

# ***PHYSICAL AND OCCUPATIONAL THERAPY STRATEGIES***

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July 14, 2001

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(Kelly and Brooke will be available to answer questions during the break)

## Physical and Occupational Therapy Strategies with Transverse Myelitis

PT/OT Role at  
Johns Hopkins Hospital

## OT/PT Intervention Overview

- 1) Recommendations for local OT/PT - Many of our clients already receiving OP.
- 2) Consultation - Recreational Therapist, aquatherapist, physiatrist, orthotist, equip. dealer for standing frame, or wheelchair.
- 3) Instruction in Home Program - ROM, positioning, pressure relief, aerobic conditioning.

## PT Evaluation at JHH

- Review of all past medical history including the history of TM
- Medications

## Subjective Evaluation

- Pain and spasticity levels
- Functional mobility, endurance issues
- Daily activity level - physical work demands, self-care
- Rehabilitation program, previous
- Support - family, support group, etc
- Home Environment
- Other problems per client
- Client's goals

## Objective Evaluation Range of Motion and Strength

- ROM
    - Spine, shoulder, elbow, hip, knee, ankle.
    - Heterotopic ossification\*
  - Manual Muscle Testing - Strength testing throughout
  - Tone/spasticity - Ashworth scale
- \*(Taly et al)

## Objective Evaluation Functional Mobility

- Transfers - bed mobility, transfers
- Mobility - ambulation Vs wheelchair, stairs, curbs, ramps. Community Vs home. LE orthoses, standing frame usage, assistive device usage. ☐
- Ergonomics - joint protection, body mechanics

## Objective Evaluation

- Reflexes
- Balance
- Endurance - Muscular and cardiovascular
- Other - Sensation, skin integrity

## Physical Therapy Intervention

- Aquatherapy
- Standing Frame
- Home Exercise Program

## PT/OT Utilization

- Appropriate PT/OT referral
  - Consider inpatient rehab\*/OP referral
  - Continue to study outcomes Vs Rx\*\*
- Consider long term PT/OT involvement

(\*Kovacs et al) (\*\*Chan&Boey)

## OT Evaluation at JHH

- Review of all past medical history including the history of TM
- Medications
- Level of functioning prior to onset of TM

## Social History

- Marital status and family/support system
- Home environment
- Work history
- Leisure Interests

## Subjective Evaluation

- Current and previous rehab programs
- Client's goals
- Any other subjective reports from the patient regarding their condition

## Objective Evaluation

- Upper extremity range of motion
- Upper extremity strength
- Sensation testing\*
- Balance
- Functional transfers
- Activities of daily living

## Wheelchair Evaluation

- Appropriateness of current wheelchair:
  - style
  - size
  - accessories
- Wheelchair management
- Overall level of comfort with current wheelchair

## Treatment Strategies

- Home exercise programs
- Adaptive equipment
- Adapted “ADL” techniques
- Wheelchair recommendations

## Therapy Trends/Conclusion

## Functional Activities

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