VA MAPI Training Vignette

A. MPAI Case Example – Bob Green

Short Term Intensive Therapy Program/Residential (Admission & Discharge)

History of Present Illness

1. Bob is a 44 year old man who had a TBI in June 2011 secondary to fall while working as a surveyor. GCS of 14 noted at ER with unclear duration of unconsciousness per record and patient report. He sustained multiple fractures including spine. MRI of the brain was inconclusive for a stroke or ischemic event. Hospitalized for eight days, then discharged to acute rehab in late June to the same facility. Issues at that time were headache, dizziness, memory loss and pain management for right shoulder, left hip, foot and headache pain. He was admitted for residential treatment from July 2011 to March 2012 and was then discharged home with his wife with continued outpatient therapies.

Medical on Admission:

2. No significant past medical history; was in good health prior to injury.
3. Continent of bowel and bladder; sleep routine adequate; appetite good; on a regular diet.
4. Severe pain in right hip and lower back with L5- S1 radiculopathy with non-weight bearing on left; pain has been a chief limiting factor in his recovery and rehabilitation.
5. Post-migrainous headaches across forehead and temporal regions; using Vicodin for pain relief.
6. Sensitivity to visual and auditory sensations with ringing in ears, photosensitivity to light and episodes of vertigo where he feels the room is spinning.
7. He reports significant difficulties with vision, including tunnel vision, photosensitivity, and some distortion. He reported that he uses glasses for close work.
8. Staring spells characterized by decreased awareness and interaction in the environment.
9. Overwhelmed sensory response sequence which were serial and ritualistic, and included: (a) staring in the direction of ambient sounds (such as nearby low volume conversations); (b) asking whether the sounds could be heard by others; (c) shaking or extending either leg (d) 'zoning-out', or a period of non-responsiveness to questions; (d) 'coming back' from 'zoning-out' behaviors by tapping his forehead for about 5-10 seconds; and, (e) asking observers a question such as, "It happened again, didn't it"; episodes appeared to be amplified by his anxiety.

Admission Functional Limitations – Mobility/ADLs

10. Able to walk independently with crutches with non-weight bearing of left foot; using crutches
11. Presents with pain, dizziness, and decreased balance which severely limit his mobility and tolerance of daily activities; physical activity longer than approximately 30 minutes leaves patient fatigued and requiring at least a 30 minute recovery time; when engaged in cognitive tasks, patient's performance diminishes (i.e. increased errors, processing speed) after approximately 45 minutes of sustained focus.
12. Positive for BPPV
13. Able to initiate self-care activtiies but required nearly constant verbal prompts daily to complete morning routine in same manner due to limited short term memory. Required verbal directions daily to locate bathroom due to disorientation. Required verbal prompts daily to place grooming supplies on sinktop, sit on toilet for doffing and donning clothing, and to sit on tub transfer bench. Able to don/doff clothing independently with use of grab bars and stand by assist to stand to pull lower extremity clothing over hips. Does not require supervision at night.

Admission Functional Limitations – Communication/Cognition; Visual/Perceptual

14. Speech clear and intelligible; some word finding issues noted, but functional communication is only mildly impacted.
15. Diminished processing; unable to show awareness of time or place and very limited in awareness related to his brain injury and what happened to him.
16. At times not fully oriented to all aspects of time but oriented to person, place and situation consistently.

17. Poor planning and organizing thoughts
18. Neuropsych findings indicate extremely low in areas of attention and memory; general fund of knowledge in the Borderline range and problems seen during interview providing personal history.
19. Requires moderate assistance with problem solving and decision making. His approach tends to be disorganized, and reliant on trial and error which is hampered by restricted memory. Writing previous attempts produces mild improvement.
20. Performed in the Borderline range on a test targeting pattern analysis, visuospatial organization and using a coherent problem-solving strategy.
21. On a test of visual reasoning that required him to select the best of five choices to complete a visual pattern, performed in the Extremely Low range.
22. Upon completion of OT evaluation, visual impairments include diminished ROM, poor convergence, changes in visual pursuits, saccades and visual fields bilaterally noted.

Admission Functional Limitations – Behavioral Issues

23. Easily overwhelmed characterized by "spells" and resistance
24. Depressed, presented with a reduced range of affect, grimaces, reduced eye contact, low volume of voice, and intolerance towards ambient light and sounds. Significant anxiety and pain avoidance.
25. No verbal or physical aggression or irritability noted.
26. Upon admission, according to wife, social drinker; no use of drugs.
27. No history of psychiatric illness or law violations.

Social Supports

28. Wife and family very supportive with frequent visits. Wife managed most household tasks prior to injury and continues to do so. Family well engaged in learning, asking appropriate questions and participating in training activities. Appear to be coping well.

Upon admission: Community Reintegration

29. N/A not a focus of treatment

Admission Instrumental ADLs (money/financial management, cooking, home management, etc.)

30. Can make basic purchases but requires support for bill payment, budgeting and following a budget plan.
31. Unable to participate in other IADL's at this time.
32. Prior to admission, wife completed laundry and meal prep activities
33. Does not initiate leisure activities nor does he follow stable activity pattern; participates intermittently in activities with maximum encouragement of TR. When asked further, expressed disinterest in leisure activities due to changes in function and fatigue.

