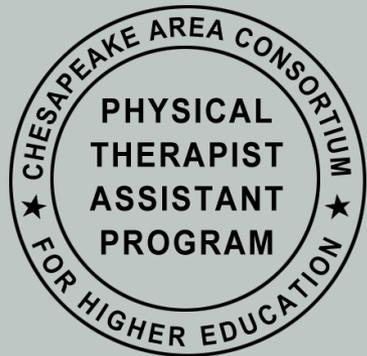


# Interactive Case Study #2



PTA 102: Physical Therapist Assistant 1  
Spring 2012

[Start](#)

# Introduction



Hello, SPTA -

I'm Dave Thomas, MGA, PT – your supervising PT. I think your second week in your clinical rotation is going very well.

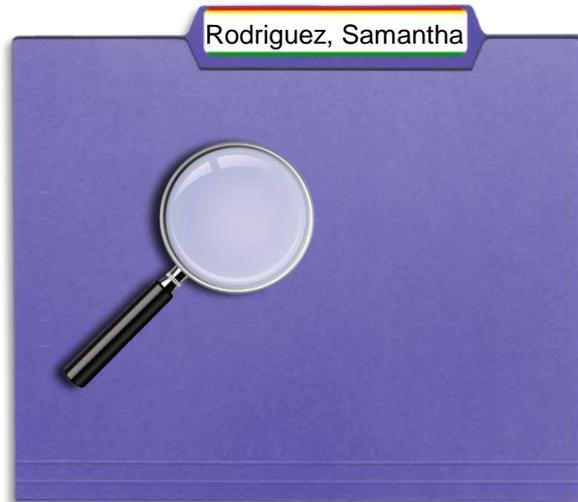
I would like to assign another patient to you... this time the case is a little more complex.

Click **Continue** to read the instructions.

**Continue**



# Instructions



Working with your team, explore the patient's file. Anywhere you see a magnifying glass, click on it to get more details and access some additional notes and some questions I've added for you to discuss with your team.

When you're finished exploring the file, I've prepared some questions I'd like you answer. Go ahead and refer to your text books and course readings to create your report answering the questions.

Click **Continue** to access the file.

**Continue**



# Case 2: Samantha Rodriguez



Measuring Blood Pressure & Heart Rate



Measuring Aerobic Capacity



## PHYSICAL THERAPY EVALUATION

PATIENT NAME: Samantha Rodriguez DATE: March 1, 2012  
 AGE: 48 SEX: Female OCCUPATION: Cashier at Giant  
 ADMITTING DATE: ER admission on Feb 15, 2012 DATE OF ONSET: Feb 15, 2012  
 DIAGNOSIS: Impaired aerobic capacity/endurance associated with deconditioning. MI was ruled out.

MEDICAL HX: Mild obesity, hypercholesterolemia PVD and bouts of elevated BP. On Feb 15, 2012, while attending a family picnic, pt. experienced syncope and reported difficulty breathing. Family members brought her to the ER and ECG was performed which was normal. Further tests ruled out an MI. At the time of admission, her vital signs were elevated: HR = 88 BP= 135/87 RR = 14bpm Pain Scale = 0/10 in all extremities, denying any chest discomfort or HX of angina. She was DCD from the ER and followed up with her regular MD who completed a thorough physical exam and blood work. She is currently not taking any medication and she smokes 2 packs of cigarettes per day.

PT ORDER:  
 DATE \_\_\_\_\_ ORDER \_\_\_\_\_ PHYSICIAN \_\_\_\_\_  
2/16/12 Physical Therapy (PT) for Aerobic Conditioning and instruction in cardiac risk reduction and healthy lifestyle.

GENERAL OBSERVATIONS/PRECAUTIONS: Periods of elevated BP, hypercholesterolemia, mild obesity, decreased aerobic capacity/endurance, PVD (generalized), smokes. Pt only speaks Spanish.

