Department of Physical Therapy

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AFFILIATION #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FACILITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PATIENT CASE STUDY

**PURPOSE:**  To provide the student an opportunity to observe a patient holistically by correlating the patient’s social, occupational, psychological and medical states with the physical therapy treatments prescribed and administered.

**DIRECTIONS:** Patients should be chosen who have an active Physical Therapy program and/or an interesting history. All information regarding other interdisciplinary team members should be related to the patient’s Physical Therapy treatments. If sections of the outline are not applicable, proper explanation should be made to indicate that all areas have been considered.

Following is the outline of the case study, please answer all areas.

**Paper must be type written and doubled spaced. (Look at Peer Reviewed Journals for samples on how to write a case study)**

1. Personal Information
2. Age
3. Sex
4. Nationality/Race
5. Family size
6. Occupation
7. Insurance coverage (i.e., Medicare/Medicaid, Workman’s Compensation, Private, other)
8. Education
9. Primary diagnosis
10. Secondary diagnosis
11. Date of admission
12. Date of discharge
13. Socioeconomic Information
14. Home facilities
15. Type of community
16. Psychosocial Information
17. Attitude of patient to illness
18. Attitude to hospital situation
19. Diagnosis
20. Give a BRIEF description including classic symptoms
21. Patient’s history as relates to diagnosis
22. Tests performed and results (i.e., radiographs, lab tests, EMG, neurological/orthopedic exams, others)
23. Why was P.T. ordered in relation to this diagnosis? (Relate symptoms to P.T. treatments)
24. Physical Therapy Evaluation

(Please consider the following and remember the specific examples in “parentheses” are only some examples and are by no means an exhaustive list.)

1. Mental Status
2. Vital signs
3. Pain (define type, location, when it occurs, what relieves it)
4. Sensation
5. Cranial nerve function
6. ROM (gross evaluation, contractures/limitations due to pain/weakness, etc.)
7. Measurements (leg lengths, circumferences)
8. MMT (gross evaluation)
9. ADL’s (include transfers, bed and w/c mobility)
10. Gait assessment (include any asymmetries, pain, any device used, etc.)
11. Tone (spasticity, athetosis, ataxia, rigidity, flaccidity, other)
12. Reflexes (hyperactive, hypoactive, deep, superficial, specify)
13. Respiratory status
14. Physical Therapy Treatment Program
15. Initial treatment date
16. Frequency (qd, bid, etc.)
17. Prescribed therapy (physician)
18. Briefly outline the specific treatment program plan designed after evaluation by the P.T.
19. Goals
20. Short term
21. Long term
22. Contraindications
23. Precautions
24. Explain correlation of treatment given with the assessment of the patient’s problems
25. Note changes during the course of treatment
26. Patent’s/family’s response to P.T.
27. Equipment/aids needed
28. Other hospital/facility departments involved (O.T., R.T., Speech, S.S., Nursing, etc.)
29. Date P.T. program discontinued
30. Home program and follow-up plans
31. Comment on your response to the patient, treatment, working with this type of patient, other.

## **Patient Case Study Project Criteria**

\_\_\_Paper typed and in a narrative format. All areas listed should be addressed.

\_\_\_CI signature for approval

\_\_\_ References

\_\_\_Your response to pt., treatments, etc., complete and insightful