DISCHARGE INFORMATION

Medical Issues on Discharge:

34. Headache pain better controlled; back pain improved after L5-S1 discectomy for back pain and left lower extremity pain in January. Transitioned to full time ambulation with full weight bearing with a straight cane. Improved pain relief.
35. After evaluation at the epilepsy center, it was determined the spells described above were non-epileptic in nature. This sequence of behaviors was not explainable through medical work-ups or neuropsychological evaluation. He continued to work on recognition of symptoms of sensory overload through brief breaks and pacing.
36. During the stay, Client saw Ophthalmologist who ordered stronger prism lens, prescription for glasses with a transition aspect for sunlight and a stronger bifocal. Due to tubular and tunnel vision, completed vision exercises to improve oculomotor skills one to two times daily with increased tolerance and accuracy when reading letters during scanning. Demonstrated limited tolerance for exercise to increase convergence skills.

37. Client reported eye pain and headache while completing visual exercises, requiring occasional rest breaks. Exercises completed in a room with adjustable lighting due to sensitivity to light, with increased tolerance noted. Received prescription bifocal microprism lenses and utilized these lenses daily during all waking hours to assist with decreasing sensitivity to light. Reported continued sensitivity to fluorescent lighting while wearing microprism lenses, requiring sunglasses while in this lighting.
38. Continued to report cognitive and physical fatigue, needing to follow pacing strategy (15 on, 5 off)

Discharge Functional Limitations – Mobility/ADLs

39. Able to walk independently with cane, full weight bearing, but required support for appropriate mobility and weight shifting with gait, transfers, seated posture (required sticker on left toe as a visual cue to bring foot into proper weight bearing in sitting position).
40. Physical endurance improved demonstrated by longer periods of activity before requiring breaks; dizziness and pain persists, but improved with use of strategies.
41. Pedestrian skills and topographical orientation good.
42. Dresses and undresses independently using grab bars, uses shower bench.

Discharge Functional Limitations – Communication/Cognition

43. Oriented in all areas - made good progress although still struggled with sustained attention and filtering distractions within the environment.
44. Memory for personal history, past events and current events accurate and communicates all needs independently with minimal difficulty ; memory for new information or tasks required rehearsal and repetition.
45. Improved planning and organizing thoughts; improved ability to focus; used iPhone for initiation of schedule.
46. Upon discharge, was able to work on a project within a one hour session with moderate assistance for sensory management and pacing, initiation and executive skills. Able to utilize an external compensatory strategy in which he wrote down unsuccessful attempts. This strategy reduced redundant errors and improved further decision making. Limitations in energy conservation continued to be noted because of continued restrictions in the use of breaks and timing; however, improved with using his alarm. Use of a schematic was easier for client to view and begin planning vs. reading text. Utilized a mask when reading to block extraneous information; however, typically needed to read and re-read information several times and discuss to effectively process what to do. Challenges were noted within session and across session carryover in the areas of attention, planning, speed of processing and memory.
47. Completed activities within the community to decrease sensitivity to auditory and visual stimuli. Demonstrated ability to utilize ear plugs independently when increased audiological stimuli was expected, although environmental noise continued to contribute to cognitive overwhelm.

Discharge Functional Limitations – Behavioral Issues

48. Anxiety persists due to sensory issues and cognitive overwhelm.
49. Home visits reported to be pleasant;
50. As awareness increased, guilt about role changes within family expressed. Sadness persists with continued interference in some daily activities. He is much more realistic; range of coping skills remained reduced with escape and avoidance prominently used. Mood continues to impact initiation of leisure activities though he has started going to the gym and church and participation in children's activities has increased.
51. No verbal or physical aggression or irritability noted. Functional range of affect and communication with others.

52. **Discharge Instrumental ADLs (money/financial management, cooking, home management, etc.)**
53. Continues to experience difficulty with budgeting, moderate support to budget and follow budget plan.
54. Maintains room independently.

55. Completed laundry independently, and has demonstrated ability to recall completing task with use of alarm. Has demonstrated the ability independently to fold laundry and place in storage.
56. Independent with simple meal prep activities; requires cueing to stay on task. Prepared simple meals, such as sandwiches and microwave meals. Required occasional visual cues to locate buttons on microwave due to visual deficits. Completed preparation of main entrees for dinner. Initially required verbal cues for safety when cutting vegetables; education was provided regarding techniques for safety, after which he demonstrated safety with this activity. Demonstrated safe food handling. Required use of a magnifying glass when viewing printed recipes due to small print. Demonstrated safety with use of stove and oven. Required verbal prompts to assist with completing more than one task at a time.

Upon Discharge: Community Reintegration

57. Family planned to have supervision provided 24/7 due to continued concerns for safety due to gait dysfunction, cognitive overwhelm and spells. Wife was homemaker prior and managed most household activities. Will continue to do so. Extended family has offered and agreed to assist with supervision needs to allow wife continued participation in outside activities.
58. Goes to gym, church & helps with children's activities which is similar to prior activities. He reports being satisfied with his social network and schedule.
59. Discharge therapies included weekly PT, OT, Speech, Psychology and Vision Therapy.