Place Initials on Date Treatment is Given

Yr.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Mo																																

Name \_\_\_\_\_

**PHYSICAL THERAPY NOTES**  
 PLEASE DO NOT REMOVE FROM CHART

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Rodriguez, Samantha



# Case 2: Samantha Rodriguez

PATIENT NAME: Samantha Rodriguez

DATE: March 1, 2012

AGE: 48 SEX: Female OCCUPATION: Cashier at Giant

ADMITTING DATE: ER admission on Feb 15, 2012 DATE OF ONSET: Feb 15, 2012

DIAGNOSIS: Impaired aerobic capacity/endurance associated with deconditioning. MI was ruled out.

PVD = Peripheral  
Vascular Disease

MEDICAL HX: Mild obesity, hypercholesterolemia, PVD and bouts of elevated BP. On Feb 15, 2012, while attending a family picnic, pt. experienced syncope and reported difficulty breathing. Family members brought her to the ER and ECG was performed which was normal. Further tests ruled out an MI. At the time of admission, her vital signs were elevated: HR = 88 BP = 135/87 RR = 14bpm Pain Scale = 0/10 in all extremities, denying any chest discomfort or HX of angina. She was DCd from the ER and followed up with her regular MD who completed a thorough physical exam and blood work. She is currently not taking any medication and she smokes 2 packs of cigarettes per day.

Sounds scary -  
you should look  
this up!

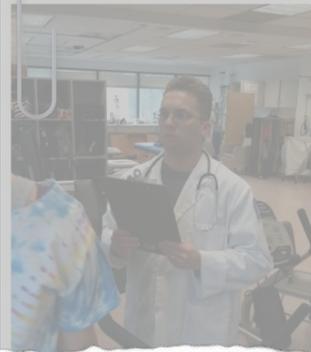
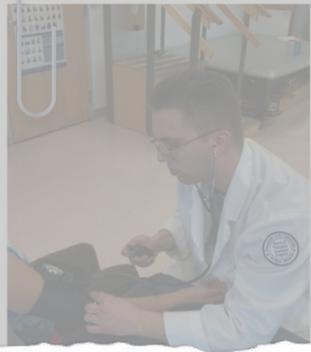
How do these  
compare to what's  
in your Dreeben  
text - pg. 271?

Rodriguez, Samantha

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# Case 2: Samantha Rodriguez



## PHYSICAL THERAPY EVALUATION

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### PT ORDER:

DATE	ORDER	PHYSICIAN
<u>2/16/12</u>	<u>Physical Therapy (PT) for Aerobic Conditioning and instruction in cardiac <b>risk reduction</b> and <b>healthy lifestyle.</b></u>	

GENERAL OBSERVATIONS/PRECAUTIONS: Periods of elevated BP, hypercholesterolemia, mild obesity, decreased aerobic capacity/endurance, PVD (generalized), smokes. Pt only speaks Spanish.

Can you identify what puts patients at risk for cardiovascular disease?

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# Case 2: Samantha Rodriguez

Rodriguez, Samantha



Measuring Blood Pressure & Heart Rate



Measuring Aerobic Capacity

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**SUBJECTIVE:** Patient speaks Spanish only, daughter was able to translate. States she works long hours as a cashier in a food store. She is on her feet most of the day. She denies any pain at this time. She is upset about her recent visit to the ER and is very worried that she may have had a heart attack. She currently does not do any form of exercise, drives to and from work and baby sits her 6 grandchildren on the weekends. She lives alone, but her daughter 2 sons live close to her. Pt smokes up to 2 packs of cigarettes per day.

**Pain:** Pain Scale: 0/10 – no reports of angina

**Social Environment:** Lives:  Alone  Spouse  Other  Home  Apt  ECF

Stairs: Inside: 5 Rails: Yes, on right side

Outside: 1 Rails: No

Adaptive Equipment: None

Prior Level of Function: Independent in all ADLs and IADLs. Performs no regular exercise.

