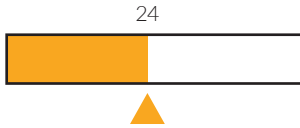


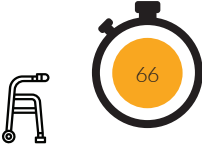
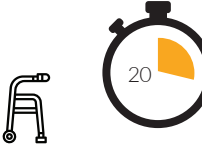

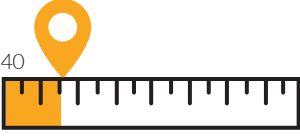
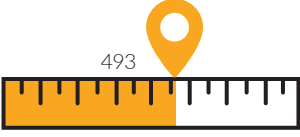
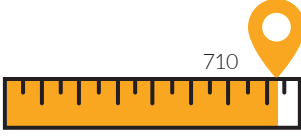


# PHYSICAL & OCCUPATIONAL THERAPY CASE EXAMPLE







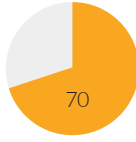
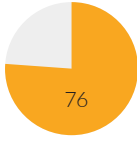
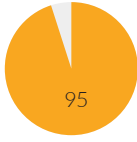



Mrs. P is an older adult female who was diagnosed with a brain tumor. She underwent a tumor resection leaving her with rehabilitation needs due to increased dependency on others for engagement in daily occupations. She received inpatient therapy for approximately two weeks and then discharged home. She presented to Trio Rehabilitation & Wellness Solutions for outpatient physical (PT) and occupational therapy (OT) three days after discharging from inpatient therapy. Below are the outcomes of her skilled PT and OT interventions.

Physical Therapy Assessment Tool	Initial Evaluation Scores	Progress Note Scores (19 treatment sessions)	Discharge Scores (28 visits)
<b>Berg Balance Score</b>	24/56 	46/56 	51/56 
<b>Timed Up and Go</b> (walk 10 meters, turn around, and walk back)	66 seconds (performed with a rolling walker and stand-by assistance for safety) 	20 seconds (performed with a rolling walker) 	16.9 seconds (performed using Lofstrand crutches) 
<b>6-minute walk test</b>	140 feet 	493 feet 	710 feet 

The purpose of developing a grassroots curriculum to educate providers about OT is to improve collaboration between providers and therapists in order to improve patient outcomes. The current speed at which we must acquire knowledge in healthcare limits the ability to learn about the profession of OT. Therefore, occupational therapists must advocate for their own profession through education.

Prepared by Jennica Colvin as part of her Capstone project to fulfill post-professional Doctoral requirements in the field of Occupational Therapy

Occupational Therapy focused on improving apraxia and fine motor control which in turn allowed her to engage in activities of daily living with greater independence. As you can see, physical therapy focused on locomotion whereas OT focused on engagement in daily occupations!

Occupational Therapy Assessment Tool	Initial Evaluation Scores	Progress Note Scores (10 treatment sessions)	Discharge Scores (19 treatment sessions)
<b>9-hole peg test</b> <i>(fine motor)</i>	R hand - 53 seconds L hand - 24 seconds 	R hand - 30 seconds L hand - 22 seconds 	R hand - 22 seconds L hand - 22 seconds 
<b>Apraxia Screen of Tulsa</b>	8/12 	11/12 <i>(higher score indicates improvement)</i> 	12/12 
<b>Barthel Index Assessment of Daily Living</b>	70/100 	76/100 	95/100 
<b>Dressing Speed</b> <i>(self-reported)</i>	~30 minutes 	~20 minutes 	<10 minutes 
<b>Eating</b>	Cannot cut food; feeds self using non-dominant hand		Cuts food independently and feeds self using dominant hand
<b>Grooming</b>	Could not pull back hair; using non-dominant hand to brush hair and teeth		Independent performance to fix hair and brush teeth

The client's NPS feedback was,

“ Experienced therapists and personalized attention! ”

## Why Choose Trio?

At Trio Rehabilitation our therapists will work with you one-on-one for an hour or more, which allows the opportunity for formal education about your condition, appropriate intervention, and realistic but successful outcomes.

