is a 45 y.o. who sustained a left ACA & MCA stroke (hemorrhagic origin) 4 weeks ago. He spent 10 days in acute care followed by in-patient rehab at St. Luke's where he received PT, OT, and speech therapy. He was recently discharged to home and is now receiving OP PT, OT, and Speech at the Rehab Institute of Kansas City. The stroke resulted in right hemiplegia and aphasia.

Past Medical History: poorly controlled HTN.

Current Level of Function:

Mobility: Patient is able to ambulate with SBQC and R AFO. Requires assist in the community.

Speech/Language: Patient has a significant non-fluent aphasia. Able to speak only the word "unt" but is able to follow commands well and communicates fairly well by gesturing and using communication board. Patient is able to use head nodding to answer "yes/no" questions.

24 hour Symptom Behavior: Gestures to indicate he has some R shoulder pain (appears intermittent).

Patient Goals: Unable to assess due to speech impairment. Patient's roommate attended PT and indicated that the patient is very motivated to get better.

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.

Carlos Case Continued:

Pulmonary:

Coughing: No

Musculoskeletal

Weakness: Yes

Joint integrity: Diminished R shoulder and elbow, and R ankle.

Neurological

Paresthesia/ Numbness: Difficult to formally assess due to speech impairment, but patient indicates no numbness.

Integumentary

Skin changes: Mild edema R hand. No trophic changes noted.

Gastrointestinal

Bowel or bladder: No

Nausea: No

Metabolic

Diabetes: No

Environmental Factors: Patient lives in a first floor apartment with several other individuals (communal living environment). The apartment has 2 steps to enter with B railings. Patient was an artist prior to his stroke (made jewelry and other art pieces).

Participation (Job, Family, Community): Patient is single. Has a former girlfriend who lives in the area and is providing some support; he also has support of roommates.

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

Language: Patient is originally from Brazil. Was previously fluent in Spanish, Portuguese, and English.

Medications: Vasotec 20 mg/qd. Baclofen 20mg/qd.

Nutrition: Patient has been prescribed a low salt, low fat diet.

Exercise/Activity: Patient does not engage in formal exercise.

Sleep: No reports of difficulties.

Insurance: Medicaid.

The patient does not smoke or drink alcohol.

Objective Examination - Tests and Measures

Body Structure and Function Impairments

Cardiovascular/ Hematological

Auscultation: Normal.

Carlos Case Continued:

Vital signs: resting HR 84 bpm, BP 128/84 mmHg (in sitting), RR 13 bpm

Musculoskeletal

ROM: Some limitations of PROM R shoulder and ankle. Otherwise WFL PROM.

Strength/ MMT: Strength generally 4/5 on L UE / LE. Weak R UE/LE.

Neurological:

Arousal, Attention, & Cognition: Unable to assess due to speech impairments. Patient is alert and able to follow 2-3 step commands.

Perception: No apparent impairments.

Motor Function: Impaired R UE/LE.

Reflex Integrity: Increased tone and DTRs in R UE/LE.

Sensation: Appears intact.

Integumentary:

Anthropometric Characteristics: Mild edema R hand.

Skin Condition: Normal.

Activity Limitations:

Mobility: Generally supervision for basic mobility with some deviations. Some assistance needed for higher level mobility skills.

Name: Carlos

Date: Admission

Hospital#: Out-patient Rehab Facility

Score	SUPINE
2/2	1. Protracts scapula in supine <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.
1a/2	2. Extends elbow in supine (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)
1c/2	3. Flexes hip and knee in supine (attains half crook lying) <i>"Bend your hip and knee so that your foot rests flat on the bed."</i>
3/3	4. Rolls onto side (starting from supine) <i>"Roll onto your side."</i> Note: May roll onto either side; pulling with arms to turn over = aid (score 2).
3/3	5. Raises hips off bed in crook lying position (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	6. Moves from lying supine to sitting (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).
2/2	SITTING (feet supported; hands resting on pillow on lap for items 7-14) 7. Shrugs shoulders (scapular elevation) <i>"Shrug your shoulders as high as you can."</i> Note: Both shoulders are shrugged simultaneously.
1c/2	8. Raises hand to touch top of head <i>"Raise your hand to touch the top of your head."</i>
1c/2	9. Places hand on sacrum <i>"Reach behind your back and as far across toward the other side as you can."</i>
1a/2	10. Raises arm overhead to fullest elevation <i>"Reach your hand as high as you can towards the ceiling."</i>
1a/2	11. Supinates and pronates forearm (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).

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

Standing and Walking Activities	
1c/3	<p>26. Places affected foot onto first step (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>
1c/3	<p>27. Takes 3 steps backwards (one and a half gait cycles)</p> <p><i>“Take 3 average sized steps backwards, placing one foot behind the other.”</i></p>
1c/3	<p>28. Takes 3 steps sideways to affected side</p> <p><i>“Take 3 average sized steps sideways towards your weak side.”</i></p>
1c/3	<p>29. Walks 10 meters indoors (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>
1c/3	<p>30. Walks down 3 stairs alternating feet</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 13/20

LE Subscale Score 13/20

Basic Mobility Subscale Score 16/30

Total Score 42/70

Name: Carlos (Form completed by proxy due to speech impairment)

Date: Admission

Hospital: Out-patient Rehab Facility

Stroke Impact Scale – 16

In the past 2 weeks, how difficult was it to...	Not difficult at all	A little difficult	Somewhat difficult	Very difficult	Could not do at all
a. Dress the top part of your body?	5	4	3	2	1
b. Bathe yourself?	5	4	3	2	1
c. Get to the toilet on time?	5	4	3	2	1
d. Control your bladder (not have an accident)?	5	4	3	2	1
e. Control your bowels (not have an accident)?	5	4	3	2	1
f. Stand without losing balance?	5	4	3	2	1
g. Go shopping?	5	4	3	2	1
h. Do heavy household chores (e.g. vacuum, laundry or yard work)?	5	4	3	2	1
i. Stay sitting without losing your balance?	5	4	3	2	1
j. Walk without losing your balance?	5	4	3	2	1
k. Move from a bed to a chair?	5	4	3	2	1
l. Walk fast?	5	4	3	2	1
m. Climb one flight of stairs?	5	4	3	2	1
n. Walk one block?	5	4	3	2	1
o. Get in and out of a car?	5	4	3	2	1
p. Carry heavy objects (e.g. bag of groceries) with your affected hand?	5	4	3	2	1