1. Gait (Asst. Device): WNL

2. Transfers: WNL

3. Functional Status: I

4. Present Functional Limitations: None

**OBJECTIVE:**

Orientation: A and Q x 3. Daughter interprets information on examination

Vital Signs: Resting: HR = 82 BP= 135/87 RR = 14bpm Pulse Ox = 92%

ROM/Strength: Gross MMT of all 4 extremities reveals 4/5 generalized weakness

ROM = WNL without limitations

Sensation/Proprioception/Tone: WNL

Coordination: WNL

Posture: Slight forward head posture with exaggerated lordosis, but otherwise WNL

Balance: WNL

Bed Mobility: I

Transfers: I

Gait: Asst. Device: N/A WB Status: FWB without restrictions

A 6 minute walk test was conducted. Pt achieved 1,200' and required 3 rest breaks during exam.

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# Case 2: Samantha Rodriguez

**SUBJECTIVE:** Patient speaks Spanish only, daughter was able to translate. States she works long hours as a cashier in a food store. She is on her feet most of the day. She denies any pain at this time. She is upset about her recent visit to the ER and is very worried that she may have had a heart attack. She currently does not do any form of exercise, drives to and from work and baby sits her 6 grandchildren on the weekends. She lives alone, but her daughter 2 sons live close to her. Pt smokes up to 2 packs of cigarettes per day.

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**Social Environment:** Lives:  Alone  Spouse  Other  Home  Apt

Stairs: Inside 5 Rails Yes, on right side

Outside: 1 Rails No

**Adaptive Equipment:** None

**Prior Level of Function:** Independent in all ADLs and IADLs. Performs no regular exercise.

1. Gait (Asst. Device): WNL
2. Transfers: WNL
3. Functional Status: I
4. Present Functional Limitations: None

Do you think this may have an impact on her compliance with exercises you will do?

Gait: \_\_\_\_\_ Asst. Device: N/A WB Status: FWB without restrictions  
A 6 minute walk test was conducted. Pt achieved 1,200' and required 3 rest breaks during exam.

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# Case 2: Samantha Rodriguez

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Bed Mobility: I

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Gait: Asst. Device: N/A WB Status: FWB without restrictions

A 6 minute walk test was conducted. Pt achieved 1,200' and required 3 rest breaks during exam.

This is a standard test for aerobic capacity. Measure the distance the patient can ambulate in 6 minutes (timed).

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# Case 2: Samantha Rodriguez

Rodriguez, Samantha



Measuring Blood Pressure & Heart Rate



Measuring Aerobic Capacity

Previous Page

TREATMENT: Evaluation completed. Patient given instruction on risk factor reduction (clinic packet distributed)  
Pt had some minor fatigue following 6 minute walk test, so further treatment deferred for the day.

Instructions to:  Patient  Family  Other

Patient able to demonstrate skills learned  YES  NO

If no, why \_\_\_\_\_

Additional Tests/Comments: \_\_\_\_\_

ASSESSMENT: Impaired aerobic capacity/endurance associated with deconditioning

Rehab Potential:  GOOD  FAIR  POOR  OTHER

Problem List:

1. Decreased aerobic capacity/endurance 3. \_\_\_\_\_
2. Elevated cholesterol and BP 4. \_\_\_\_\_

SHORT TERM GOALS      FUNCTIONAL RELATIONSHIP      TIME FRAME

1. Increase awareness of cardiac risk factors to improve general health 2 weeks
2. Increase aerobic capacity 2 weeks
3. Increase strength in extremities to 5/5 for improved function 2 weeks
4. \_\_\_\_\_

LONG TERM GOALS      FUNCTIONAL RELATIONSHIP      TIME FRAME

1. Increase performance on 6 min walk test by 100% to increase aerobic capacity 4 weeks
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Patient/Family participated in goal setting:  YES  NO

PLAN OF CARE: Pt education on risk factor reduction, aerobic conditioning, instruction in Target HR and safe exercise ranges of HR, progressive ther-ex for generalized strengthening of all extremities. Incorporate appropriate stretching activities based on mode of aerobic exercise.

PATIENT WOULD BENEFIT FROM:  OT  
 SPEECH  
 OTHER: Referral to a dietician was made.

David C. Thomas, PT MD # 000010

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Go to Questions

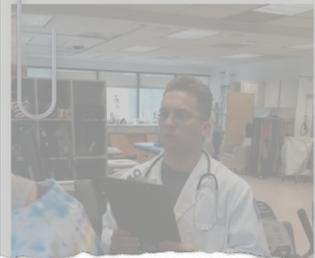






# Case 2: Samantha Rodriguez

Rodriguez, Samantha



TREATMENT: Evaluation completed. Patient given instruction on risk factor reduction (clinic packet distributed)  
Pt had some minor fatigue following 6 minute walk test, so further treatment deferred for the day.

Instructions to:  Patient  Family  Other

Patient able to demonstrate skills learned  YES  NO

If no, why \_\_\_\_\_

Additional Tests/Comments: \_\_\_\_\_

**PLAN OF CARE:** Pt education on risk factor reduction, aerobic conditioning, instruction in Target HR and safe exercise ranges of HR, progressive ther-ex for generalized strengthening of all extremities. Incorporate appropriate stretching activities based on mode of aerobic exercise.

PATIENT WOULD BENEFIT FROM:

- OT
- SPEECH
- OTHER: Referral to a dietician was made.

PLAN OF CARE: Pt education on risk factor reduction, aerobic conditioning, instruction in target HR and safe exercise ranges of HR, progressive ther-ex for generalized strengthening of all extremities. Incorporate appropriate stretching activities based on mode of aerobic exercise.

PATIENT WOULD BENEFIT FROM:  OT  
 SPEECH  
 OTHER: Referral to a dietician was made.

*David C. Thomas, PT MD # 000010*

180121042 VAL HEALTH DIVISION OF COMMUNITY CARE, F250 Physical Therapy Eval 20A 8/02

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# Case 2 Questions (*page 1 of 2*)

Write a report answering the following questions (include your team members' names). When you're finished, print out your report and turn it in to Dave by the due date.

1. Upon admission to the ER, the patient received an electrocardiogram. What is this test and what information does it provide?
2. Ms. Rodriguez has hypercholesterolemia. Describe this disease and what causes it.
3. Her blood pressure reading at the time of the initial PT Evaluation would fall under the category of which of the following (*see Dreeben, page 217*):
  - a. Healthy (normal)
  - b. Prehypertension
  - c. Stage I Hypertension
  - d. Stage II Hypertension
  - e. Stage III Hypertension
4. Complete the following Chart related to Adult Blood Pressures:

Classification	Blood Pressure
Healthy (normal)	
Prehypertension	
Stage I Hypertension	
Stage II Hypertension	
Stage III Hypertension	

[More Questions](#)

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# Case 2 Questions (*page 2 of 2*)

Write a report answering the following questions (include your team members' names). When you're finished, print out your report and turn it in to Dave by the due date.

5. As you begin to plan your treatment session based on the PT Plan of Care:
  - a. Describe how you will determine your exercise prescription related to:
    - Intensity
    - Duration
    - Frequency
    - Strength Training
  - b. Describe your specific exercises within your first treatment session with respect to warm up, aerobic conditioning, and cool down.
6. Describe the elements of “healthy lifestyle” you will educate the patient about.
7. Describe how you will be able to determine if she is progressing toward her PT goals in 3 weeks.
8. Read the following article and write a brief reflect on the cultural competence required in this case. How will you manage the necessary patient education, instruction, and follow up required for this patient?
  - Wojciechowski, Michele. *Cultural Competence and the Changing Patient/Client Population*. PT in Motion, November, 2011 Vol 3 No 10. APTA, Alexandria VA.

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